HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care
Date:	17 September 2015
Title:	Adult Mental Health Housing and Support (Supporting People) Review
Reference:	6867
Report From:	Director of Adult Services

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1. Executive Summary

1.1. This report seeks permission from the Executive Member for Adult Social Care to go out to tender for a new model of Mental Health Housing and Support Services and award up to 3 contracts for support services to meet the needs of individuals who have mental health problems for a maximum of 5 years, let on a basis of 3 years + 1 + 1 with contracts to commence on 1 April 2016.

1.2. That permission is sought from the Executive Member for Adult Social Care to spend, in respect of the above procurement exercise, a maximum of £2,505,887 per annum with a 5 year aggregated maximum value of £12,529,435.

1.3. This report outlines the work that has been undertaken since the 30 July 2014 decision day, and seeks to inform the Executive Member for Adult Social Care of the outcomes of the review of these services, setting out a proposed approach for the Council to deliver the services.

1.4. Existing services have been reviewed, with a recommendation that will lead to the delivery of a more cost effective, flexible and efficient configuration of services that will be better able to provide high quality housing and support for people with Mental Health problems in Hampshire.

1.5. This report seeks to make recommendations that the housing and support services previously funded through the Supporting People programme, be included in the proposed approach for all mental health housing and support services. This amounts to £1.546 m per annum, which is included within the overall total of £2,505,887.

1.6. This report also seeks to make recommendations that the spot purchase domiciliary care packages delivered into a number of the accommodation based mental health housing and support services, funded through the respective operational social care budgets, be included in the proposed approach for all mental health housing and support services. This amounts to £428,598 per annum, which is included within the overall total of £2,505,887.

1.7. This report also seeks to make recommendations that two pilot mental health accommodation based services currently funded from the respective operational social care budgets, which also operate within the wider housing and support context be included in the proposed approach for all mental health housing and support services. This amounts to £210,000 per annum, which is included within the overall total of £2,505,887 per annum.

1.8. This report also seeks to make recommendations that the provision of services to people living in their own home following de-registration of any care home, be included in the proposed approach for all mental health housing and support services. This amounts to £250,000 per annum, which is included within the overall total of £2,505,887.

1.9. This report also seeks to make recommendations that the mental health service users currently supported on the Adult Services Learning Disability (previously Supporting People) floating support contract be included in the proposed approach for all mental health housing and support services. This amounts to £85,432 per annum after a 19% reduction applied, which is included within the overall total of £2,505,887.

1.10. This report takes into account the duties under the Care Act 2014 which came into force in April 2015.

2. Contextual information

2.1. The Supporting People programme provided accommodation–based and community support services under one administrative system. The programme met the support needs of older people, people with disabilities and others who needed support but were not necessarily eligible for statutory services.

2.2. The housing support services commissioned by the Supporting People programme were divided into three categories:

Services for people considered to be socially excluded; these included support for homeless people, services for people with mental health problems, services for younger people in crisis, for ex-offenders, for veterans and for people who have been victims of domestic abuse.

Services for people with disabilities; these included services for people with learning disabilities, mental health, physical disabilities and sensory impairments.

Services for older people; this included support within sheltered housing, community support and alarm services.

2.3 Housing related support services are defined as services that develop or sustain an individual's capacity to live independently in accommodation. This includes support to understand and manage the rights and responsibilities of their tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare, specialist services and education, training and employment (ETE) opportunities.

2.4 The Council has no statutory responsibility to fund these specific services however the Council has done so for the purposes of the well-being of the local community. Services were reviewed on a three year rolling programme to ensure that they were making the most efficient use of resources. The final decision with regard to the outcomes of the reviews rested with the Council, following consultation with service users, district Councils and providers.

2.5 Mental Health Housing and Support Services (£2 million) included within the Socially Excluded Cluster and Disability Cluster were identified separately. 17 of these services are short term, and service users could receive support for up to two years. However 7 of the mental health housing and support services are long term in nature and were previously located within the Disability Cluster, the detail is included within Appendix A.

2.6 Reductions in the Supporting People budget for 2014/15 and 2015/16 were agreed by Full Council on 20 February 2014.

2.7 In line with the recommendations agreed by the Executive Member for Adult Social Care on 30 July 2014, a 25% (circa £500,000) reduction was applied to Mental Health Housing and Support Services to be delivered in 2016/17. Savings have already been achieved in 2014/15 and 2015/16, as shown in the following table, with the balance to be realised in 2016/17.

Financial Year	Savings Achieved
2014/15	£58,000
2015/16	£179,000
Total Achieved	£237,000

2.8 In addition there are a number of mental health clients being supported on the Learning Disability Floating Support Contracts (previously Supporting People) which expire on 31 March 2016. These clients meet the Council's eligibility criteria and whilst the social care responsibility sits with the respective community mental health team, the annual budget of £85,432 will transfer to Mental Health Commissioning in April 2016.

2.9 The approach proposed within this report would enable the re-commissioning of Mental Health Housing and Support services within the budget agreed by the Council in February 2014, and has been designed to help the department achieve these savings while continuing to meet strategic objectives.

2.10 The Council remains committed to prevention and early intervention, recognising that it helps meet key elements of the Care Act 2014.

2.11 Guidance in relation to the Care Act 2014 requires local authorities to

- Consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help.
- Consider what provision of care and support might assist the person in meeting the outcomes they want to achieve.

2.12 The care offer project as part of the Transformation to 2017 challenge will redefine adult services' care offer from a deficit –based model to a strengths –based approach, better utilising and strengthening an individual's own capabilities to meet their outcomes and maximising an individual's social capital.

2.13 The Council has signed and committed to the Mental Health Crisis Care Concordat 2014, The Hampshire Declaration on working together to prevent crises happening whenever possible, through intervening at an early stage.

2.14 The Council continues to work closely with District Councils, Community Mental Health teams across Hampshire, the Probation Service (and now with the Community Rehabilitation Company), Clinical Commissioning Groups (CCG), Wellbeing and Implementation Networks (WINS), Support Providers and Service Users to deliver mental health preventative services, and these key stakeholders have been involved in the on going work to establish the best way forward for the future of Mental Health Housing and Support Services across the Council area. Further detail regarding engagement and consultation with other stakeholders is included in sections 6, 7 and 8.

3. The Joint Hampshire Adult Mental Health Commissioning Strategy 2012 – 2017

3.1. The 5 year joint health and social care strategy is a key driver on how future mental health services will be commissioned. The strategy seeks to build mental health and wellbeing and enable people to achieve their recovery aims. It has been developed by Hampshire County Council Adult Services and NHS Hampshire following extensive consultation and with reference to government documents, 'New Horizons', 'No Health without Mental Health', the 'Localism Act 2011' and Hampshire's 'Joint Strategic Needs Assessment'.

3.2. Poor mental health is one of the biggest social issues in Britain. At any one time, 1 in 6 people experience mental health problems which can have high costs for the individuals and their families, impacting on employment, housing, health, disability, education to name a few.

3.3. The 5 year strategy sets out the priorities for Hampshire's mental health services, good mental health and wellbeing will be supported by commissioning personalised services which will be responsive, respectful effective and provide good value for money. Organisations will place

individuals at the centre, empowering them to take control and enable their independence.

3.4. As identified within the strategy the field of mental health is very diverse, on the one side there are problems with comparatively low incidence but high cost conditions, such as schizophrenia and bi-polar disorder. On the other side, there are problems with high incidence but lower cost conditions, such as depression, stress and anxiety. The new model for housing and support services will need to encompass and be able to respond to this diversity in line with the core values of 'being in control of our lives; reaching our full potential, equality, justice and human rights; and valuing relationships'.

4. Current Services

4.1. The mental health support services are a mixture of accommodation based and floating support services, 24 services in total, delivered by 10 different Support Providers across the 11 District Councils in Hampshire to approximately 416 people (aged 18 years to 64 years) at any one time (Appendix A). 17 of the services are short term, providing an intended maximum of up to two years support. There are a further 7 services which operate on a longer term basis. A mix of support accommodation and floating support services are provided.

4.2. These services do not operate in isolation and sit within a wider context of hospital care, rehabilitation, extra care for younger adults, long term disability services, residential and domiciliary care, as well as wellbeing centres and other early intervention and prevention services provided both in the statutory and third sectors.

4.3. All services provide housing-related support to people with a mental health problem, a number of people will have secondary needs around substance use, offending behaviour, learning disability, physical health issues and a history of homelessness.

4.4. Access into these services prior to April 2014 was via a number of supported housing panels that existed across Hampshire, some of which were hosted by District Housing departments and some by the voluntary and third sector. These panels were well attended and included a whole range of local key stakeholders. The Council supported these panels with the Specialist Accommodation Officers attending, chairing or facilitating.

4.5. With the dismantling of a number of these panels in April 2014, the reduction in the number of specialist accommodation officer posts, access into the accommodation based services in all the districts excluding Fareham and Gosport is via a referral to the Council's specialist accommodation officer who sits within the Community Independence Team, access in Fareham and Gosport is an officer in the East Community Mental Health team (Early Intervention and Prevention).

4.6. All referrals into the floating support services are direct to the individual support providers.

4.7. Services were commissioned at different levels of support, currently there are 3 accommodation based services that operate at the highest level of support of between 10 -15 hours support per person per week. The other 13 accommodation based services offer varied levels of support between 1 – 5 hours support per person per week on average.

4.8. There are 8 floating support services which offer varied levels of support between 2 – 6 hours support per person per week on average.

4.9. There is one housing and support accommodation based service which receives additional funding from the operational mental health social care budget (North East), this covers enhanced support.

4.10. During 2012/2013, the former Hampshire Primary Care Trust gave notice of their intention to decommission two registered care homes that were supporting individuals with mental health problems. These two services were located in Alton and Bishopstoke, Eastleigh.

4.11. Following discussions with the relevant providers, landlords, and local mental health teams, and once it was ascertained that there was sufficient demand for supported housing services in the area, it was agreed to run two pilot projects from the buildings as supported housing projects (Appendix A).

4.12. Approximately 18 hours of support were allocated per service user, which allowed for a significant staff presence at the property throughout the day and evening.

4.13. The two projects have been extremely successful, demonstrating positive outcomes for service users, at the same time as delivering significant financial savings when compared to the previous residential care costs.

4.14. The intention is to include the two services within the relevant geographical lot as part of the competitive tender.

4.15. There are 47 mental health clients supported by a number of different support providers on the Learning Disability Floating Support Contracts(previously Supporting People) across Hampshire which expire on 31 March 2016. The intention is to include these services within the relevant geographical lot as part of the competitive tender.

5. Review of Mental Health Housing and Support Services

5.1. Key changes to these services would be proposed to come into effect from April 2016.

5.2. The review has been wide ranging. It has focused on the needs of the wider Hampshire County Council area and balanced this against the needs of individual districts and other key stakeholders.

5.3. Engagement has taken place with key departments across the Council, District Councils, wider statutory partners (including Health, CCGs and the CRC), support providers, service users and landlords. The review has sought to ensure the views of service users are fully represented and that the needs of service users are at the heart of any future model.

5.4. Proposals for remodelling the services have been developed and discussed with these stakeholders and the review has determined that there is a positive opportunity to redesign the service model in the interests of targeting need and mitigating negative impacts of spending reductions.

5.5. The review has confirmed that a partnership approach is the preferred option to commissioning and managing the services. The Council should work closely with District Councils, Support Providers, Health and other key stakeholders.

6. Engagement with Service Users

6.1. Engagement with service users commenced in March 2015. This engagement was designed to support commissioners to understand the issues facing service users and to provide opportunities to influence the model of service. An external consultant was engaged by the Council to work with support providers to facilitate engagement by service users during the review, which would ensure independence and objectivity in seeking views.

6.2. A questionnaire was devised and distributed to all 10 Support Providers. The number of service users across the services totalled 416 with 184 responses returned, collated, and presented anonymously to maintain the confidentiality of individual service users, giving an overall return rate of 47%.

6.3. The overall view from service users was they needed vital support in terms of somewhere to live and help with daily living particularly in areas around financial support. It was suggested that there is enough support in terms of hours from support workers but service users required assistance with their rehabilitation process. Service users felt satisfied with their support and felt it was vital to them in terms of regaining their confidence and managing their transition to independent living. The staff are an important part of this process. Service users felt they had choice and control in their decision making. The full analysis of the service user responses can be seen at Appendix C.

6.4. The questionnaire and support provider/service meetings were followed, by a specific meeting made up of service user representatives, who had expressed an interest in further involvement, culminating in supporting them to devise and evaluate a tender question, working with commissioners and the procurement team. This first meeting took place on 28 May 2015, 13 service users attended, representing 6 of the 10 support provider organisations. A further meeting took place on 20 August 2015.

6.5. The meetings discussed the background to the review, current issues and services, existing priorities and proposals for the future, together with the timetable.

6.6. Service users suggested important elements to be included in the new model of service:

- Appropriate and timely early intervention and support before an issue becomes a crisis demanding a more costly intervention
- Increased signposting to other specialist services

- Joint working liaison between Support Providers, CMHT and Adult Services
- Increased awareness of the importance of maintaining wellness and avoiding triggers causing a relapse
- Liaison with District Housing Departments and Landlords regarding options for move-on accommodation
- Use of alternative sources of on going support – drop ins, peer support and befriending
- Provision of long term support for those who continue to need it
- Fast track and standardised referral system and transparent eligibility criteria
- Low level support when required is the best form of prevention – 'You don't need to be ill before support'
- Self-referral.

6.7. The full Service User Report can be seen at Appendix D.

7. Engagement with Current Support Providers

7.1. Questionnaires have been disseminated to the 10 support provider organisations to get their views on the positive benefits and challenges of the current service delivery process and options for the new model of services. All 10 support provider organisations returned a questionnaire.

7.2. Support provider events have been held on 5 March 2015, 9 out of the 10 support provider organisations attended and on 30 June 2015,8 out of the 10 support provider organisations attended.

7.3. Some of the key themes identified around the challenges of delivering current services:

- Challenges of working and receiving input from the mental health teams
- Risk of non engagement in floating support greater than in accommodation based services
- Lack of support from appropriate organisations until the client has reached crisis point
- The range of issues that people with mental health face has increased due to changes to housing and benefits.

7.4. Some of the key themes identified around what works well in current services:

- Offering a 24 hour service and being flexible around when support is delivered
- Good communication with community mental health teams
- Recovery focused work with clients
- Managing the different stages in one service

- Peer support and service user involvement and leadership.

7.5. A summary of the support provider responses can be seen at Appendix E.

8. Engagement with Key Statutory partners and other Stakeholders

8.1. The pre-existing districts “Strategic Housing Officers Group (SHOG) was expanded to include an open invitation to the CRC, the DWP, Public Health, and Health. This new group (SHOG Plus) has been organised and administered by Adult Services to meet on a monthly basis to ensure a partnership approach to the review and re-commissioning of social inclusion services. The mental health review has been an agenda item for this group and presentations and questions and answers undertaken on a regular basis.

8.2. A series of one to one meetings with the 11 local district council housing departments and the CRC took place in order for all parties to discuss concerns, challenges and potential solutions.

8.3. Presentations on the mental health housing and support review have been undertaken at the East, West, North and North East WINS.

8.4. Presentations on the mental health housing and support review have been undertaken at the Wellbeing Centres Development Meetings.

8.5. Landlords have also been contacted and advised of the review process.

9. Health and Social Care Select Committee Working Group

9.1. Adult Services have met regularly with a ‘Task and Finish Working Group’ comprising cross-party members of the Health and Social Care Select Committee and updated them on the impending review. A specific meeting took place to on the 9th July 2015 to discuss the review in greater detail, giving members the opportunity to question and scrutinise the proposed approach being taken and hear the views expressed by a range of stakeholders during the course of the review.

10. Outcomes of Engagement

10.1. As a specific result of the engagement process undertaken Adult Services has:

- Developed a commissioning approach that will enable providers to take an innovative approach to service delivery and make best use of resources
- Focused on the needs of service users and developed a service model that reflects their views
- Recommended a move to commissioning services based on outcomes
- Developed a Hampshire County Council Mental Health Offer to help support the new contracts and support a partnership approach
- Recommended that key stakeholders such as District Housing Departments and Community Mental Health Teams are an integral part of the network of commissioned services and contract monitoring and review.

11. Proposals

Proposed Council Model for Mental Health Housing and Support Services

11.1. It is proposed that an annual budget of £2.506m is available to support services over a minimum period of 3 years but aiming for a maximum of 5 years (3 plus 1 plus 1). This will ensure support providers can participate confidently in a tender process.

11.2. The proposed budget is derived from existing budgets for the contracts listed in Appendix A, and transfer from social care operational budgets relating to spot purchasing of domiciliary care, as summarised in the following table.

Area	Current budget 2015/16	Balance of Supporting People savings agreed 2014	Annual budget proposed for MH Housing and Support Services from 2016/17
	(£000)	(£000)	(£000)
Mental Health Housing and Support Services	1,821*	275	1,546
MH Eligible Clients on Disability floating support contracts	105	20	85
Spot Purchase Domiciliary Care in Housing and Support Services	415	-	415
2 Pilot Schemes	210	-	210
1 De-registered Scheme	250	-	250
Total	2,801	295	2,506

*After savings already achieved in 2014/15 and 2015/16 as described in paragraph 2.7.

Service Model

11.3. The proposed model for Hampshire will incorporate 3 key elements which are as follows:

- Stage 1 Service (Crisis Support) – up to 24 hour support, accommodation based services with shared facilities
- Stage 2 Service (Wellness and Recovery) – between 2 – 5 hours support, accommodation based services with shared facilities (some studio accommodation)
- Community Support – drop in sessions, telephone support, and peer led support.

11.4. The proposed model of support will enable:

- Short term support to enable recovery
- Individuals access services at the level most appropriate to their needs
- Avoiding people having to move to get support
- Minimise the use of residential care
- Early interventions to avoid long term need for care
- Transparent and clear pathway into and through services

11.5. The intention is to commission services based on geographical lots which are co-terminus with the existing Community Mental Health Teams:

- East Lot – Havant, East Hants, Fareham and Gosport
- North Lot – Basingstoke and Deane, Hart and Rushmoor
- West Lot – Eastleigh, New Forest, Test Valley and Winchester

11.6. There will be one contract for each lot, which will include all 3 elements of the service model. This will achieve a number of objectives:

- Increasing flexibility and responsiveness – support hours are delivered exactly where required
- Transparent way of managing the whole pathway
- Continuity of staff for service users
- Bigger staff teams which encourage more opportunities for personal development, ability to develop specialisms and expertise within teams
- Clearer lines of communication with key stakeholders
- Service users can access a service at the level that meets their needs in a timely manner
- Greater use of assistive technology and other IT based support
- Services delivered more flexibly out of hours and across 7 days
- Delivering the balance of savings through efficiencies.

11.7. Services will continue to develop an expertise in housing, and support individuals around their housing and benefits issues. There will however be an emphasis on wellness, recovery and maintaining a healthy life in the community. The expectation will be that all services use a ‘Recovery Star’ model of support and Wellness Recovery Action Plans (WRAPS).

11.8. Services will continue to offer one to one support, however they will also develop more varied methods of support including group work, peer led support, befriending and use of information technology.

Eligibility for services

11.9. In keeping with the principles of wellbeing, early intervention and prevention within the Care Act 2014, services will be open to those at risk of deteriorating mental health who do not currently meet eligibility criteria but would be likely to do so if they do not receive a preventative service.

11.10. The services will also be open to adult Hampshire residents who are 18+ years of age with eligible mental health related social care needs (as per the Care Act 2014 eligibility criteria).

Mental Health Housing and Support Pathway

11.11. There will be one standardised referral form covering all services across Hampshire.

11.12. There will be a rationalisation of Council staff who currently have a housing role within mental health to act as the gatekeepers into services.

11.13. All services will form part of the services accessed via the 4 local panels (Mental Health) covering the whole of Hampshire.

The Council Mental Health Offer

11.14. These services will form an integral part of the full spectrum of commissioned mental health services.

11.15. The Council will work closely with support providers and key stakeholders on the contract management and performance of these services, to ensure that resources are maximised and interventions are undertaken in a timely and efficient manner.

11.16. Develop joint training opportunities through PACT

Outcomes Based Commissioning

11.17. New services will be commissioned on the basis of “outcomes”. This will ensure that the commissioning process encourages providers to be innovative and to set out, using their knowledge and expertise, how they will deliver against strategic outcomes within the constraints of the funding during the tender process.

11.18. The overarching outcomes that are proposed for this cluster have been developed in partnership and are in line with the key outcomes identified by service users:

- Managing and maintaining mental health and wellbeing and working towards recovery
- Supported to have a place they can call home and accessing suitable move on accommodation
- Maintaining a healthy life within the community – engaged in activity, employment, training and peer support
- Reducing risk and increased safety

- Knowledge and tools to help maintain an individuals support network
- Management of finances and reducing debt.
- Development of independent living skills.

12. Key Risks

12.1. There are a number of risks that can be reasonably identified with the proposed approach set out in this report. These include the following:

12.2. Landlords may refuse to release their buildings for use under a new model. This could result in the loss of buildings that are currently available to mental health. Communication with landlords is on-going.

12.3. Smaller providers do not form consortia or fail to achieve consortia and the commissioning process results in a small number of large providers with a monopoly on local provision.

13. Equalities Impact Assessment (EIA)

13.1. An EIA has been completed and is attached at Appendix B.

13.2. The proposed commissioning strategy takes into account the promotion of equality of opportunity for all people with mental health issues. The approach has been developed through consultation with key stakeholders and services users.

13.3. Overall the EIA assessed the impact of the new model to those groups with protected characteristics as none to low. The four groups with a low impact are Age, Disability, Marriage and Civil Partnership and Pregnancy and Maternity.

13.4. The EIA has identified that with the new model moving to all services being delivered over a short to medium term and an upper age limit of 65, there may be a low impact on some individuals aged 65 and over and individuals who have longer term support needs.

13.5. However the impact of this will be mitigated by identifying those services which operated on a longer term basis, a transition plan will be agreed with the incoming support provider around a sensitive appraisal of the needs of the current service users, identifying the most appropriate alternative support service such as extra care for older and younger adults.

13.6. Some of the identified buildings for the new services may not all lend themselves to accommodating couples or pregnant women.

13.7. However the impact of this will be mitigated in the greater flexibility on how services will be delivered; greater use of group and peer led support groups which can be delivered in a variety of locations; drop in sessions again in a variety of community locations; telephone support, use of other assistive technology and IT based support minimising the need for individuals having to always move to receive support.

13.8. Services will be open to all regardless of disability, a number of the accommodation based services are accessible to those with a physical disability or lend themselves to being adapted in part. In addition services will be delivered in a more flexible manner, greater use of group and peer led support groups which can be delivered in a variety of locations, drop in sessions again in a variety of community locations, telephone support, use of other assistive technology and IT based support minimising the need for individuals having to always move to receive support.

13.9. In addition eligibility criteria will be consistent and apply across all services which will be open to people with mental health issues from the higher support end through to the lower support end and be in line with the principles of early intervention and prevention.

13.10. In terms of the impact of this new model in terms of poverty and rurality, there will be a reduction in the budget available for new services from April 2016, however negative impacts will be mitigated by the following:

- Services will be grouped under one contract for each of the 3 geographic lots, these geographic lots will be co-terminus with community mental health teams. Providing a greater range of services being delivered across districts.
- Each contract will include the whole pathway of mental health housing and support services, from crisis support, through to wellness and recovery and community support. Enabling a more flexible delivery of services.
- Larger contracts enable Support Providers to have the ability to develop a more specialised workforce, greater potential for staff development and retention.
- Delivering service in a more flexible manner, such as telephone support, use of other assistive technology and IT based solutions, using a variety of community venues.

14. HR Implications

14.1. The Supporting People team are already being utilised as part of mainstream Adult Services' commissioning team, and their roles will continue.

14.2. There is potential for TUPE to apply to some services being commissioned under the new model. If TUPE applies, the transfer would be between independent sector providers. This may affect service viability for some providers and risks undermining the transition to a new model where this may be the case.

15. Legal Implications

15.1. Under the Care Act 2014, the County Council has a duty to carry out a needs assessment where it appears to the Council that the person may have a need for care and support services.

15.2. The County Council has a duty under Section 149 of the Equality Act 2010 to have due regard in the exercise of its functions to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

15.3. Advance equality of opportunity between the persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

15.4. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Due regard in this context involves having due regard in particular, to the need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic, to take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it and to encourage persons sharing a relevant protected characteristic to participate in public life of in any other activity which participation by such persons is disproportionally low.

15.5. It is for the Executive Member as decision maker to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

16. Conclusion

16.1. Significant engagement has taken place with service users, District Councils, Support Providers and other key stakeholders, in order to inform the proposals outlined within this paper that will enable Adult Services' Department to deliver a new model of services and achieve the required savings within the mental health cluster of services.

17. Recommendations

17.1. That permission is sought from the Executive Member for Adult Social Care to go out to tender for a new model of Mental Health Housing and Support Services and award up to 3 contracts for support services to meet the needs of individuals who have mental health issues for a maximum of 5 years, let on a basis of 3 years + 1 + 1.

17.2. That permission is sought from the Executive Member for Adult Social Care to spend, in respect of the above procurement exercise, a maximum of £2,505,887 per annum with a 5 year aggregated maximum value of £12,529,435.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	yes

Other Significant Links

Links to previous Member decisions:		
Title	Reference	Date
Supporting People: Changes to Budget, Services Commissioned and Commissioning Responsibilities	5887	30 July 2014

Direct links to specific legislation or Government Directives	
Title	Date

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act) to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2 Equalities Impact Assessment:

1.2. An EIA has been undertaken to take into account the proposed approach to service modelling. The key findings form an integral part of this report (Section 13) with the full report at Appendix B)

2. Impact on Crime and Disorder:

2.1 The County Council has a legal obligation under Section 17 of the Crime and Disorder Act 1998 to consider the impact of all decisions it makes on the prevention of crime.

2.2 The proposals in this report aim to improve the safety of vulnerable Hampshire residents and reduce the risk of crime occurring.

2.3 All services will be commissioned to be open to an individual who has a mental health issue and a history of offending, and to work positively with criminal justice partners and stakeholders.

2.4 Services will provide a range of support to improve access to education, training and employment, develop independent living skills and address substance misuse, all of which have been demonstrated to have a positive impact on reducing the rates of offending.

2.5 All contracts awarded will include the requirement to use the CAADA DASH risk assessment every time that an incident of Domestic Abuse is identified in

line with Hampshire Domestic Abuse forums objectives to reduce harm as a result of domestic abuse.

3. Climate Change

a) **How does what is being proposed impact on our carbon footprint / energy consumption*?***

Support Providers will be required to deliver community support from community venues in localities that are accessible to service users, also use telephone support and other assistive technology. This will reduce the need for travel by support staff.

b)How does what is being proposed consider the need to adapt to climate and be resilient to its longer term impacts?

As the procurement process develops, a requirement to consider the need to adapt to climate, and be resilient to its longer term impacts will be taken into account in the detailed planning and development of the Invitation to Tender. Prospective support providers will be required to demonstrate that they have considered climate change in developing their service model.

Appendix A: Mental Health Housing and Support Services

Provider	Service	District	Contract Value
Sanctuary Housing Association	Cliddesden Road 7757	Basingstoke	£94,535
Home Group Limited	Wellington Terrace 7114	Basingstoke	£56,749
Two Saints Limited	East Hampshire Mental Health Floating Support Service	East Hants	£47,750
Family Mosaic	Mental Health Service East Hants 7018	East Hants	£25,081
Home Group Limited	Eastleigh Mental Health 7121	Eastleigh	£70,467
Family Mosaic	Fareham and Gosport Mental Health Floating Support 7801	Fareham and Gosport	£250,955
Richmond Fellowship	Rushmoor and Hart Mental Health Floating Support	Hart & Rushmoor	£114,499
Together	Ancells Farm and Church Hill	Hart and Rushmoor	£61,358
Alexander Care and Support	Hart and Rushmoor Long Term Mental Health Support Service	Hart & Rushmoor	£99,552

	7074		
Sanctuary Housing Association	Mill Road 7758	Havant	£28,939
Sanctuary Housing Association	Boxwood 7755	Havant	£28,939
Two Saints Limited	Havant Stage 1 & 2 Mental Health Service 7804	Havant	£107,075
Choice Support	Mental Health Independent 7023	Havant	£35,685
The You Trust	35 Bedhampton Hill 7143	Havant	£66,938
Rethink	The Hollies 7033	New Forest	£82,576
Home Group Limited	New Forest Mental Health Service 7102	New Forest	£154,314
Home Group Limited	Andover Mental Health Short Term Service 7097	Test Valley	£53,055
Home Group Limited	Andover Home Support 7100	Test Valley	£27,975
Home Group Limited	Andover Mental Health Long Term 7303	Test Valley	£23,151
Home Group Limited	Winchester Mental Health 7366	Winchester	£46,303
Sanctuary Housing Association	The Lookout 7759	Winchester	£36,208
Together	Winchester	Winchester	£84,179

	Outreach 5569		
Together	St George's Mental Health Service 7803	Winchester	£187,831
Sanctuary Housing Association	York House 7756	Winchester	£37,139
Together	Normandy Street (Pilot Scheme)	Alton	£105,000
Stonham	Scotter Road (Pilot Scheme)	Eastleigh	£105,000
Various Support Providers	Mental Health Eligible Clients on LD Floating Support Contracts	Across the 11 Districts	£105,472

Appendix B: Equalities Impact Assessment

Equality Impact Assessment

Name of project/proposal Mental Health Housing and Support Review 2015
Contact name Cecilia Agbaje
Department Adult Services
Date to be published on Hantsweb 07 Sep 2015

Purpose for project/proposal

Permission is being sought from the Executive Member for Adult Social Care on 17 September 2015 to go out to tender for a new model of Mental Health Housing and Support Services, award up to 3 contracts for a maximum of 5years. Permission is being sought from the Executive Member for Adult Social Care to spend in respect of the procurement exercise a maximum of £2,505,887 per annum with an aggregated maximum value of £12,529,435.

Consultation

Has a consultation been carried out? Yes
A wide range of stakeholders have been consulted with, Service Users, current Support Providers, Landlords of existing schemes, Community Mental Health teams including Mental Health Social Care Leads, Wellbeing Centres, Community Rehabilitation Company, WINS (Wellbeing Networks, including CCG representatives), Health and Social Care Select (Overview and Scrutiny) Committee and 11 District Housing Departments.

A variety of methods have been used such as one to one meetings, attendance at key meetings, questionnaires and presentations. In addition an external consultant has been recruited to undertake the service user consultation, this is to ensure that views of current clients are objectively identified, manage the consultation process in an impartial and robust manner and identify key service user objectives/outcomes which will be incorporated into the contracts for reshaped services post April 2016.

Consultation with service users has been undertaken using a range of methods including face to face meetings at services, completion of service user questionnaire and a series of meetings for a service user reference group. A service user report summarising the findings and recommendations will also be completed.

Statutory considerations

Impact

Age Low
Disability Low
Sexual orientation None
Race None
Religion and belief None
Gender reassignment None
Sex None
Marriage and civil partnership Low

Pregnancy and maternity Low
Other policy considerations
Poverty Low
Rurality Low
Other factors None
If other please describe
Geographical impact All Hampshire
Have you identified any medium or high impact?* Yes No
Why do you consider that your project/proposal will have low or no impact?

Age – Services will be short to medium term and an upper age limit of 65. Where it has been identified that a service has previously been long term in nature and/or individuals are older than 65 years of age , a transition plan will be agreed with the incoming provider around a sensitive appraisal of the needs of the current service users, identifying the most appropriate alternative long term support service such as extra care for older and younger adults.

Disability-Services will be open to all regardless of disability and will be more flexible and diverse in how it is delivered. A number of the buildings are accessible to those with a physical disability or can be adapted. Flexible delivery arrangements for new services, group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Sexual Orientation - Services will be open to all regardless of sexual orientation and will be more flexible and diverse in how it is delivered. Flexible delivery arrangements for new services, group
work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Race -Service will be open to all regardless of race and will be more flexible and diverse in how it is delivered. Flexible delivery arrangements for new services, group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Religion and belief – Services will be open to all regardless of religion and belief and will be more flexible and diverse in how it is delivered. Flexible delivery arrangements for new services group
work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Gender reassignment - Services will be open to all regardless of gender reassignment and will be more flexible and diverse in how it is delivered. Flexible delivery arrangements for new services group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

All of the services will be available to a mixed gender both accommodation based and community
support. Flexible delivery arrangements for new services, group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the
specialist mental health service.

Marriage and civil partnership. Flexible delivery arrangements for new services group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Pregnancy and maternity. Flexible delivery arrangements for new services group work, peer led support groups, drop in sessions, telephone support will potentially enable clients to access support without having to move into MH single person accommodation based services or be able to remain in their current accommodation and still be able to access the specialist mental health service.

Other Policy Considerations

Poverty Although there will be a reduction in the budget available for reshaped services from April 2016 any negative impacts will be mitigated by services being grouped under a geographic lot which will be coterminous with the Community Mental Health Teams, each geographic lot will have one contract that will include the whole mental health housing and support range of services (crisis support, through to wellness and recovery services and community support services).

Changing how services have been previously contracted for will enable more flexible delivery of services, greater continuity for service users, potential of a greater range of services being provided across districts, providers will have the ability to develop a more specialised workforce in the field of mental health, greater opportunities for personal development and staff retention. Service delivery will range from provision of short term accommodation based services, one to one support, telephone support and the use of other assistive technology, drop in sessions across a range of different venues, group work and specialized programmes of support and peer led support.

Rurality – deliver services in a more flexible manner (telephone support and use of other assistive technology and IT based solutions) and using a variety of community venues as access to public transport and cost is a particular issue in more rural areas.
The eligibility criteria for services will be redefined and consistently applied across all services which will be open to those with eligible mental health social care needs and also to those at risk of deteriorating mental health who do not currently meet eligibility criteria but are likely to do so if they do not receive a preventative service.

Final decision date

Final decision date due 17 Sep 2015
Decision to be made by Executive Member

Appendix C: Analysis of Service User Questionnaires

Adult Mental Health Support Services Review 2015
Service User Questionnaire Results

Introduction
This report was commissioned by Hampshire County Council and is made up of the replies from service users of the 24 support services for what was designated adult mental health, within the Supporting People programme.
The questionnaires were issued to the individual services in March 2015. The aim of the survey was to present an overall view from the service user's perspective of the services available and particularly how they felt about their individual services and what they felt was most important to them in terms of their own support and wellbeing.

Methodology
The number of service users across the services totalled 416 with 184 responses returned, collated, and analysed anonymously to maintain the confidentiality of individual service users. Some services responded within two weeks, whilst other services needed reminders. The last responses were received in mid-June. Three services supporting 25 service users did not respond giving an overall return rate of some 47%.

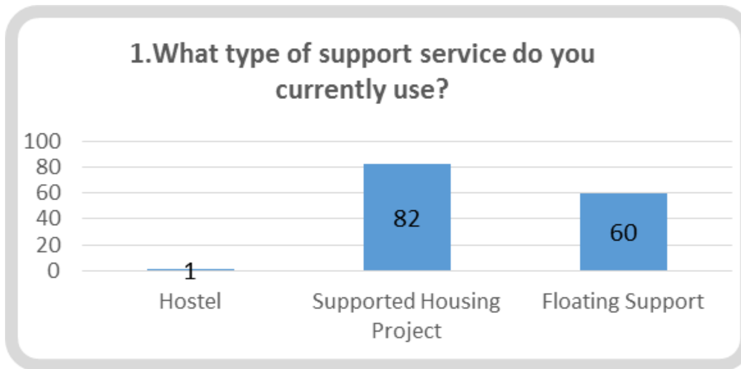
The collated results of the survey follow. The report has been split into sections, with Questions 1-8 and Question 9 analysed separately. Responses from Question 9 looking into the range of support utilised by Service users are set in various graphs. Comments from Question 10 "What is good about the service?" are in a table, word for word as answered by the service users.

The Service user's comments in Question 11 have been collated into an individual presentation slide with the key comments having been used for further discussion and feedback.

Question 12 showing the districts where service users live and Questions 13-15 give further demographic information.
The totals shown are the number of responses for each answer. Not all questions were answered by every respondent and therefore numbers do not add up to the total of 184 responses for each question.

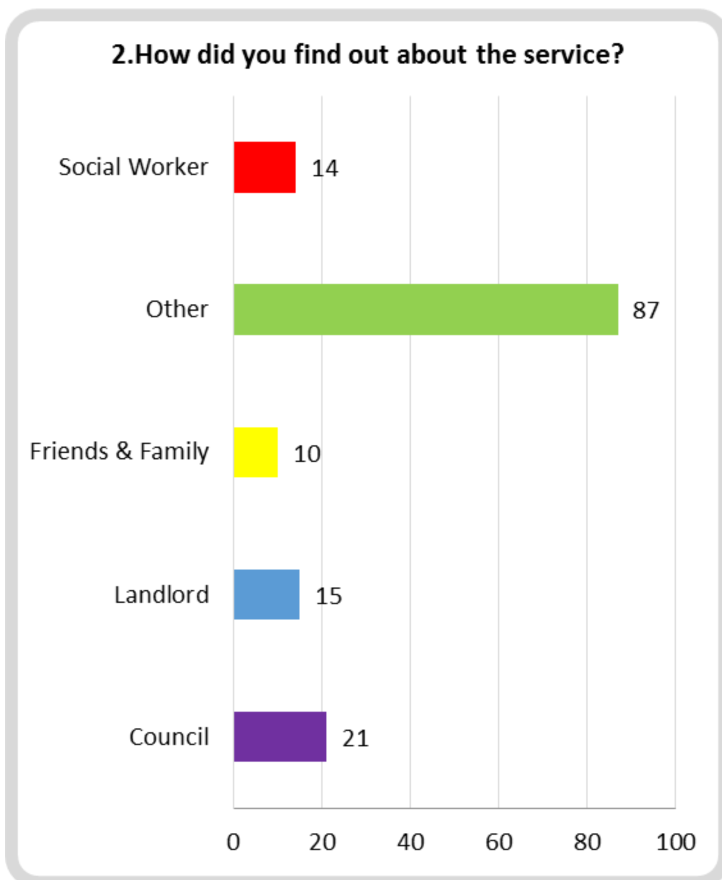
Results Analysis

What type of support service do you currently use?



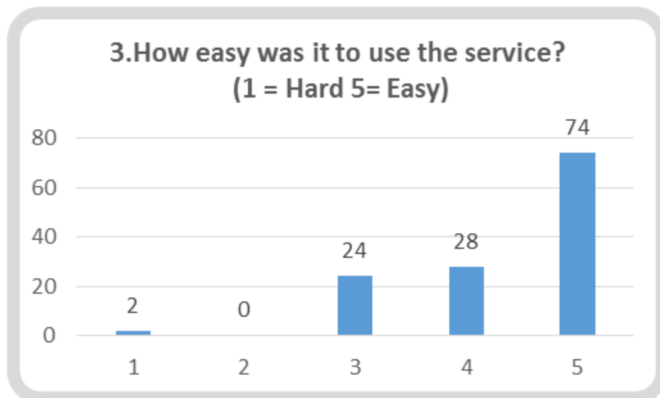
Hostel = 0.007%
Floating Support = 41.96%
Supported Housing = 57.34%

How did you find out about the service?



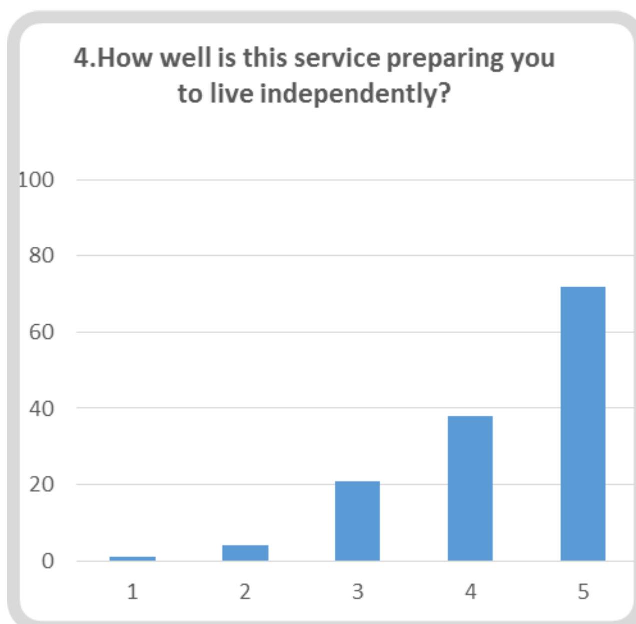
59% of the service users found out about the services available through “other” sources such as:
CMHT
May Place
CIT
Waterford House
Early Intervention Team
Night Shelter
Adult Services
Support Workers
Forest Lodge
St George’s Lodge
Hospital
CPN

How easy was it to access the service?



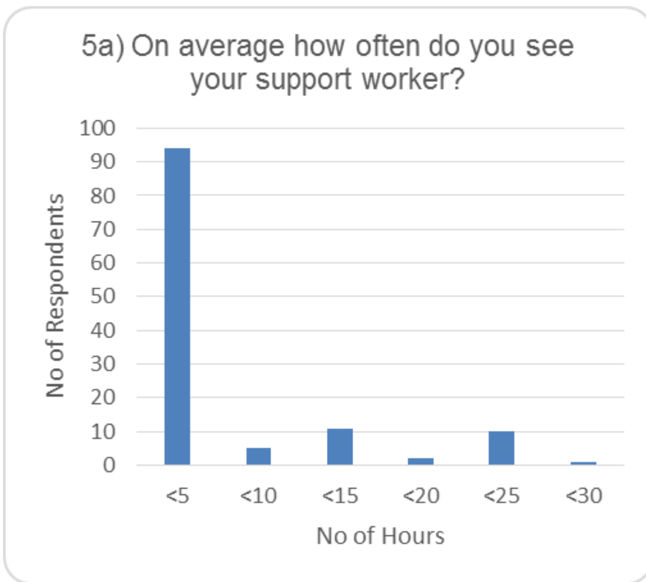
Only 2% of the service users found the service hard to access.
58% had no problem and found the service very easy to access

4. How well is this service preparing you to live independently?



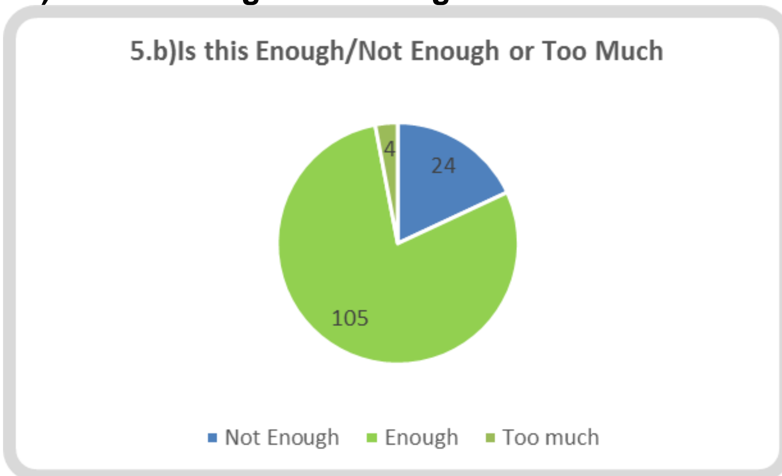
53 % found the service was preparing them very well for independent living.
96% of replies were answered as satisfactory or above.

5a) on average, how many hours a week do you see your support worker?



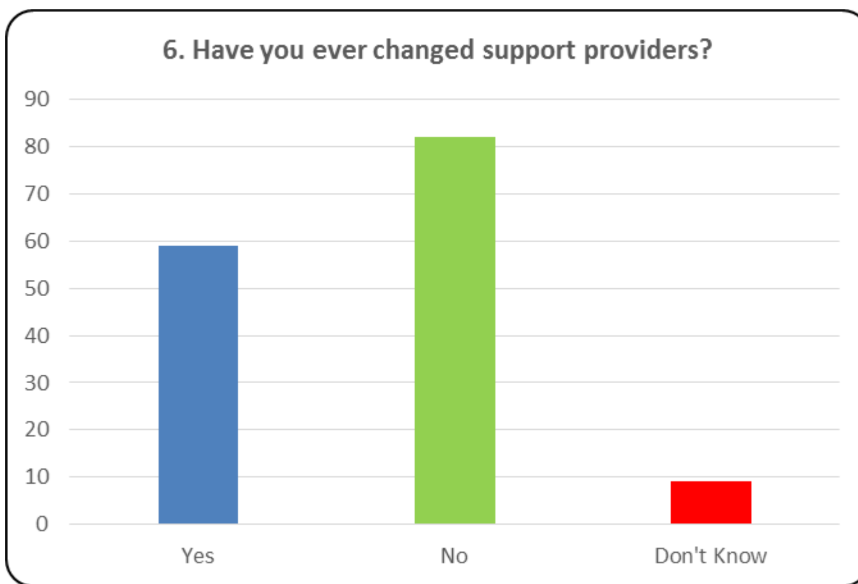
76% of service users received support of less than 5 hours a week
4% of service users received support of up to 10 hours a week
The remaining 20% reported receiving between 10 and no more than 30 hours a week

5b) Is this Enough/Not Enough/Too Much



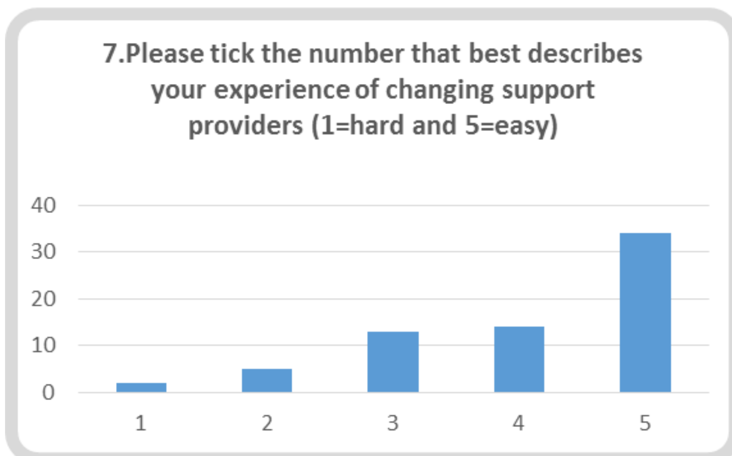
105 service users felt they saw their support workers enough
24 service users felt it was not enough
Only 4 felt it was too much

6. Have you ever changed support providers?



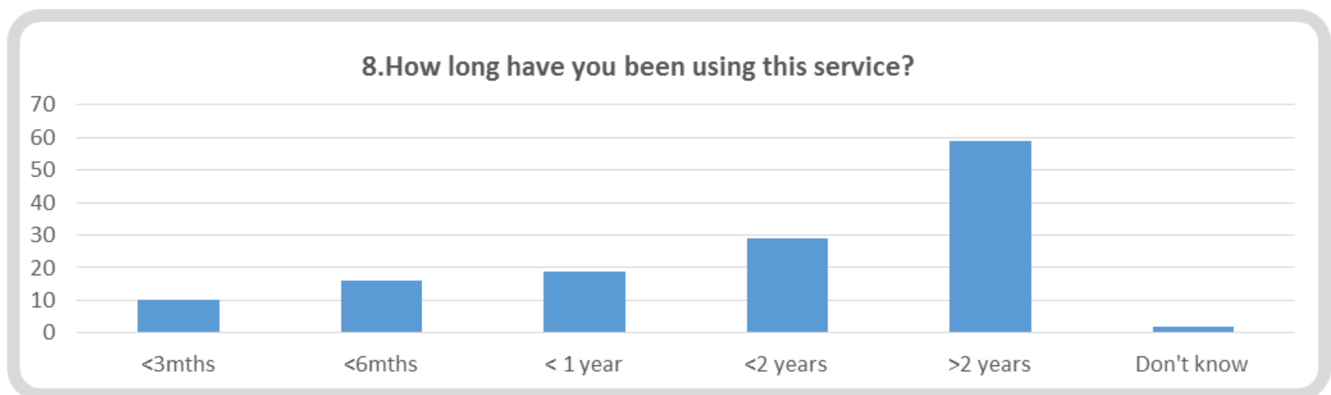
This question reflected the majority of service users had not changed support providers

7. Please circle the number that best describes your experience of changing support providers, with 1 being the hardest and 5 being easiest.



Nearly all the responses were positive in terms of the ease for service users to change support providers.

8. How long have you been using this service?



The responses for this question showed that the highest proportion of Service users had been using the service for more than two years. Accessing suitable move-on was cited as a major factor during subsequent service user meetings.

9) The service you are using offers a range of personalised support. On a scale of 1-5 tick the boxes

making sure you have the right benefits
budgeting advice
managing bills
rent & housing benefits
debt management
help dealing with landlords
signposting & support to access other services
better manage your physical health
better manage your mental health
better manage substance misuse
help finding employment & training
help finding voluntary work
help finding accommodation
help to find and access social activities
counselling
other

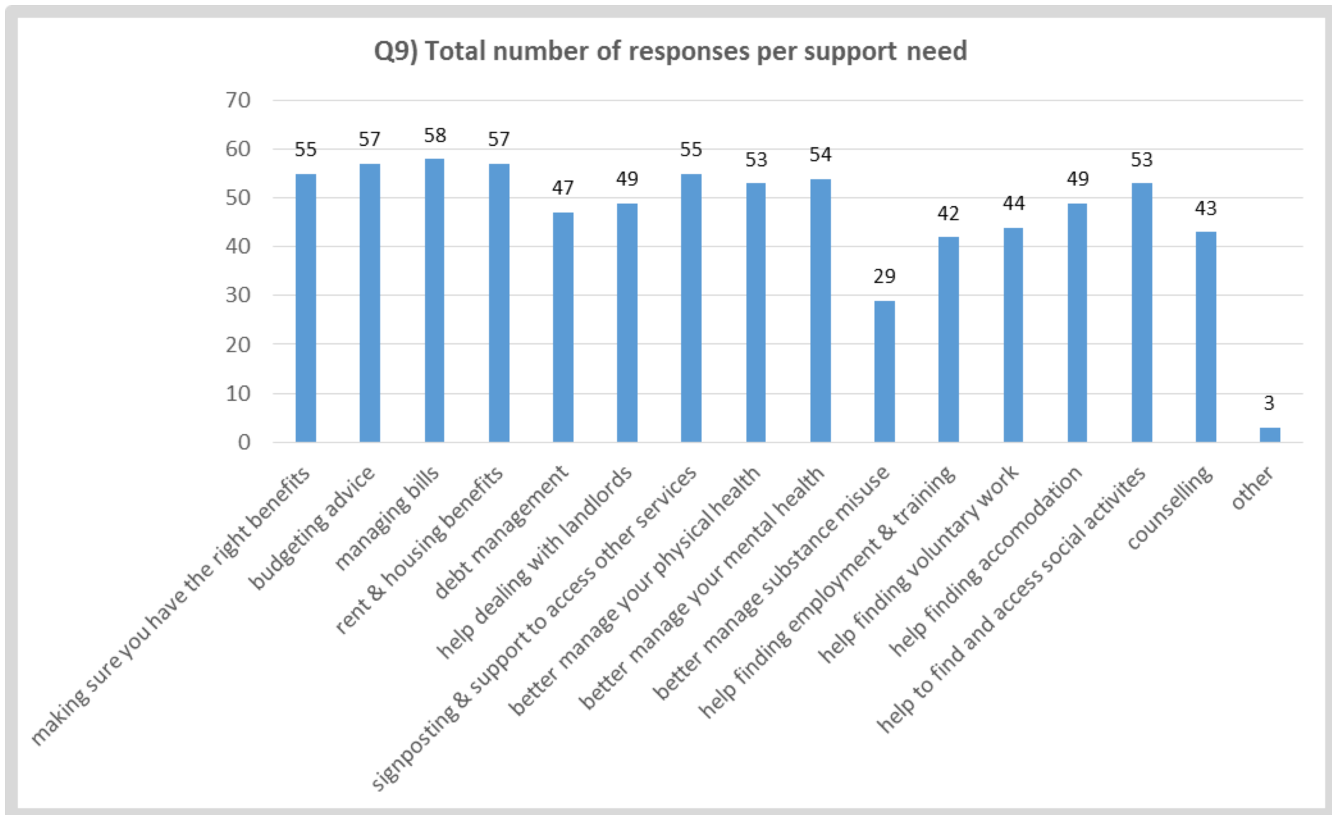
1 = Not Important 5 = Vital

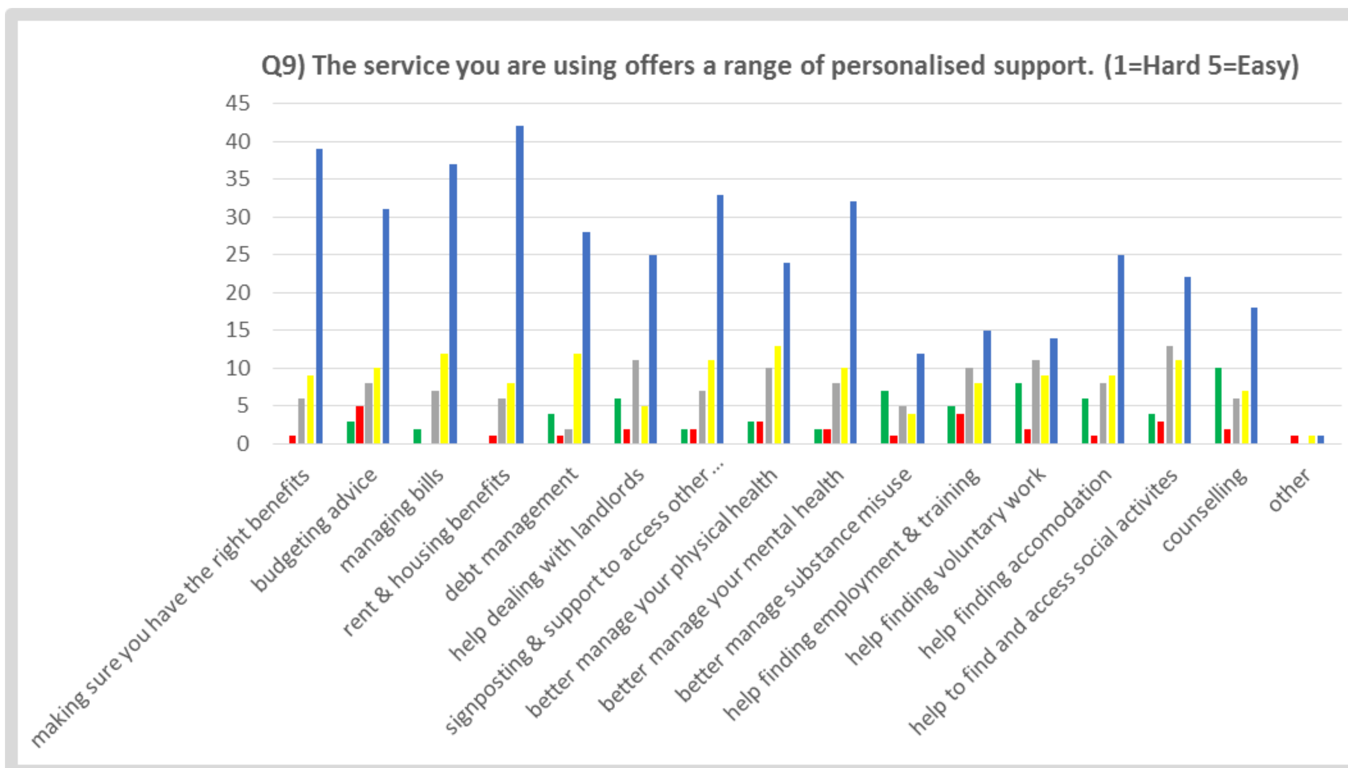
76% of Service users who responded to “Making sure you get the right benefits” scored it as vital, feeling it was important to ensure they had the right benefits.

67% of Service Users who responded to “Having the right housing benefits” support scored it as vital

65% of Service Users who responded to “Help managing bills” scored it as vital

55% of Service Users who responded to ”Help finding accommodation” scored it as vital





10. What is good about this service?

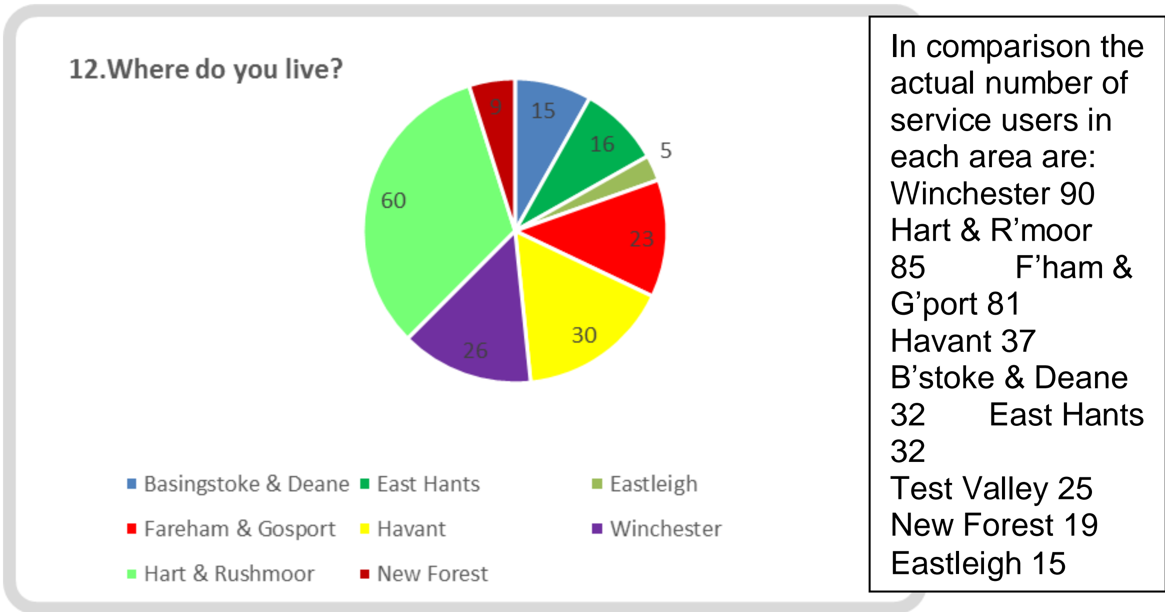
Samples of Service user Comments & Feedback

Its helped me get back on my feet The ease of direct support allows me the opportunity to deal with my overall wellbeing and speed my progress to regain my independence	I have support very good support from my support worker. I feel safe living here	This service helps people with mental health issues manage to live independently	I get good support. I see my social worker most days and find it helpful to have someone to talk to especially about my mental health	The help that I received	The service is vital for me in dealing with the complexities of the benefit system, debt management services and various other services without which my situation would be impossible.
It helps by making sure you maintain our independence	I found the service gave me the right support made me take responsibility and gave me the guidance to move forward. I used to be an alcoholic. Been in recovery for over a year.	Helps me to help myself	It helps to build confidence and the skills required for independent living	This is what we have just done (the Survey)	Always very understanding
Polite staff very reliable	I think the service is brilliant	Accommodation	Location	My support worker	Flat is nice

Would like STR service from Together as well housing/benefit support as not provided anywhere else Staff visiting	My own flat	Good support workers	Staff give my medication daily	Feel safe	It helps me deal with my anxiety and depression around my diagnosed issues. It helps me face and deal with my problems that previously I had ignored.
Two way communication	I would need more input from mental health services if I didn't have together	I find together is a holistic service and will look at different issues at my speed	Support with benefits	Security whilst dealing with your problems instead of merely trying to cope with them	Overall I'm extremely satisfied with together and the services they offer me
I would be lost without my support worker	Personally I am happy with the service	For me the service works really well	Stop pestering with paperwork	Allowing animals	Help dealing with the public
I find St George's a secure place to be	Really good support service for my mental health issues and preparation for "moving on"	Staff to be trained on DBT/CBT intense hatred emotional to be able to deliver to us clients and not have to wait for ages for CMHT. 1/1.5 hours for a visit would be better			

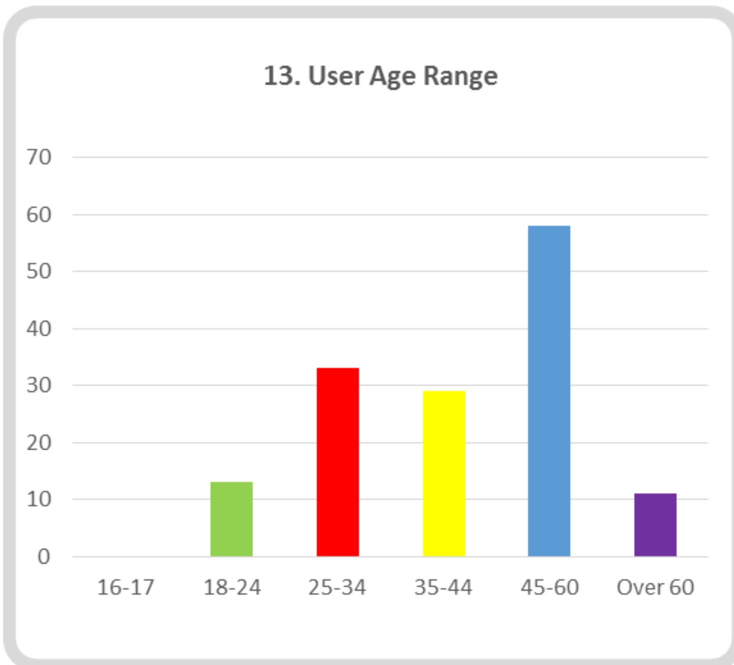
11. How could the service be improved?
Its helped me get back on my feet
"Family Mosaic are very caring"
"The service has been good for me and it has made me more independent and made me more aware and having a choice over my life which helped me move forward"
“More help with computer skills”
"It's fine"
“Project Workers are good”
"All ok with the service"
Need more people like Craig (Staff)
"more help required on finding move on accomodation
"It couldn't"
Be longer than six months
More activities within the house required and free Sunday lunch

12) Where do you live?



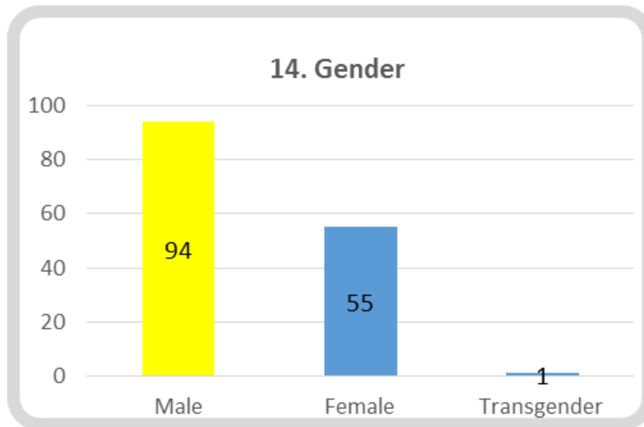
In comparison the actual number of service users in each area are:
Winchester 90
Hart & R'moor 85
F'ham & G'port 81
Havant 37
B'stoke & Deane 32
East Hants 32
Test Valley 25
New Forest 19
Eastleigh 15

13. Age Range of Service Users



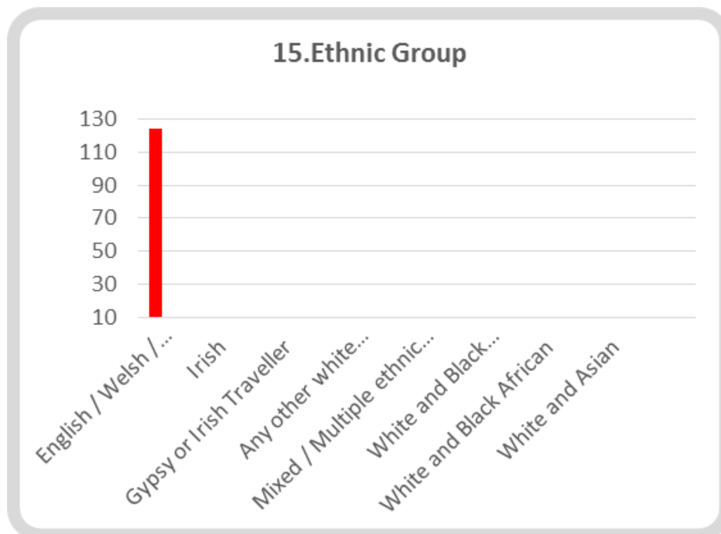
The highest number of responses were from service users in the 45-60 age range at 40% representing 58 out of 173 responses

14. Gender



62% of the total number of Service users were Male
37% were Female
There was 1 transgender result returned

15. Ethnic Group



97% of respondents were from White: English/Welsh/Scottish/Northern Irish background with 1 respondent respectively in each of the following groups:
Irish
Gypsy & Irish Traveller
White & Black Caribbean
White & Black Asian

Conclusion

The overall view from the service users was they needed the vital support in terms of somewhere to live and help with daily living particularly with their financial support. It was suggested that enough support in terms of hours from support workers took place but service users required assistance with their rehabilitation process.

Service users felt satisfied with their support service and felt it was vital to them in terms of regaining their confidence and managing their movement towards independent living. The staff were an important vital part of this process. If staff could be made more available perhaps at different times of the day this would have been more helpful. Sometimes the service was poor during the "out of hours" period and during this period they felt the most vulnerable.

The service users felt they had choice and control in their decision making and were full of praise for the staff members who supported them.

Appendix D

Service User Report July 2015

Introduction
The aim of this project was to ensure that service users across this cluster:

- Were introduced to the background leading to the current situation and informed about the review process and timescales
- Had the opportunity to be consulted and to be involved
- Expressed and discussed any fears, worries and concerns particularly about what services would be available after April 2016
- Took the opportunity to be further involved in representative meetings with commissioners
- Could be part of the tendering and evaluation process
- Understood how Hampshire wanted service users views on current services and on the model and development of outcomes for new services
- Saw the importance of their views in assisting Hampshire to get this right
- Received feedback which was important
- Used the questionnaire and meetings to inform Hampshire was really important to them
- Were aware all responses and comments would remain anonymous

Methodology

Survey Questionnaire A questionnaire was devised, based on a similar exercise used for the review of the social inclusion services carried out in 2014. This was distributed to all ten organisations who provide the 24 services in this cluster. Service users from all ten providers responded with replies from twenty-one of the twenty-four services. No responses were received from any of the three services based in Test Valley. The report on the questionnaire can be seen as a separate document.

SU Organisation/Service meetings Meetings were requested by service users at five services to explain and assist in the completion of the questionnaire or following after the responses had been returned. Twenty-seven service users accompanied by nine staff attended those meetings and in addition written comments were received from one service user who was not able to attend.

Feedback from meetings
How did you find out about the service?
A number of service users had previously been in the night-shelter run by Winchester Churches and had moved on from there
Previous key workers at short term services had referred service users on
Service users had been told about services, whilst they had been sofa surfing with friends, who had moved on from services

Adult Mental Health services, including CMHT or staff in psychiatric services had referred service users
Local Council

Support received: This varied from 1-2 hours per week but was only available from Monday –Friday from 9.00-5.00. Service users were aware of telephone numbers for emergencies including maintenance. There were also numbers for on-call staff and managers. Some service users mentioned the increasing support they receive from or give to each other.

Needs/Risk assessments and Support Plans: Every service user was aware of these and including use in some cases of the Recovery Star. One comment was "This supports me in looking at where I was and planning where I want to get to" Support was seen to be reliable and well informed, didn't dictate, understood me and put me first. It was often based on small steps, allowing service users to review and then move forward again
Support included:

- Assistance with benefits
- All forms of paperwork and letters
- Prompting about things I need to do to aid my recovery
- Discovering opportunities for voluntary working and becoming self-employed
- My well-being and emotional support
- Practical support when moving on
- Drafting my CV and obtaining references
- Providing reassurance when I need it
- Making and attending appointments
- Sourcing and going to social, leisure and spiritual activities

Although there were regular key working sessions, service users could always contact, talk to or see support workers or other staff and didn't have to wait until the next session. If staff were not able to support service user then they were able to find alternatives either through signposting, use of local knowledge of available and often specialist services or through the use of Google. A number of service user stated in various ways that although support was available, you need to want recovery yourself.

Moving-on This was seen to be one of the biggest issues. There was often a lack of opportunity for suitable accommodation and therefore a delay in moving-on although you were often ready and knew other people were on a waiting list to move in. Options discussed were:

- Social housing but there were problems with long waiting lists and often prioritisation
- Private landlords but many won't take people on benefits or require guarantees , rent in advance or references
- Family placements but these only suit some people

- I will still need to know support is available if I need to prevent this reoccurring

Where would I have been without this service?

- Hospital
- Prison
- Homeless
- Sofa surfing
- On the streets
- Frequenting pubs
- Carrying weapons
- In deep debt
- Kids in care
- Lose home
- Lost
- Dead

Suggestions for the future:

- More drop-in centres – possible surgeries in council offices
- More awareness by statutory services of prevention and intervention – before the crisis happens
- Build appointments around part-time working
- Specialist occasional floating support for those with mental health issues to prevent any reoccurrence

Final Comments were: “This service has done me the world of good.” “It has guided me.” “I won’t ever let all this happen again.” “It has given me the support I need.” “I am treated like a human being.”

SU Reps meetings

The questionnaire and organisation/service meetings were followed, by a specific meeting made up of service user representatives, who had expressed interest in further involvement, culminating in supporting them to devise and evaluate a tender question, working with the Council’s procurement team.
The first meeting was held on Thursday 28th May. Thirteen service users attended, representing six of the ten organisations, supported by four staff.
The meeting was given the same briefing that had been presented by Hampshire staff to various other agencies including providers and the Wellbeing and Implementation Networks (WINS). This set out the background to the review, current issues and services, existing priorities and proposals for the future, together with the timetable.
Discussion included thoughts and comments around the proposed model, its three stages including levels of support and timescales and a request for service users to suggest appropriate names to define each stage.
Service users suggested important elements to be included were:

- Appropriate and timely early intervention and support before an issue becomes a crisis demanding a more costly intervention

- Assistance with other issues such as mortgage advice when not well
- Provision of on-going support/care
- Joint working liaison between providers of housing support, MH services including CMHT, CCGs and Adult Services
- Increased signposting to specialist services
- Increased awareness of the importance of maintaining wellness and avoiding triggers causing a relapse
- Liaison with local authorities and landlords regarding options for move-on accommodation
- Use of alternative sources of on-going support; “surgeries” by providers, drop-in centres, peer support, befriending and peer mentors
- Increased use of those with lived experience as members of staff
- Question over continued use of residential care
- Provision of long term support, whether or not accommodation based for those who do continue to need it
- Fast track and standardised referral system
- Low level support when required is the best form of prevention – ‘You don’t need to “be ill” before support’
- Clear and transparent eligibility criteria
- Self-referral

A further representative meeting is arranged for Thursday 20th August.

Appendix E

Key themes from Support Provider Returns 2015

Floating Support
Current Service Model

Challenges delivering services?

Clients not present when visiting at agreed times.
Clients refusing to see us at agreed times.
Risk of non engagement in floating support greater than in accommodation based services.
Support Provider reporting early signs of relapse, lack of support from appropriate authorities until client has reached crisis point.
Being able to contact Care Managers and arranging best interest meetings or keeping in contact over other issues (East). This has significantly become more difficult.
When individuals become unwell we are often expected to put a lot more hours in to support appointments.
Significant demands placed upon a support provider by the housing association especially when someone is in crisis.
Getting support from Community Mental Health Team and Home Treatment Team (NEast).
Service users being reluctant to participate in the completion of recovery stars and support plans. Expectations of the service – to do for, both from service users and other professionals.
Referrals not having an identified support need other than being in receipt of CMHT service, led to poor engagement.
Identifying on going support for clients once their floating support service has come to an end in relation to managing their mental health.
Delivering support with a small team to a large geographical area.
Local transport networks in NF poor.
Community services facing a lot of demand from clients to spend more time with them(more than 1-2 hours a week).
Lack of referrals for fs clients in Alton/Bordon area.
Client resources make it difficult for them to access support/services i.e. phones/IT provision. Some clients cannot manage IT or afford phones.
The range of issues and problems that people with MH face has increased due to changes to housing and benefits, at times people need more support.
Reduction of statutory MH resources means that situations are dealt with at the point of crisis rather than prevention.

Accomodation Based Services
Local links with CMHT teams sporadic across the different districts.
Management of substance and legal high use within properties.
Reluctance of Police in some districts to deal with ASB promptly.
Finding suitable move on.
Shifting client expectation.

Challenges of working and receiving input from MH teams.
MH teams understanding services.
Receiving referrals that don't meet the criteria (dual diagnosis, forensic).
Small budget.
Long waiting lists for clients to access other MH services.
Multiple obstacles when trying to support a client apply for direct payments.
Faced issues by being the managing agent for two different housing associations, time spent on health and safety, environment not fit for purpose, voids, damage caused to property.
Using our resources and time to chase payments from HCC.
Long term service – clients previously were told it is a home for life, challenge of changing to short term service, impact on those clients.
High support service in self contained flats can exacerbate the clients ability for isolation and loneliness as no communal living parts to the service.

Do Challenges differ between accommodation based and floating support services?
Not applicable from 1 floating support provider.
Potential for greater social isolation for clients supported in the community.
Support to clients in accommodation based has the potential of being more flexible and accessible on an ad hoc basis.

If delivering services across different districts are the challenges and issues different?
Fareham and Gosport the age range for support to yp has been reduced from 25 to 21, expectations upon referral are for 5-10 hours a week support which exceeds current contract requirements.
East Hants – rural location of communities, this presents a challenge for clients accessing services in the community but also to the support provider to work creatively with a client with smaller resources.
Different challenges from various HB depts.
Some MH teams are more accommodating than others.

Significant trends over last 18 months?
Lack of move on, diminishing housing stock and scarcity of private landlords willing to provide housing options to this client group.
Bridging the gap between long stay hospitals and suitable supported accommodation with sufficient support that is not registered care.
Fareham and Gosport increase in MAPPA referrals.
East Hants – increase in referrals from CRC.
Overall a rise in referrals for clients with an offending history or a dual diagnosis linked to either substance misuse or alcohol. Change to eligibility into a specific floating support service via CMHT only – benefit – client has input from mh services, able to work better together. Drawback – clients who are not supported by CMHT unable to access the floating support service.
Increase in referrals of service users with a personality disorder.
Need for a higher level of support at different points in persons recovery.

Accommodation Based Services

Referrals have become more difficult to obtain through the traditional route for low support mh services. Forging links with local MH units and discharge nurses directly.
Needs of service users seem to have increased- with pre-existing MH conditions being compounded by drug use. Risk assessing clients behaviour more challenging particularly when staff are only in service Mon-Fri 9-5.
Lack of referrals.
Lack of move on.
The majority of our clients prefer to continue with our support in the community rather than transfer to another provider.
Good support from the specialist accommodation officer.
Bed blocking.

What works well and not so well in current services?
Well:
Offering a 24 hour service and being flexible around when support delivered.
Managing the different stages in one service- from shared houses, sublets, private/general needs and drop ins, created consistent service and appropriate use of resources.
Close links with NHS and Community MH teams (East).
Moving a service from supported housing to floating support, more flexibility, working closely with the landlord.
Multi service drop in East Hants.
Good communication with CMHT teams.
Benefits of having a support provider Landlord who understands and is sympathetic to people with MH issues, more so than an ordinary landlord.
Client Involvement. Healthy living groups.
Recovery focussed work with clients.
Referral process works well.
Short term placements.
Pathway of services from high to low.
Staff flexibility.
Having clear lines of communication with local authorities.
Peer support.
Service user involvement and leadership.

Not so well:
Amount of paperwork.
Feedback on a registered care service- long delay between referrals made to the provider and it being agreed by high cost placement panel, average of 3 months.
Argument amongst services about responsibility and accountability – the difference between SP hours and Care hours sometimes Care Managers not working to those differences.
Poorly completed referral forms not identifying the housing related support need.
Service Users not wanting to engage with the service for more than 6months- a year.
Lack of service user engagement.

Community mental health and crisis teams having less resources means they are not always able to support our clients and staff when needed.
Communication between Districts and the County.
Lack of insight from outside agencies.
Offering a quality service with a small budget.
Tenancy agreements – AST), if placement fails face obstacles to resolve the situation.
Lack of clarity between CMHT teams and the Police in cases of incidents and safeguarding as to whose responsibility it is to deal with the situation.

Where have referrals come from?
Community MH teams and private referrals.
Havant – Ravenswood, Holly bank and East Community MH team.
East Hants – Ehants District Council, CMHT, CRC, Drug and Alcohol Services and other SP Services.
Fareham and Gosport – there is still a panel but also CMHT, NHS, GPs, Support Providers and YP Services.
NF CMHT teams.
Winchester panel.
Winchester Council.
Referrals from families.
Early Intervention Team.
Accommodation Based Services
Specialist Accommodation Officer.
Hospitals.

Any noticeable reduction in referrals with the dissolution of support panels?
Four providers – no.
East Hants – yes, two providers.
Yes – Two Providers.

Future Service Model
Examples of successful service models?
Step down model, continuity of care and a support network with likeminded individuals.
Individual Service Funds.
Flexible model maximising the use of the team and support hours where required across a variety of venues.
Extending out support to include support with social inclusion and opportunities for paid and voluntary work.
Using the recovery star.
A pathway for people to move through and planned discharges with decreasing degrees of support on offer.
The Oxfordshire MH Pathway
Supported Living Services that are also registered with CQC – minimises issues with medication compliance and multi agency input.
Trained peer supporters provide peer support as a step towards their own recovery – helps tackle social isolation and use community resources to maintain their independence and reduce the need for formal MH services.

Planned discharges with decreasing degrees of support on offer including some telephone support.
Use of assistive technology.

Challenges delivering an integrated model?
Tenants not paying deposits. Tenancy breakdown potential that the whole package will breakdown.
Communication and joined up working.
Time management especially in regards to travel if staff covering larger geographic areas.
Different views of risk/support could result in more difficulties of clients moving around the pathway.
Legalities of landlords moving clients from ASTs into alternative accommodation due to notice periods and tenancy types.
Lack of funding.

Essential elements of an integrated model?
Accessing a range of support services that combine to provide a holistic service.
SLAs with landlords and other host organisations to agree expectations and conditions. React to need- if a particular property requires a core presence at vulnerable times.
Same staff team across a whole service provides continuity and consistency, core policies and procedures, working practices and values, potentially a client will have the same network around them during their support journey.
Diverse staff team.
When a client is referred to more than one service at a time introduce joint assessments.
Mixture of group work, 1-1 support sessions, peer support.
People being able to drop in and out of support as needed.
Flexibility of support hours.
Dual diagnosis – clients with drugs and alcohol support needs as well as MH can be excluded from supported accommodation.
Training for all.
Multi agency input and panel to work with complex crisis issues.
Co working.
Investing more resources in preventing relapse.
Client involvement.
Menu of services/activities on offer.

What outcomes should form basis of service delivery for MH clients?
The individual being able to manage and maintain their own mh and wellbeing, including managing medication and therapeutic resources. Pathway to independent living. Working towards recovery.
Each person supported to have a place they can call their home.
Preventing relapse and readmission to hospital or long term forensic support.(Wellbeing)
Maintaining a healthy life within the community. Engaged in activity, employment, training, peer support. (Involved)
Reducing risk and increased safety.

Preventing, delaying or reducing need for primary care services.
Informed – knowledge to maintain their network.
Management of finances/reducing debt.
Increase in daily living skills.

Support Provider's Opinions on:
Named buildings and draft agreements from landlords as part of ITT –
Eight providers.

Specifying number of units required for service but enabling providers to make their own arrangements and include details in tender submission –

Both Proposals –
Two providers.