

## **North Somerset Housing with Support Strategy**

For older people, people with a learning disability, people with mental health issues, people with a physical or sensory impairment, and young people.

**2017 - 2027**

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## Introduction:

This strategy aims to consider the range of housing with support options in North Somerset with a view to increasing the opportunities for independent living among older people, people with a learning disability, people with mental health issues, people with physical or sensory impairments and young people.

*“Supported housing is any housing scheme where housing is provided alongside care, support or supervision to help people live as independently as possible in the community. It covers a range of different housing types, including hostels, refuges, supported living complexes, extra care schemes and sheltered housing. Supported housing can provide long term support for years for some vulnerable groups such as older people and disabled people or very short term immediate emergency help for when people are in times of crisis, such as use of hostels and refuges.”<sup>1</sup>*

In the past the solution for many people who needed care and support was a residential or nursing home where their needs could be fully met in one place. Whilst for some people the need for residential and nursing care will continue the link between wellbeing and independence is well recognised. Skills for Care highlight this in their core principles:

“Supporting people who need care and support to build on their strengths, skills and abilities can be an important approach to promoting good mental health and wellbeing.”<sup>2</sup>

The impact of the right accommodation on young people leaving care has been recognised in recent Government guidance:

“The lack of a stable, safe place to live can impact negatively on a young person’s emotional health and put them at greater danger of a number of safeguarding risks, such as sexual exploitation or involvement with gangs.”<sup>3</sup>

In addition to enhancing wellbeing, accommodation with support also offers better value for council expenditure:

“When it comes to specialised, purpose built accommodation, there is a strong case for investment. According to a recent report by Frontier Economics, housing a frail older person in a specialised unit can save around £3k in health and social care costs per year. The savings are considerably higher for those living with a sensory impairment (£6k), a mental health condition (£12.5k) or a learning disability (£15.5k) when compared with the accommodation they would otherwise have had.”<sup>4</sup>

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<sup>1</sup> From Supported Accommodation Review, A report of research carried out by Ipsos MORI, Imogen Blood & Associates and Housing & Support Partnership on behalf of the Department for Work and Pensions and the Department for Communities and Local Government, November 2016

<sup>2</sup> Common Core Principles to support good mental health and wellbeing in adult social care, Skills for Care 2014

<sup>3</sup> Keep On Caring: Supporting Young People from Care to Independence July 2016 HM Government

<sup>4</sup> Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England NHSE October 2016 DOH and PHE

Policy direction is therefore increasingly pointing towards this as a solution to reduce demand on services and the diminishing public purse. (See appendix 1)

Figure 1 - Service provision (From NHS digital SALT returns)

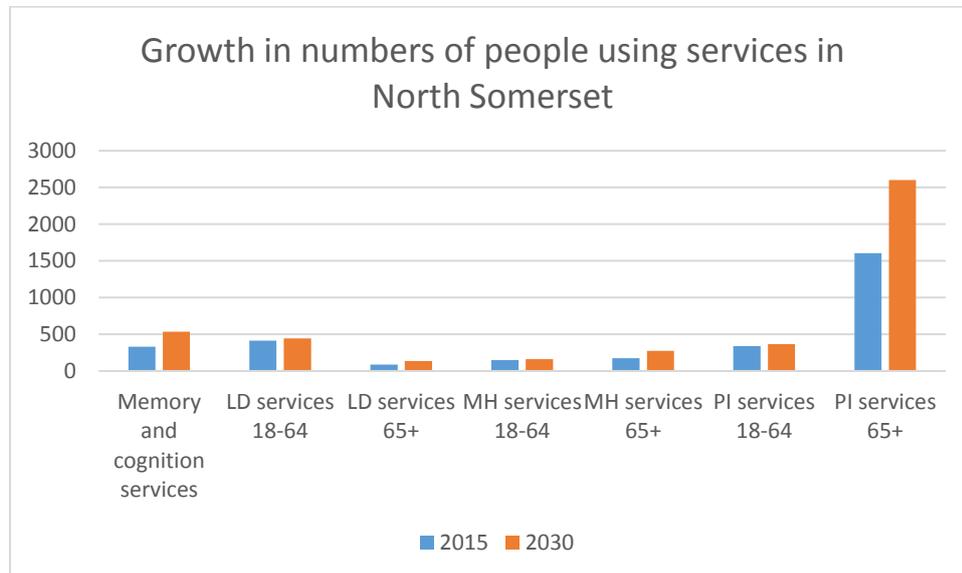


Figure 1 illustrates the increasing demand on health and social care services in North Somerset expected in the next 15 years. It shows that demographic projections indicate that there will be a significant increase in demand for services in the next 15-20 years, particularly in the older population and especially for dementia services.

- 61% increase in older people requiring services primarily due to physical impairment
- 74% increase in the numbers of people requiring memory and cognition services (primarily due to dementia)
- 36% increase in older people with a learning disability
- 37% increase in older people requiring mental health services

Whilst the increases in younger people with LD, MH and PSI are less pronounced they are no less significant, particularly in relation to spend on social care.

Given the financial constraints of an increase in need coupled with austerity measures it is apparent that the council cannot sustain provision of the same services at the same level. The latest medium term financial plan includes proposals:

“To introduce principles for decision making which lead to an allocation of resources to an individual and a framework for identifying the usual maximum expenditure of a care package to support an individual in their home.”<sup>5</sup>

The policy does not impose a cap or limit to care costs but guidance as to when a comparison between costs of care packages should be considered, the actual

<sup>5</sup> Medium Term Financial Plan - Equality Impact Assessment 2017/18 “Fair Care Policy – care cost check points”

resource allocation will be determined on an individual basis according to individual circumstances as it is now. This approach will enable the authority to prioritise the establishment of a cost effective support package that meets the individual's needs.

To support this approach this strategy focuses on the many provisions of housing with support that can enable people to maintain their independence, what is available in North Somerset and what more needs to be provided.

### **Partnership approach:**

The people who will be helped by this strategy and the types of supported accommodation it covers are several and therefore there will need to be partnership working across a wide and varied arena. It is recognised that all partners face their own pressures and work within different legislative contexts which might dictate different priorities but it important to emphasise the shared benefits of improving wellbeing including improved efficiency of public spending. Research published by the BRE Trust and HIS in 2016 estimated: "that leaving vulnerable people living in the poorest 15% of England's housing is costing the NHS £1.4 billion each year in first-year treatment costs"<sup>6</sup>

The following parties are considered integral to this strategy and will therefore be consulted with and involved in further development in order to ensure commitment to delivering the action plan in partnership:

Commissioners: NSC – P&C, Clinical Commissioning Group (CCG)

Operational staff: NSC, CCG, NSCP

Providers of housing: Alliance, Curo, Knightstone etc

Providers of care and support: Alliance, Freeways, Brandon, NSCP etc

The Voluntary Sector: VANS, Healthwatch, Curo, Age UK, Alzheimers society, MIND, Shelter, Addaction etc

Operational staff: NSC, CCG, NSCP

### **Scope of strategy:**

The strategy encompasses:

- People who live in North Somerset
- People who come from North Somerset but who have had to move to another local authority area to find suitable accommodation
- All tenures of housing from social rented, private rented sector (PRS) and owner occupiers
- Older people
- People with a learning disability
- People with mental health issues
- People who misuse substances

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<sup>6</sup> The Full Cost of Poor Housing, BRE Trust and HIS 2016

- People with a physical/sensory impairment
- Young people
- Long and short term provision

Out of scope:

- People who do not live in and have no connection with North Somerset
- Domiciliary care (except for where provided within ECH or supported living)
- Respite provision
- Residential and nursing care placements (please note reference to residential care has been made in the market analysis section in order give the full context of provision but addressing any deficiencies in this market will be the work of a separate strategy.)

Studying the need and demand for housing with support alongside the existing provision and resources available has identified gaps in service. Some of the gaps identified are specific to housing with support but some are more general issues across the housing, health and social care sectors. This document focuses purely on accommodation with support and therefore the gap analysis is made whilst acknowledging the following gaps which are out of scope:

- There is a general shortage of care staff including home care to support people to live at home.
- There are limited care home places for people with dementia and the quality of these is variable.
- There are limited suitable residential placements in North Somerset for people with physical and sensory impairments.

**The overall aim of strategy is:**

To agree short, medium and long-term actions with regard to developing accommodation with support for these groups in North Somerset between 2017 and 2027.

The document is divided into 5 chapters which each focuses on a particular group and each considers the following questions:

**What needs does this population have in terms of accommodation?  
 How much housing with support is needed for this population?  
 How is accommodation with support for this population funded?  
 What can be learned from good practice in this area?  
 What are the strategic ambitions of North Somerset regarding housing with support for this population?**

The strategy concludes with a ten year action plan designed to achieve the strategic ambitions identified.

## Chapter 1 – Older people

### What needs do older people have in terms of accommodation?

As people age they can experience a change in their health and an increase in conditions that impact on their general wellbeing. Life circumstances also impact on wellbeing such as loss of a loved one or change in financial status. It is widely recognised that housing can play a key part in a person's health and wellbeing with the right accommodation enabling people to live at home for longer whereas poor or inappropriate accommodation can result in a deterioration or loss of independence. NHS England reflects this with a recently issued (Oct 2016) "Quick Guide: Health and Housing" which focuses on three elements: how housing can help prevent people from being admitted to hospital; how housing can help people be discharged from hospital; and how housing can support people to remain independent in the community.<sup>7</sup>

The main things that affect older people in relation to housing are:

**Accessibility** - a person's ability to get around can reduce as they get older, physical causes of this vary from: injury, such as after a fall; illness such as COPD; stroke; sensory impairment; or dementia. The environment a person lives in can help or hinder them in getting around, supporting independence often starts with ensuring that a person can access all that they need to in their own home. Stairs and layout of the home can be a barrier to full accessibility, disabled facilities grants can pay for adaptations to make accommodation accessible.

**Security** features highly in older people's wellbeing and their accommodation plays a key part in whether they feel safe and secure. This might relate to location of the property or physical aspects of the building such as window and door locks. A feeling of insecurity can impact on mental health leading to anxiety and social isolation so that ensuring that people can access accommodation where they feel safe is linked to their health and general wellbeing.

**Social isolation and loneliness** are increasingly a problem for older people and can have a major impact on mood, wellbeing and mental health. Retirement for instance can bring a time of contentment but it can also signify a major change with a loss of routine and social contacts. Loss of a spouse can often lead to a reduction in or withdrawal from social networks and can compound a situation where someone finds themselves increasingly on their own. Being alone is not always a problem and won't have a negative impact on everyone but for many it can lead to depression and loneliness. Accommodation can be a causal factor or, conversely, can address the issue by providing social opportunities locally.

Many older people are carers, that is to say they spend a large proportion of their time looking after a relative or friend. As dementia is more prevalent in older age and is increasing the number of people caring for someone with this condition has increased. In a 2014 report Alzheimer's Society calculated that "the number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051" and that informal carers provided £11.6 billion of support

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<sup>7</sup> Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England NHSE October 2016 DOH and PHE

to people with dementia.<sup>8</sup>

There are a large number of older people who develop dementia. Whilst dementia does not necessarily impose any specific requirements for accommodation it can often lead to a residential placement due to care and support needs or due to the impact on a carer. Housing with support can extend the period a person with dementia can cope at home but any move needs to be accomplished before the condition reaches a level where a move is not possible. For this reason early intervention is recommended but there are various barriers to this including the wishes of the individual and the limits of funding for prevention measures.

To some extent all of the above identified needs can be addressed through appropriate accommodation. Sometimes people need help and support with anything from benefits advice to finding a local interest group and these interventions can be the lifeline that helps an individual to manage in their own home. The caring role is a demanding one which can impact on an individual's wellbeing, it can increase social isolation for instance. The location and proximity to support and social opportunity can be key to helping a carer continue to support somebody at home. In addition the availability of suitable respite opportunities for the cared for can have an important part to play in ensuring a carer can continue in their role. Accommodation with care and support onsite can ensure the people living there get the support they need.

People do not generally live in supported accommodation unless or until there is a need to so there is generally a decision to move required which for older people can have a number of barriers: how to buy and sell a property might not be within recent experience and can feel daunting; how to organise a move might not be familiar or feel achievable for an individual; how to clear the collected accumulation in a home of many years can be an overwhelming prospect; and the financial advantages or disadvantages of a move need to be considered.

“The buying decision, and indeed whether to buy or to rent, is far from straight forward. All too often, the decision is made by well-meaning family members with little input from the person actually making the move. And the decision to make the move is often triggered by a crisis – and event that leaves their current, and often long-term, home unsuitable. As ever, hindsight is a wonderful thing: there is little forward planning.”<sup>9</sup>

### **How much housing with support is needed for older people?**

The population of older people is growing, appendix 2 details the extent to which this affects North Somerset. Appendix 3 outlines the provision of housing with support for older people which is available in North Somerset currently. By considering these two elements – how many people who might potentially benefit from housing with support and the number of places available we should be able to assess how much more is needed but there are so many variables which impact on an individual's situation that it is very difficult to actually quantify demand for any one specific

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<sup>8</sup> [https://www.alzheimers.org.uk/info/20025/policy\\_and\\_influencing/251/dementia\\_uk](https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk) Alzheimer's Society Dementia UK Report 2014

<sup>9</sup> THE OTHER END OF THE HOUSING MARKET: HOUSING FOR OLDER PEOPLE A report from law firm Winckworth Sherwood 2017

provision. This makes planning of future provision problematic.

The Wider Bristol HMA Strategic Housing Market Assessment <sup>10</sup> notes that the importance of providing appropriate housing for older people is highlighted in planning guidance:

*“The need to provide housing for older people is critical given the projected increase in the number of households aged 65 and over ... Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to move. This could free up houses that are under occupied.”<sup>11</sup>*

Summary of demand:

- In 2014 there were 47,795 people over 65 in North Somerset and in 2015 the local authority received 2161 referrals of older people for a service.
- Of these referrals 363 (17%) had the primary reason identified as access or mobility issues, 1375 (64%) referrals had the primary reason identified as a need for personal care.
- If we use the increase in population projected for 2039 (61%) to speculate on the increase in demand for services by 2039 the number of people with access and mobility needs would be 584, the number with personal care needs would be 2214 and 536 people over 65 will need services related to memory and cognition (203 more than 2015).
- Statistics provided in 2013<sup>12</sup> (NS Market Position Statement) indicate that, whilst single occupancy rises from 22.5% in the age group 65-69 to 27.5% of households in the 70-74 age range, the most significant change is the over 75 age range where 78.7% of households have single occupants.
- An analysis of projected demand for Extra care housing in North Somerset made in 2013 using the Strategic Housing for Older People Analysis Tool (Housing LIN) indicated that demand would outstrip supply by more than 200% by 2030:

Figure 2

<b>Extra Care</b>	<b>Provision 2013</b>	<b>Demand 2013</b>	<b>Projected demand 2015</b>	<b>Projected demand 2020</b>	<b>Projected demand 2030</b>
Total	262	573	603	718	993
Rent	154	338	355	423	586
Lease	108	235	247	294	407

It is apparent that there is less extra care housing in North Somerset than would be expected for the population but demand involves appetite as well as statistics. Swift

<sup>10</sup> “Wider Bristol HMA Strategic Housing Market Assessment” volume two  
Establishing the need for all types of housing  
November 2015

<sup>11</sup> Planning Practice Guidance (March 2014), ID 2a-021

<sup>12</sup> [https://ipc.brookes.ac.uk/market-position-statements/North Somerset Accommodation Based Services MPS 2013.pdf](https://ipc.brookes.ac.uk/market-position-statements/North_Somerset_Accommodation_Based_Services_MPS_2013.pdf)

filling of the most recent scheme to open at Tamar Court would seem to indicate that there is an appetite for this type of provision in the area but more work could be done with older people to ascertain the type of accommodation with support that they are looking for and what needs to be in place for them to be able to make a move.

### **How is accommodation with support funded?**

#### **Development costs:**

Funding for the development of older people specific housing is changing. In the past housing associations have worked in partnership with the LA to develop extra care housing using grants from the HCA (Homes and Communities Agency), LA input and their own investment. The changes to housing benefit in 2015 means that the business plans of these providers need substantial revision. Whereas they had long term projects predicated on expected income from rent, the changes have a significant potential impact on that income and as a result their ability to invest has changed. The 2016 Autumn statement allows for increased flexibility with regard to the spending of the £4.7billion Shared Ownership and Affordable Homes Programme but the Government's current focus is still largely on supporting development of home ownership schemes rather than rental. Local Authority funding continues to be challenged as councils face further austerity arrangements and ongoing reductions in spend.

It is proposed by Government that from April 2018 higher rate HB payments made to residents in supported housing funding will move from DWP to local authorities. The implications this will have both on individuals and in terms of developing new provision will emerge over the next 12 months as the details of the proposals and funding become clear.

In order for providers to recover initial investment, future projects to develop extra care schemes will need to provide flats for sale as well as rent. This could be advantageous in North Somerset as there has been a shortage of affordable extra care flats for sale in the locality but it will also result in a reduced number of flats available for rent.

#### **Accommodation costs:**

A large proportion of older people own their own home, this is often a family sized house and can become a burden to manage in terms of maintenance. Despite the potential difficulties however homeowners may not consider a move unless they have a change in circumstances which renders their existing home no longer appropriate. Purchasing a property, paying legal and moving costs, loss of local network can all prove barriers to moving even when a home is becoming increasingly difficult to manage. Older people who rent their home might also be more comfortable with moving to a smaller rented property which has other advantages but still have the difficulty of leaving their home of many years.

Sometimes the reasons for staying are financial. A person who owns their own home might consider moving to smaller accommodation with support but properties of this type tend to be sold at a premium and the sale of a house might not cover the cost. Rented accommodation in many schemes is only available for council allocation, people with their own property are not eligible.

Older people are often amongst the poorest in our society and can be reliant on pensions and benefits to live rather than on wages or capital interest. Properties offering additional services incorporate an additional charge for those services. The cost of any specialist housing therefore needs to take into account the likely income of the intended residents. Accommodation costs may be met through benefits but are not funded by social care.

**Care and support costs:**

As described above, the means of older people can be limited and they may not be able to afford to arrange the care and support they need. If they are assessed as eligible for support the council is responsible for ensuring that they are provided with the services they are assessed as needing. North Somerset spent over £5m on supporting people at home and £760k on ECH support in the 2015-16 financial year.<sup>13</sup> The average weekly cost of support in ECH was higher per person than in the community which supports the assumption that is possible for people to remain living independently with higher levels of need in extra care housing. In addition to funding from council social care budgets, services are also provided by CCG funding where there is a health need.

Figure 3

Setting	Average weekly cost
Disabled Facilities Grant adaptation	£65 (£3375 one-off grant)
Homecare in the community	£169
Homecare in ECH	£220
Residential care (mainly physical needs)	£456
Nursing care	£622
Hospital bed	£2370 (£390/day NHS)

Given the budget restrictions all councils and health services are currently facing it is crucial that every pound is spent to maximum effect. Figure 2 illustrates the comparative cost of different provisions. In a direct comparison it could be assumed that supporting people in the community is the most economic option whereas residential care is the most costly but these figures do not reflect the whole picture. In reality support in the home is economic up to a point, once care levels exceed 30 Hours (for example 2x 1 hour visits plus 1x 30 minute visit every day) the cost is higher than a residential place. Community packages for older people are often a much lower number of hours, in an extra care setting higher levels of care can often be sustained as the staff are all based in the same setting and there is significantly less travel time and staff can be used to greater effect.

Support at home can be more economic as night time care for example might be provided by a carer or other family members at no cost to the LA. Extra care housing can provide value for money as a person might remain there longer and with a higher level of needs than they do at home in the wider community because of the presence of onsite staff on call at a cost shared over all the residents.

<sup>13</sup> NSC finance statistics, Feb 2017

For some people support in the community represents an economic use of resources, for others a costly one. Decisions to fund placements are always made according to the needs of the individual, the availability of suitable provision and best value. In the financial context we now find ourselves (NSC plans to make £5m reduction on spend on adult services in the next year<sup>14</sup>) it is increasingly important to address housing and support needs at an early stage in order to maximise people's independence and reduce reliance on costly services.

### **Evidence of good practice in housing with support for older people:**

HAPPI (Housing our Ageing Population: Panel for Innovation) was originally launched in 2009 as a report that considered an international picture of accommodation for older people and found that the UK was lagging behind other European countries. The second report in 2012 (Housing our Ageing Population: Plan for Implementation) was developed by an all-party parliamentary group and underlined the economic and social advantages of a house-building programme for "downsizers" and made a series of suggestions for policy-makers and practitioners. The most recent HAPPI report (Housing our ageing population: Positive Ideas) was released in 2016 and finds that:

- "1% of Britons in their 60s are living in tailor-made retirement properties, compared to 17% in the US, and 13% in Australia and New Zealand.
- Homes designed for those retiring or in their 'extended middle age' achieve cost savings and have significant benefits in health and wellbeing, including tackling isolation and loneliness, while also releasing capital to improve the incomes and quality of life of older people.
- The number of homes built specifically for older people each year has fallen from 30,000 in the 1980s to fewer than 8,000 in recent years."

The report points out that local authorities are influential in developing the market, that housing providers are in a unique position to contribute significantly to meeting the needs of older people:

"And, most importantly, as we get older we need to think ahead and consider our future needs in a positive light. Meanwhile, as a key part of the electorate, older people should make more of the power they have to change national and local policies and strategies, not least, in respect of the housing choices for life in retirement."<sup>15</sup>

There is evidence that moving into extra care housing has a positive impact on the wellbeing of older people including reduced admissions to care homes and hospital. Community Care reported:

"People aged over 80 entering extra care housing receiving a care package were half as likely to move into institutional care within five years as a similar group

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<sup>14</sup> 2016 Medium Term Financial Plan Refresh

<sup>15</sup> Happi3 Making Retirement Living a Positive Choice, June 2016.  
All Parliamentary Group on Housing and Care for Older People.

receiving home care in the community, found the International Longevity Centre-UK report.

A quarter of residents entering extra care with a care package, or who later required a care package, saw a decline in their social care needs over five years.

And extra care service users aged over 80 also had a lower incidence of hospitalisation than domiciliary care users, leading to savings of up to £544 per person per year. They were also less likely to experience falls.”<sup>16</sup>

An in-depth study by PSSRU<sup>17</sup> also lists the benefits:

- physical functional ability appeared to improve or remain stable over the first 18 months
- more than a half (of those studied) had still either improved or remained stable by 30 months
- cognitive functioning remained stable for the majority of those followed-up
- at 30 months a larger proportion had improved than had deteriorated
- when matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing

These benefits are felt by the individual who is able to maintain a better level of wellbeing and also by statutory services who can use resources more efficiently as a result. Another example illustrates the benefits for health budgets:

“A report by BRE suggests that in 2011 cold and damp homes cost the NHS an estimated £864m in first year treatment costs. They contribute to excess winter deaths and illnesses, particularly from cardiovascular and respiratory disease. Unsafe housing is associated with increased falls, leading to otherwise avoidable hospital admissions. A report by BRE using 2011 data suggests that bringing the highest risk housing up to average standards could save the NHS £435m in first year treatment costs.”<sup>18</sup>

Research into the cost effectiveness of Extra care housing is ongoing and evidence to support the case is growing, for instance:

“A case study by East Sussex County Council which looked at the business case for ECH concluded that the cost of extra care housing was on average half the gross cost of the alternative placements, while the enabling design and accessible environment of extra care housing supported self-care and informal family care, and

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<sup>16</sup> From Community Care <http://www.communitycare.co.uk/2011/09/09/extra-care-housing-delivers-better-outcomes-than-home-care/> September 2011

<sup>17</sup> Improving housing with care choices for older people: an evaluation of extra care housing Ann Netten, Robin Darton, Theresia Baumker and Lisa Callaghan Dec 2011

<sup>18</sup> Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England NHSE October 2016 DOH and PHE

the on-site restaurant not only benefited residents' nutrition, but also acted as a social hub and springboard for social activities."<sup>19</sup>

Another successful resource to augment support at home is assistive technology. Equipment that can monitor areas of risk or make everyday tasks or communication easier is an economic way to support independence. Examples range from plugs that allow water to drain when the sink reaches capacity and thus reduce flooding to sensors that can alert staff or relatives should a person fall. Age UK published a review of the use of technology by older people and whilst they identified some barriers to using it they also recognised that many older people are already benefitting:

- Older people (65+) are increasingly accessing information and advice, goods and services via the internet.
- There are reasons other than cost-saving for technological solutions to help older people remain independent in their own homes, including assistance with everyday tasks compensating for lost physical and cognitive function.
- Technology can also be successfully used for monitoring older people remotely, but this works best with the older (potential) beneficiaries' informed consent and active participation.<sup>20</sup>

In North Somerset the use of assistive technology has been impeded by the lack of a single dedicated resource to implement. The creation of a new post to focus specifically on the delivery of assistive technology could ensure its targeted use to people for whom it will make the greatest difference. It is anticipated that these will include people going into supported living and those leaving hospital. The aim would be to ensure technology becomes a 'standard' offer at an early stage to avoid care dependency in the longer term.

The most recently developed extra care scheme in North Somerset is at Tamar Court in Worle and features a Wellness centre which provides day time activities for people with dementia. It is envisaged that the provision will develop into a "community hub" predominantly for older people. Its aims include:

- To give Persons who are socially isolated the opportunity to meet others in their local community.
- To provide activities that stimulate and give Persons fun and enjoyment to improve their wellbeing and quality of life.
- To be an outward facing community resource that offers a programme of activities that benefit the residents of the development and the local community.

Tamar Court is already demonstrating the economic benefits to the council: there have been 19 nominations to date (of 32 possible) and cash savings have been

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<sup>19</sup> Weis W & Tuck J (2013) The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex, Case Study 78, Housing LIN.

<sup>20</sup> [http://www.ageuk.org.uk/documents/en-gb/for-professionals/computers-and-technology/evidence\\_review\\_technology.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/for-professionals/computers-and-technology/evidence_review_technology.pdf?dtrk=true)

calculated at £52k/year. If the other 13 places are filled on a similar basis a further £35k savings per year might be realised. In addition to cash savings attributable to care package reductions the potential avoidance of residential placements could add a further £200k per year savings.

## Housing with support strategic ambitions for older people

This chapter has considered how housing with support can be beneficial for older people, how much is required in North Somerset and what is needed to make it come about. It has also looked at the evidence for the benefits of housing with support for older people. The following table summarises the key issues and the strategic ambitions to resolve them.

	<b>Issue</b>	<b>Evidence</b>	<b>Ambition for future</b>	<b>Strategy</b>
1	Extra Care Housing (ECH) provision in North Somerset (NS) is currently below recommended amount for population (LIN tool) and predominantly in one area. ECH has been shown to effectively support people to remain independent for longer reducing impact on statutory services.	The Housing Lin “SHOP” tool estimates 603 ECH places are required in NS based on population and we have 327 giving a shortfall of 276. Cash savings achieved in latest scheme of £52k/year, and avoidance of residential care equates to further £200k per year savings.	Sufficient extra care housing across the county so that there is capacity to offer choice for most people considering a move.	Work with partners to deliver 2 more 65 unit schemes in next 5 years - Yatton and Weston. Plan for a further 2 65 unit schemes in the following 5 years, areas to be identified, possibly Clevedon and/or Nailsea. Work with CCG under “Better Care Fund” to invest in future schemes.
2	Increasing numbers of older people in next 15 years will result in increasing demand for all services. Supporting people to remain as independent as possible reduces demand on financial resources and produces better outcomes for individuals.	By 2039 the number of people over 65 with access and mobility needs would be 584 and the number with personal care needs would be 2214. 536 people over 65 will need services related to memory and cognition. “SHOP” tool indicates that the need for ECH provision will increase to 993 by 2030.	Long term commissioning intentions of the council are understood and the housing market is engaged with developing solutions including more ECH and increased use of assistive technology including telecare and telehealth.	Publish a regular market position statement to ensure the commissioning intentions of the council are fully understood by providers. Use a partnership approach to facilitate the long term aim to increase ECH provision further, potentially creating a further 6 schemes of 65 units by 2039.

3	Increase in dementia and rise in numbers of people living longer in the community results in an increased level of frailty and therefore risk.	See appendix 2. Increase of over 85's by 163% by 2039. By 2030 there will be 5,978 people aged 65 and over with dementia (74% increase), 1,747 of them over the age of 90 (109% increase).	Increase the use of assistive technology to monitor risk and increase independence amongst older people.	Create a dedicated post in social care to support and promote the use of assistive technology to ensure that it becomes a part of most care packages as well as being more readily available to the general public.
4	ECH housing in NS is predominantly available to those assessed as eligible for local authority financed social care which excludes people in need who own their own home.	Of the 5 ECH schemes in NS only 2 can be accessed independently of the council referral system.	All future schemes will need to be mixed tenure in order to provide a flexible business model for housing providers and to extend the options available for all older people.	Increase the development of mixed tenure schemes including shared ownership.
5	Within the current ECH model in NS people with dementia are unlikely to meet eligibility criteria for ECH referral until a point at which moving is not beneficial.	There are 146 ECH flats in NS into which the council can make nominations. In these there are 24 people with dementia and another 20 with memory issues. This equates to 16%.	In future people with dementia will have the opportunity to consider their future accommodation needs at an early stage, e.g. at point of diagnosis.	Ensure new models of ECH facilitate earlier admission for people with dementia. Build on learning from new model with in house dementia service. Include at least one respite unit in each ECH scheme going forward.
6	The current model of ECH exhibits tensions around the level of need of residents. With no clear way of measuring prevention in place the clearest savings are made from avoiding	Too many high needs reduces community participation and too few doesn't provide any measurable savings for the council.	In future the county will have sufficient extra care places for there to be mixed levels of need in each scheme and there will be a transparent system for ensuring this.	Develop a transparent system for balancing levels of need within a scheme whilst maintaining economy of council spend.

	admission to care homes for those with significant need.			
7	<p>Many older people are not aware of the accommodation choices available to them and do not consider a move until they have to.</p> <p>In addition the biggest barrier to moving seems to be the practical difficulties in doing so such as reducing furniture to fit new property.</p>	<p>13% of all admissions into a residential or nursing home in the last year (April 2016-Feb 2017) were from a hospital stay (32 people).</p> <p>Engagement with older people consistently raised this as an issue.</p>	<p>All older people can access advice and support on how to maintain their independence including housing advice, and this is available at an early stage. Support to undertake a move – with finances, reducing possessions and administration will be easily accessed.</p>	<p>Next iteration of the early intervention strategy for older people will have an increased focus on getting information to people regarding the importance of accommodation choice at every opportunity.</p> <p>Develop promotion plan for alternative housing across the sector.</p> <p>Work with housing providers to develop access to help with practicalities of a move.</p>

## **Chapter 2 – People with a learning disability**

### **What needs do people with a learning disability have in terms of accommodation?**

People with a learning disability (PWLD) can experience a variety of physical disabilities and therefore may require accommodation that is suitably accessible. They also might need equipment to support their independence and an adapted or purpose built property can facilitate this. In some instances those with greater physical needs also require a higher level of care and support and in these instances having the right property with the right equipment can help reduce those costs. There are barriers to getting adaptations to accommodation including the time taken to make adaptations and the need to pay rental costs while work is carried out.

Not every PWLD has a physical disability but many will require care or support at some level. Needs range from a weekly support visit helping with budgeting to a 24 hour package of care. Some people can be supported alongside others whilst some need 1:1 staff attention or greater. Assistive technology can provide solutions for some things and can reduce the amount of staff time required but not in all cases.

PWLD are most likely to need accommodation when they reach adulthood and consider a move from the family home. There is then a need for accommodation for younger people with learning disabilities and also for the support services which will help to develop independent living skills. Some PWLD need ongoing high levels of care and support with additional specialised services.

There are a number of PWLD in North Somerset who are adults who have been living in shared supported living arrangements which are becoming less suitable as their needs change and less sustainable as the numbers in the properties reduce. In some instances this requires a move to new more suitable accommodation. The likelihood of filling voids in properties for older adults is slim as this group tends to be more settled and those who are seeking a move might not wish to share.

PWLD also need access to social opportunities and meaningful employment, these life opportunities can ensure wellbeing and offer alternatives to statutory support as a network of support can develop around an individual. Accommodation therefore needs to be in a locality whereby residents can access local facilities and opportunities and support needs to be available to facilitate the taking up of these.

Living independently in the community can present some risks whatever your needs. For PWLD the need for security at home and safety when going about your life is a priority for individuals and their carers'. Anyone can be vulnerable to crime and PWLD need to feel they have support available to avoid financial, physical or mental abuse and that there will be appropriate support if they are targeted. Families in particular need reassurance that accommodation does not place people at risk and that support levels are appropriate to keep people safe.

Some PWLD will live with carers for longer than others. In these instances mutually acceptable respite alternatives will be needed to help carers maintain their role for as

long as both parties wish. Respite arrangements can also offer the opportunity to develop new skills which might be needed when the individual does move on.

If an older person moves into specialised accommodation with their son or daughter with a learning disability this can sometimes provide an ongoing supportive environment after the parent dies. There can be difficulties however if there are age restrictions on the accommodation and even if these are waived the person can be isolated as the only younger person living there but it is an option that has proved successful in some cases.

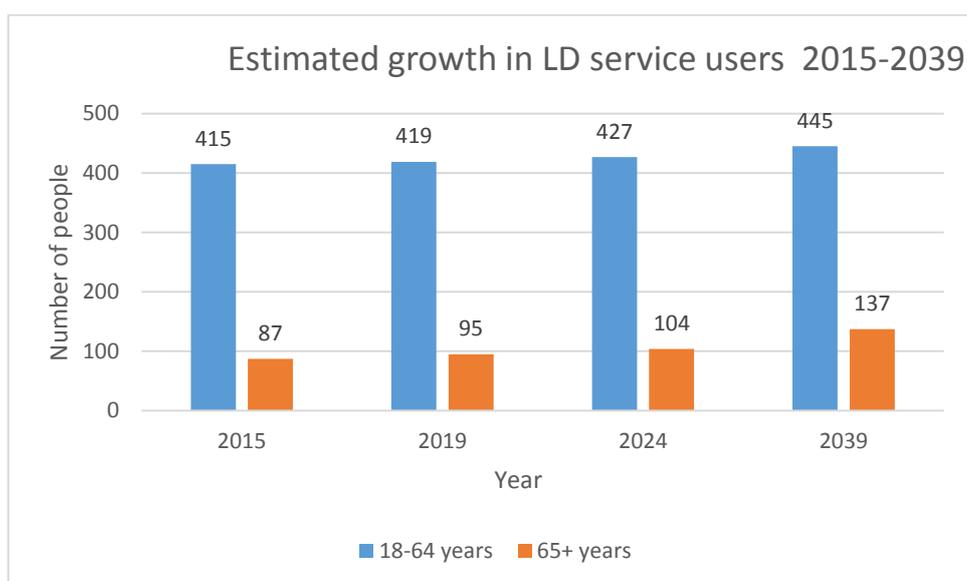
### **How much housing with support is needed for people with a learning disability?**

Predicting demand for accommodation for people with a learning disability is slightly easier than for older people as the population is more static. A learning disability is a permanent condition so once a diagnosis has been made an individual will appear on health or social care records. Whilst their needs might change over time in the same way as anyone else the fact that they have needs is known and can therefore be planned for. The size of increase in this population is not great but since these are people who will require services for the whole of their life it is significant in terms of demand for services.

Summary of demand:

- In 2015 there were 848 PWLD in NS by 2039 this figure will be 875 (figures taken from POPPI and PANSI. These predictions are based on prevalence rates in a report by E Emerson and C Hatton of the Institute for Health Research, Lancaster University, from June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities). Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community.)

Figure 3



- Figure 3 illustrates that there will be a gradual increase in the number of people with a learning disability who will need services over the next twenty years.
- Figures for provision of services last year showed 57 new referrals to adult care and 34 of them (60%) were people under 25. This is a fairly clear indication that the principle demand for new services amongst the LD population comes from people reaching adulthood.
- There are 38 people on the NSC LD accommodation database who want to live in supported living and might need accommodation in the year (2017) and 17 that might need accommodation from 2018. 11 of these people are over 25 and 27 of them are under 25.
- There are 157 supported living places in NS currently and amongst these are approximately 15 voids. Since the voids are in shared properties they are not always able to be filled depending on whether the needs of the people living there are compatible with those looking for accommodation.
- There are 9 people who are currently a high priority for a change in accommodation either due risk of placement breakdown or high cost of current provision and there are 12 people who are medium priority due to strain in their current situation.

There are clearly insufficient supported living places to meet the current demand and it is apparent that the most pressing need we currently face is predominantly from younger people who will be leaving the parental home.

### **How is accommodation with support funded?**

#### **Development costs:**

Previous supported living arrangements have been funded by a combination of LA and provider investment with providers prepared to invest in a business model based

on returns from higher levels of housing benefit. Changes to benefits legislation has had an impact on the model rendering it significantly less attractive to social landlords. As a result there are a reduced number of development opportunities and significantly less supported living accommodation leading to an increase in residential placements for this group. Whilst the precise future of housing benefit is still uncertain recent months (Jan 2017) have seen a slight increase in the appetite of specialised housing providers to invest in more supported living, sometimes in partnership with social investment firms.

Social investment companies are offering a new model of rented accommodation where they will build a scheme and lease it long term to a housing provider getting a long term marginal return on their investment. They have built some partnerships with national housing providers who are prepared to act as landlord and maintain the accommodation.

Another potential model would be for NSC to undertake the funding and development role by borrowing the capital needed to deliver a mixture of housing at a set rate from either a commercial bank or a social investment company. This would require the appointment of consultants and contractors and further resources may be required to carry out existing duties and additional roles associated with development, procurement and delivery. Working with a selected partner could share the resources and risk elements. Whilst this model has been considered in North Somerset no policy decision has been made regarding its deployment, an assessment of potential delivery models will be undertaken to inform future plans.

#### **Accommodation costs:**

Accommodation costs for this group are largely met by housing benefit and will continue to be met by the benefit system even if though it is undergoing significant change.

There is another model for this provision in which the resident can purchase their own home. The Government HOLD (*Home ownership for people with long term disabilities*) scheme provides a grant to support people to become homeowners. It does require a deposit of £16,000 however which excludes some people. Whilst the individual can pursue this option independently the council has a vested interest in being involved in the planning as they can otherwise be asked to pick up a care package that could have been more economic if there was an element of shared care. Council involvement in the planning of such arrangements might allow for the development of multi-unit schemes which would make care more economic. The provision of mixed tenure schemes can allow families who want the security of owning the property to access a model where shared care can be an option.

#### **Care and support costs**

The most crucial element of successful supported living for PWLD is the support package. This can also be the most costly. Care and support providers charge an hourly rate and many individuals will need a 24 hour provision. However if you examine the needs over a 24 hour period few people need constant supervision and in fact the constant presence of staff can be an intrusion. In residential care support is shared across residents which reduces the individual attention a person gets but in doing so can also give more freedom from constant oversight.

Core and cluster schemes offer the optimum combination of freedom and support by sharing some hours across residents in their own accommodation. For example a scheme of 8 flats with a mix of residents with varying need levels offers an opportunity where night time staffing can be shared across the scheme and at certain periods of the day care can be shared across more than one tenant. 1 to 1 support can be provided during the day or at specific times as required. This option ensures a balance of costs and needs which allows a viable proposal for the provider, an economy of scale for the commissioner and a personalised approach for the tenant.

“Clusters of flats in close proximity, within a block of flats (whether dedicated to people with disabilities or shared with others), could ... be more affordable. Where sleep-in support can be shared effectively (perhaps with the added support of assistive technology), this can further enhance the viability of these types of housing solutions.”<sup>21</sup>

In order to develop a successful supported living scheme the building has to have enough units to make the care contract work for care providers but not so many as to be institutional. There has to be sufficient hours where care is needed to ensure viability for a care provider including allowing the option for a resident to choose a different external provider. For the council it is preferable that the cost of individual care packages should be less than or equal to the cost of alternatives such as residential care but this may hinge on how many residents use one care provider. Health funding is sometimes involved as care packages may include provision for health needs.

Nationally 10% of gross current expenditure on long term care support settings is spent on supported living with £5.16 billion being spent on LD services last year.<sup>22</sup> Locally LD placements in care homes are showing a slight increase (North Somerset Council Care Homes Placements Report 2015-16) this year (2016-17), this could be due to the reduction in development of new schemes but there is not yet sufficient data to indicate a significant trend.

### **Evidence of good practice in housing with support for people with a learning disability:**

Building the right home<sup>23</sup>, guidance issued as part of the Transforming Care Programme includes several examples of successful supported living projects:

Willow House in Bath is a bespoke new-build scheme for young people with autism consisting five individual one-bedroom flats, a communal lounge, and support accommodation.

Princes Crescent was created by redeveloping supported housing and now offers 6 individual flats and a communal area to people with a learning disability in Brighton.

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<sup>21</sup> Illustrative Cost Models in Learning Disabilities Social Care Provision commissioned by DOH May 2011

<sup>22</sup> NHS Digital, Personal social services: expenditure and unit costs 2016

<sup>23</sup> Building the right home, Guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges NHS England, the LGA and ADASS December 2016

Hucclecote Road is a scheme of 8 1 bedroom flats built on the site of a disused care home in Gloucestershire.

Walsall have developed a modified key-ring system to provide an enhanced level of support to people with a learning disability moving out of residential care.

The Learning Disabilities, Good Practice Project<sup>24</sup>, cited several examples of good practice. Those that relate to supported living are:

Supported Living for People with Complex Needs in Hackney, London which illustrates how an extremely personalised support package can be a good alternative to a more restrictive placement for people with complex needs. The person in this example had been living in different residential settings, none of which worked well for her, and which had always broken down after a period of time. She now lives in a property that she partly owns under shared ownership with a local Housing Association.

Transition Support for Young People with Complex Needs in Oxfordshire, which offers a less restrictive and more personalised approach to young people with complex needs who might usually be referred to adult assessment and treatment units upon reaching adulthood. The project combines a full time education and care and support package. The service draws various funding streams together with the intention of providing a community-based supported living option for small groups of young people, blended with community based education.

Assistive technology plays a part in supporting independence for people with a learning disability because it can reduce some of the risks associated with accommodation and reduce the amount of supervision therefore required. For instance door sensors that alert staff to a person's movements can reduce the need for constant supervision, cut offs for electrical equipment and medication prompts can all assist in making reductions to a care package. The reduction of care is not intended to reduce the quality of life for the individual but enhance it as it enables the person to have time alone and in control of their own home whilst maintaining safety. Other options to enhance independence vary from environmental controls such as the means to open and close doors and curtains independently to enhanced communication through technology such as simplified mobile phones or voice activated computer software.

North Somerset was successful in a bid to the Housing and Technology fund in 2016 and is using the funding to enhance independence for people with a learning disability across the county in a number of ways. If the project is successful in demonstrating savings assistive technology will increasingly form part of care packages in the future.

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<sup>24</sup> Learning Disabilities Good Practice Project (completed under an action from Transforming Care: A national response to Winterbourne View Hospital Report) 2013

## Housing with support strategic ambitions for people with a learning disability

This chapter has considered how housing with support can be beneficial for people with a learning disability, how much is required in North Somerset and what is needed to make it come about. It has also looked at what constitutes the best models of housing with support for people with a learning disability. The following table summarises the key issues and the strategic ambitions to resolve them.

	<b>Issue</b>	<b>Evidence</b>	<b>Ambition for future</b>	<b>Strategy</b>
1	Core and cluster is a more economic and popular model of supported living as it enables some economy of care whilst still allowing individual choice. In North Somerset there are few schemes of this type.	There are 52 supported living schemes in North Somerset of which 3 offer individual flats with some element of shared care.	To have sufficient core and cluster schemes to meet demand.	Develop a strategic partnership with housing and care providers interested in developing supported living. Aim to deliver 20 units in the south and 20 in the north of the county in the next 5 years and 8 every 2 years thereafter.
2	Systems for predicting demand for supported living have been limited and providers have not had a clear understanding of NSC commissioning intentions.	Demand for suitable accommodation for PWLD averages 11 places per year. These will not all require supported living. The demand forecast tool for this group shows 6 names for 2016, 11 for 2017 and 17 names for 2018.	In future there will be a rolling programme of development with trusted partners to ensure provision meets demand going forward.	Refine systems to monitor and predict demand for places to inform strategic planning and ensure that commissioning intentions are shared with the market.
3	A small number of placements are required for individuals with very complex or specific needs. It can be difficult to identify	At least 4 individuals with complex needs currently requiring accommodation.	Complex needs will be known and considered in future developments to ensure that there are	Ensure strategic partnership includes planning for complex individuals, whether in

	properties or sites for this group. Alternatives can be the most costly, e.g. out of county residential or hospital placement.		placements available when required.	specialised schemes or as part of larger schemes.  Develop 2 schemes of 4 units over next 5 years.
4	Using the HOLD scheme to purchase a property for a person with a learning disability can result in a costly individual care package but there are no options to purchase a unit in any existing North Somerset schemes.	Single person placements have proved costly and there have been instances where the care has broken down due to capacity issues and because staff face more pressure than where there are more people to support. Families have indicated that purchase is an option that some feel more comfortable with.	Future schemes will include some properties on leasehold to offer a variety of tenures for people with LD.	Discuss mixed tenure model with providers and with potential residents at an early stage so that a match can be made between demand and supply.
5	In some instances assistive technology can replace or augment care packages reducing the 1:1 support an individual needs and making their care more economical.	For instance sensors and alerts can reduce a need for waking night staff to a need for sleeping night staff.	Increase the use of assistive technology to monitor risk and increase independence amongst people with a learning disability.	Create a dedicated post in social care to support and promote the use of assistive technology to ensure that it becomes a part of most care packages as well as being more readily available to the general public.
6	Changes to housing benefit have caused uncertainty in the market and housing providers are less confident about developing supported living as a result.	No current schemes in development despite demand. Recent proposed scheme not taken forward.	Providers are confident that by working in partnership with the council they can develop models of supported living that meet need and are sustainable.	Consider alternative models and funding streams to ensure long term viability. For example ownership options such as HOLD scheme. Ensure as wide market engagement as possible.

7	Some existing shared supporting living arrangements have become uneconomic where people have left and voids cannot be filled.	In April 2017 there were 17 voids in supported living properties in North Somerset.	Voids in supported living properties will be an occasional brief occurrence as supported living offers a long term solution for those using it.	Avoid shared model where possible for future developments. Review current provision and consider recommissioning any reduced units including this demand in new development.
8	Where individuals have found their own supported living solutions the cost of their care package is not always sustainable.	A 24 hour care package for 1 individual costs in the region of £2400 per week. Care packages where there is some element of shared care (e.g. night time) can cost significantly less. E.g £1545 per week gives an annual difference of £41,704 and means that a shared arrangement for 3 people would cost approximately the same as 2 individual arrangements.	In future NSC will work with individuals and families who are considering supported living to consider all the alternatives and to develop options that are personalised and sustainable.	Work in partnership with individuals and families to develop schemes that will meet need. Ensure any such proposals are assessed for viability at an early stage. It is not proposed to develop more shared houses (see point 4) but schemes where individual flats are in close proximity can allow for shared care costs.
9	People with LD and their families do not always know what there is to support them at home or what alternatives are available when the time comes to leave home.	TBC	In future information about housing options and assistive technology will be readily available to everyone and they will know what is suitable and available in North Somerset through easily accessible information channels.	Develop promotion plan to ensure information is available in a number of formats and through various means and reaches all the target audiences.

## Chapter 3 – People with mental health issues (PMMH)

### What needs do people with mental health issues have in terms of accommodation?

People with mental health issues need a range of different support: to manage and maintain their tenancies; to find, gain and maintain meaningful employment; to maintain relationships; to look after their own needs such as eating and exercising. For some people these support needs will be for a short period for others the condition is ongoing and their needs are therefore long term. The kind of difficulties they have can also fluctuate so that someone with long term needs will not need a continuous level of care – sometimes they will need intense intervention and at others they will need low level support. The very dynamic, changeable nature of the needs means that this group is particularly difficult to plan for. Snap shots of current needs can show considerable variation in the number of people receiving support from one month to the next.

People with mental health issues can have difficulties finding appropriate accommodation and are overrepresented in our homeless population:

“It is a fundamental fact that single homeless people are much more likely to have mental health issues compared to the general population. In 2015, 32% of single homeless people reported a mental health problem, and depression rates, for example, are over 10 times higher in the homeless population. Unfortunately, other psychological issues such as complex trauma, substance misuse and social exclusion are also common.”<sup>25</sup>

One reason for this might be that this cohort of people can have difficulty maintaining a tenancy as their health fluctuates and often have joint diagnoses with other problems such as drug or alcohol dependency. Even where this is not the case there can be a reluctance on the part of housing providers to offer accommodation who might have perceptions that there might be rent arrears and/or damage to property.

It is not uncommon for individuals to be suffering from concurrent substance misuse and mental health problems (i.e. dual diagnosis):

- 75% of drug service users and 85% of alcohol service users experienced a mental health problem.<sup>26</sup>
- A person with substance misuse problems is 3 to 6 times more likely to have a mental health problem.<sup>27</sup>
- “Dual diagnosis (...) affects a third of mental health service users, half of substance misuse service users<sup>2</sup> and 70 per cent of prisoners”.<sup>28</sup>

In North Somerset an audit of services users accessing structured treatment for drug use in June 2014 revealed that 52.6% had concurrent mental health problems and

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<sup>25</sup> Mental Health Foundation 10 Dec 2016

<sup>26</sup> Weaver et al, 2002

<sup>27</sup> DA Regier - 1990

<sup>28</sup> [http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Seeing\\_double-briefing.pdf](http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Seeing_double-briefing.pdf) accessed 16 September 2016

5.7% were engaged with the community mental health team. 25% of individuals accessing structured treatment with Addaction (a voluntary sector service providing treatment and support to those people who are affected by alcohol or drugs) reported that they either have no fixed abode (NFA) or a housing problem.

### **How much housing with support is needed for people with mental health issues?**

Quantifying the amount of housing with support that is needed for people with mental health issues is complicated by the fact that support needs can fluctuate. Attaching different levels of support to accommodation (see appendix 2 for a description of housing with support available) supposes that a person's mental health journey is linear and that they are thus able to progress through a scale of services designed to increase independence. In actual fact people can experience cycles of mental health need and might not be ready for a reduction of support at the point that a move is required to release the place for others.

- In 2015-16 1947 people were referred to Community MH teams for help due to a diagnosed mental health issue.
- In the same year adult social care reported 323 people in receipt of services for a primary reason of "mental health". Of these people 54% were aged 65 and over which left 150 adults under 65 receiving services for mental health issues.
- Of all referrals to the community mental health teams with a primary reason of MH 47 were homeless, sofa surfing, staying with family as a temporary guest or staying in a night shelter. Of these individuals 30 were male and 17 female.
- Between 1 April 2015 and 31 March 2016 North Somerset Housing advice team worked with 113 people formally identified as homeless. 27 of these people (24%) had a mental health need and 19 of these were single and with a mental health need. Some of these individuals will have come into contact or be involved with the CMHT but figures could also include those for whom there is no CMHT involvement.
- In 2039 it is predicted that there will be 6% more people in North Somerset with a diagnosed mental health issue which would equate to 2064 referrals and 434 people in receipt of services of which 161 would be under 65.
- That means that 161 people with MH issues aged 18-64 will need services (11 more than 2015) and 273 people with MH issues aged over 65 will need services (100 more than 2015). It should be noted that the large increase in this latter cohort reflects the increase in numbers of older people and the increasing prevalence of dementia.
- North Somerset have placed 30 people in residential or nursing homes for whom MH is the primary need in 2016/17. Half of these are under 65.
- 5 people with a mental health difficulty were placed out of county in the year 2015-16 and another 5 people were placed out of county in 2016-17.
- There are 35 supported accommodation places in NS, these are usually fully occupied with voids rarely occurring.
- Figures from 2015/16 showed that 40% of the 429 current clients in the generic floating support service had Mental Health as the primary reason for involvement.

## **How is accommodation with support funded?**

### **Development costs**

There has been generally less investment in the supported living model for this group and it has been felt that there is a gap in the market for long term supported accommodation for people with MH issues. There does not seem to be a sustainable business model for providing accommodation for people with mental health issues unless you are providing the support as well and are guaranteed a certain level of funding from the commissioners. General needs housing is often privately resourced and always oversubscribed so there is no incentives for providers to offer it to people with specific needs. There is a question as to whether accommodation with support is required or whether more available accommodation and a flexible support service that can provide wrap around care at home when required would be more effective. Such a service is not yet in place locally and a thorough analysis of costs and benefit has yet to be undertaken.

### **Accommodation costs**

Many users of MH services are reliant on housing benefit to access accommodation. Supported accommodation is currently able to charge a higher rent to meet some of the additional requirements of the property. Tenants can claim a higher level of housing benefit to meet this cost. This system is changing however and the government propose to cap housing allowance at a standard level. In future funding for housing support will be given to the council who will allocate it on an individual basis according to support needs. This might not alter things for individuals who will continue to have their support needs met but it will mean there is a finite amount of money with which to do so. The effect of this change might be a further reduction in appetite from the housing market to develop supported housing as they will not have a business model based on certain funding.

In addition the Local Housing Allowance limits the amount of housing benefit which tenants in the private sector can claim to help pay their rent. The extension of this cap in October 2016 to limit housing benefit to a “shared accommodation rate” for tenants under 35 with no children. This further limit will be likely to have an impact that further impedes the provision of accommodation to those in need as many landlords will re-consider who they are letting to in order to assure a sustainable rent.

### **Care and support costs**

Nationally only 3% of gross current expenditure on long term care support settings is spent on supported accommodation with £1.17billion being spent on mental health support last year.<sup>29</sup>

Locally the annual spend on MH services by the council is £6.5m. Just over £5m of this is spent on residential or nursing care, just over £0.5m is on supported living. The average weekly cost to the authority for a person with MH issues for supported living is £254 whereas the average weekly cost of a residential place is £662 and a hospital bed for people with MH issues averages at £400 a day. The levels of need met by these different provisions are not the same and therefore not directly

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<sup>29</sup> NHS Digital, Personal social services: expenditure and unit costs 2016

comparable but it can still be seen that a relatively small amount is spent supporting people to remain in the community. If hospital and high cost placements can be avoided by increased community provision some resources might be redirected to achieve efficiency of spend.

The needs of this group are met by health and social care and there is therefore a complication with regards to savings being made. For instance if more supported living (a service predominantly funded by the LA) results in less hospital admission the health authority might reap savings but if these are not reinvested into supported living it is unlikely that the LA can sustain an increased level of service with no additional resource.

### **What can be learned from good practice in this area?**

A recent paper<sup>30</sup> from the PRSSU (Personal Social Services Research Unit, London School of Economics and Political Science) published by Housing and Health identifies several points along the existing care pathway where there are opportunities for housing based provision to contribute savings to current expenditure on mental health care. The paper proposes that a significant reduction in in-patient and institutional care could free up funding that, if reinvested in supporting people in the community could lead to more independent and less costly outcomes.

#### Housing First:

“Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It has been widely adopted across the US, is central to the national homelessness strategies in Canada, Denmark, Finland and France, and is growing in popularity in countries including Italy, Sweden, Spain and, increasingly, the UK. Successful Housing First pilots are operating in Newcastle, London, the Midlands, Greater Manchester, on the South Coast and in Wales and Scotland. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around ‘housing readiness’ before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing ‘first’, as a matter of right, rather than ‘last’ or as a reward.”<sup>31</sup>

Shelter recognised the value of this approach in 2008:<sup>32</sup>

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<sup>30</sup> Potential economic benefits of improved transitions along the acute care pathway to support recovery for people with mental health needs September 2016

<sup>31</sup> <http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>

<sup>32</sup> [http://england.shelter.org.uk/\\_data/assets/pdf\\_file/0008/145853/GP\\_Briefing\\_Housing\\_First.pdf](http://england.shelter.org.uk/_data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf)

This approach has many merits in addressing some of the difficulties we experience in NS, particularly with regard to dual diagnosis and chaotic lifestyles. The model is of a flexible support service built around the individual wherever they are living. The support is more intensive than conventional floating support with support workers having much smaller caseloads (5-7 people as opposed to 20-40) and crucially accommodation is offered as a right.

“There is evidence that Housing First provides strong and consistent outcomes for tenancy sustainment. Outcomes in relation to mental and physical health, substance misuse and social integration are more mixed but are generally positive (Johnsen and Teixeira, 2010).”<sup>33</sup>

Whilst this model offers a clear alternative to the traditional “staircase” approach to support there does not yet seem to be empirical evidence of its cost effectiveness in the UK, although American evidence is that it is:

“Finally, permanent supportive housing has been found to be cost efficient. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years. Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program.”<sup>34</sup>

The reasons that UK evidence is scarce might include the fact that the approach is a long term one and projects facing difficulties in financial stability are not always long lived. A successful scheme would require long term investment as it is resource intensive and might not report results for some years.

Floating Support provided through supporting people funding was reviewed in 2008 by Communities and Local Government<sup>35</sup>. The review concluded that floating support is effective in a number of ways:

“Floating support services can help achieve strategic targets such as the prevention of homelessness, support service users to maintain independent accommodation, achieve health and social care outcomes such as reducing hospital admissions, improve wider community outcomes such as preventing anti-social behaviour and underpin a number of user centred outcomes such as improving self-esteem.”

However, there are also limitations to the model:

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<sup>33</sup> ‘Housing First’ or ‘Housing Led’? The current picture of Housing First in England June 2015 Homeless Link Policy and Research Team

<sup>34</sup> <http://www.endhomelessness.org/page/-/files/2016-04-26%20Housing%20First%20Fact%20Sheet.pdf>

<sup>35</sup>

[http://webarchive.nationalarchives.gov.uk/+/http://www.communities.gov.uk/documents/housing/pdf/floatin\\_gsupportresearch.pdf](http://webarchive.nationalarchives.gov.uk/+/http://www.communities.gov.uk/documents/housing/pdf/floatin_gsupportresearch.pdf)

“There are some individuals for whom floating support services can do very little either because their problems are so overwhelming or because they disengage from the service – in these circumstances an accommodation based service may be more effective. Where floating support services are withdrawn too early tenancy breakdown can sometimes result, while long term support can result in creating dependency. Where service users require a period of stability before moving into their own independent accommodation, an accommodation based service is more appropriate.”

The same review gave some guidance about accommodation based services:

“The review has concluded that accommodation based services are effective in providing a place where an individual can be assessed, cost effective high support services, stability for individuals before moving onto independent housing and easy access to housing for homeless people (i.e. into the accommodation based service), particularly for those without any local connection ... There continues to be a role for accommodation based services, particularly those that provide a high level of support, specialist services and support to people who are homeless.”

Clearly there is a balance to be achieved between floating support and accommodation based services but it should be acknowledged that the review was conducted prior to the advent of the “Housing First” model and therefore may have reached different conclusions had it been in place.

With regard to the availability of rented accommodation “Homeless link” suggest we need to improve the quality and security of tenure in the private rented sector by:

- Implementing measures in the Housing and Planning Act 2016 to remove rogue landlords or agents from operating
- Encouraging longer-term tenancies in private rental homes delivered by housing associations and institutional investors.<sup>36</sup>

#### Crisis House

In May 2017 North Somerset CCG was awarded a grant by the Department of Health to develop a Mental Health Crisis House, as part of a programme of work to improve services for people in mental health crisis. The crisis house project formed part of the Crisis Care Concordat, various models were considered and a model of a 4 bed unit where people of either gender could receive 24 hour support in a safe environment for a week or up to a fortnight was agreed. Unfortunately North Somerset CCG is unable to proceed with developing this service, due to an issue with the grant awarded. There remains both a need for and an aspiration to develop this service in the future and it is still seen as an important part of a mental health crisis pathway.

There is limited research into the use of assistive technology for people with mental health issues but the Nordic centre for welfare and social issues proposes that

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<sup>36</sup> <http://www.homeless.org.uk/connect/blogs/2017/feb/09/will-housing-white-paper-make-difference-to-homelessness>

devices which support people with concentration and focus and equipment to calm and soothe can address some difficulties for some individuals and in some cases will reduce need for other services.<sup>37</sup> Whilst it is apparent that assistive technology cannot treat acute mental health conditions in some cases it might prevent the development of more acute symptoms, for example if a “ball blanket” enables an individual to relax and get more sleep it could prevent the spiralling of anxiety that can occur with sleep deprivation.

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<sup>37</sup> [http://www.sjukra.is/media/notendaleidbeiningar/assistive\\_technology.pdf](http://www.sjukra.is/media/notendaleidbeiningar/assistive_technology.pdf)

**What are the strategic ambitions of North Somerset regarding housing with support for people with mental health issues?**

**This chapter has considered how housing with support can be beneficial for people with mental health issues, how much is required in North Somerset and what is needed to make it come about. It has also considered the different models of housing with support for people with mental health issues. The following table summarises the key issues and the strategic ambitions to resolve them.**

	<b>Issue</b>	<b>Evidence</b>	<b>Ambition for future</b>	<b>Strategy</b>
1	Some individuals have dual or multiple diagnoses and have very complex needs and or chaotic lifestyles. It can be resource intensive for multiple agencies to meet the needs of these individuals.	Homelessness Strategy identifies that for the last six years people with mental health needs and most particularly those with complex needs or chaotic lifestyles, have represented one fifth of all priority need cases.	A reduction in the impact of people with complex needs and chaotic lifestyles on statutory services. It is noted however that the level of motivation of the individual can impact on the effectiveness of provision.	Consider jointly developing facility for groups where alcohol or drug dependency a factor. Identify exact size and scale of need.
2	There is a lack of short term high level support to facilitate people leaving accommodation such as hospital or residential care in becoming less dependent.	A recent development of a 5 bed unit in North of the county has been slow to fill.	There is sufficient provision to support people leaving hospital or residential care to prevent delays in discharge.	It is acknowledged that the need for short term high level support is acute but not frequent so the new facility will be reviewed to assess usage with a view to a further development in South if need is apparent.
3	There are a large number of hospital inpatients whose needs are not for medical treatment but a safe and nurturing environment.	Awaiting data	In future a crisis house will be available to enable people to manage a MH crisis in a safe environment whilst avoiding hospital admission.	Revisit Crisis house project and consider alternative funding streams to facilitate its development. Develop 1 crisis house for 4-5 people in next 5 years.

4	Savings can be made to health budgets by hospital avoidance. Local authority does not have budget to invest in preventative schemes without making savings.	Cost benefit analysis to be completed.	Investment in preventative solutions to reduce deterioration in mental health and avoid hospital admissions.	To ensure that pooling budgets to invest in preventative solutions is considered across BNSSG partnership in the development of the STP.
5	People sometimes need immediate short term support in the event of a crisis, particularly at night.	Awaiting data	To give full consideration to the development of an out of hours crisis drop in centre.	Include consideration of a drop in crisis facility as part of Crisis House project in first instance.
6	Whilst there is low level floating support in NS there is not a higher level or more intense floating support service that can support people in their own home over 24 hours to enable them to recover at home without losing their tenancy.	See appendix 3, market analysis.	Ensure that future provision of supported housing meets the needs identified including avoiding hospital admission and preventing homelessness. Consideration will be given to the use of assistive technology where appropriate.	As supported housing is commissioned/re-commissioned, a multi-agency cost benefit analysis will be undertaken to ensure it better meets the needs of those requiring higher levels of support including the use of assistive technology if appropriate.
7	Changes to housing benefit and introduction of universal credit have an impact on appetite of housing providers to offer properties to this group.	Difficulty felt by health and SP services in sourcing move-on accommodation for people with mental health issues.	New funding models for development of housing with support will be considered including health investment if it will result in hospital avoidance.	Working group to develop new models of funding and development.
8	There is a lack of general accommodation that is suitable and can be accessed by people with MH issues. This has a knock on effect on other	Existing short term supported accommodation is full as demand for one bedroom accommodation outstrips supply. For	People with mental health issues can find suitable mainstream accommodation.	Engage with wider housing market and ensure that demand for 1 bedroom properties from this sector is understood.

	resources such as inpatient facilities.	example for the last financial year there were 1096 clients registered on HomeChoice for one bedroom accommodation but only 117 lets.		Consider re-purposing some existing provision and prioritising this group for accommodation where possible.
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## **Chapter 4 - People with physical and sensory impairments (PSI)**

### **What needs do people with physical and sensory impairments have in terms of accommodation?**

The majority of people with physical and sensory impairments in North Somerset live independent lives with little or no reference to statutory support. However some people have impairments that are not catered for in standard accommodation and need specific adaptations or services to meet their needs. Sometimes these needs can be addressed by aids and adaptations that improve their existing accommodation but in some cases these will not be enough. People with specific or complex needs are often offered solutions that are not in the area or are not their preferred accommodation, for example residential care.

The accommodation needs of this population are widely varied, from a standard property with equipment to a purpose built property to an individual specification. Likewise support needs can vary from very low level infrequent support to a 24hour care package on site.

Because the population requiring accessible accommodation and simultaneous care and support represent a very small number of North Somerset residents it could be assumed that they represent a minority of need but since the needs can be complex and the response specialised the solutions can represent a large proportion of the available budget.

One way to improve the efficiency of resources would be to ensure that accommodation for people with similar needs is located in one place so that support provision can be shared and staff time maximised but it should also be recognised that people do not necessarily want to live alongside others with similar needs.

People with physical and sensory impairments sometimes live with family carers and therefore there can also be a need for respite provision to allow both parties the opportunity of a break when necessary in order to sustain the situation for as long as is desirable.

Some people with PSI have impairments acquired through injury rather than present from birth. Sometimes these individuals have multiple and complex needs and therefore require very specific and quite intensive provision. The numbers of people with this level of need is hard to predict as the number of such accidents and their impact in any one year can vary.

Another group with complex needs are those people with a dual diagnosis, where they have a PSI but might also have a MH issue, drug or alcohol dependency or offending behaviour. This group can be heavily reliant on the private rented sector for accommodation but these often lack access requirements and landlords may not allow equipment or adaptations such as ceiling track hoists.

People with high levels of care and support needs often find that these can only be catered for in residential care placements as the alternatives are few and far between. There is therefore a need for easier access to appropriate accommodation and support for this group.

## **How much housing with support is needed for people with physical and sensory impairments?**

As outlined above the exact demand for accommodation with support for people with a physical or sensory impairment is hard to quantify as different people need different resources and the number in need varies each year.

- In 2016 NS adult social care received 2196 referrals regarding people with PSI, of these the majority (1757) are over 65, and there were 439 who are under 65.
- In 2015/16, 338 DFG enquiries were received, with 242 cases completed. Of these, 87 were for lifts or ramps, 50 were for stair lifts and 119 were for level access showers.
- 22 grants were for over £10k and 6 of these were over £20k
- There are 15 people with PSI who are under 65 and placed in residential or nursing care outside NS. The range of weekly costs for these placements is from £767 per week to £1830.
- There are 21 people under 65 who are placed in residential or nursing care within NS. The range of weekly costs for these placements is from £434 per week to £933 per week.
- There are 25 people receiving a direct payment (DP) from NS who are under 30 years of age, 10 of them are under 25.
- By 2030 there will be 365 people with a physical impairment aged 18-64 who will need services (25 more than 2015)
- By 2030 there will be 2602 people with a physical impairment aged over 65 who will need services (955 more than in 2015) (It should be noted that this reflects the increase in older people identified in the demographic statistics given in appendix 2.)

## **How is accommodation with support for people with physical and sensory impairments funded?**

People with PSI often require accommodation that is specifically adapted to meet their needs. Despite an improvement in building standards for accessibility there is still a lack of appropriate accommodation for this group. The need for one level accommodation can mean that this type of accommodation needs a larger footprint than conventional and this may be an inhibiting factor for potential developers.

Appetite for building accessible accommodation of several units on one site has not been evident but this might be limited by the lack of data regarding need and demand which in turn is hampered by the need for accommodation being as individual as the people needing it – there is unlikely to be “one-size fits all”.

### **Accommodation costs**

The HOLD (Home ownership for people with long term disabilities) scheme is available for people with PSI as well as those with LD which would allow people to own their own homes. With this group sometimes accessible accommodation is the primary need and with an appropriate home less care is required so that the risk of high cost care packages for the LA might be reduced. With cases where an injury

has been sustained it is possible that this option is more accessible as there may have been a compensation payment which could meet the deposit requirement. However the model still hinges on appropriate accessible accommodation being available.

### **Care and support costs**

As described above in some cases the need for care and support is diminished by appropriate accommodation. In cases where care and support are needed there is the issue experienced with other groups of ensuring that the package of care is sustainable long term. Generally people with a high level of support needs who live alone will present a financial challenge whereas those living near to others whereby some care can be shared will offer a more economic use of resources.

### **What can be learned from good practice in this area?**

People with a physical or sensory impairment are diverse and have diverse needs. For this reason the accommodation and support solutions that they find are as many and as diverse as they are. There are therefore few examples of specific models which are recognised as “best practise”.

In terms of accommodation the concept of “Lifetime Homes” was developed in 1990 by a group of housing experts, including Habinteg Housing Association and the Joseph Rowntree Foundation.

“The group was formed because of concerns about how inaccessible and inconvenient many homes were for large sections of the population. Lifetime Homes was developed to ensure that homes are accessible and inclusive.

Lifetime Homes are ordinary homes designed to incorporate 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life.”<sup>38</sup>

Since then Habinteg has published other guidance on building accessible homes and by 2015 had provided 3300 accessible homes, a third of which are designed for wheelchair users. There are 5 Habinteg homes in Weston-super-Mare.

Increasingly there is a vast array of assistive technology for disabled people that has the potential to increase independence offering solutions to communication, access and safety issues. Ensuring that people can access equipment to support them can reduce the need for statutory services in some instances.

The principle of personalisation has been around for many years now and enables disabled people to arrange their own support, via a direct payment from the local authority if necessary. It recognises people’s right to choose how they are supported, when and who by. Councils have had varied levels of success in providing direct payments and also in the level of support available for people to access and use

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<sup>38</sup> <http://www.lifetimehomes.org.uk/pages/lifetime-homes.html>

them. Using a direct payment to employ your own support workers requires taking on the responsibilities of an employer which can be a significant workload. Using an agency reduces the work but this can reduce the flexibility and personalisation of the service. Agencies will usually be delivering care and support to numerous individuals across a wide geographical area. The logistics of the business make it impractical to guarantee an individual the same staff at guaranteed times – which from an individual perspective can be the most important element of the service. Employing a personal assistant (PA) can be more successful in ensuring a personalised service but the work of recruiting, managing and paying staff can be burdensome.

There are organisations which support people to navigate the difficulties of managing a direct payment and finding support from agencies or individuals. For example in Lincolnshire the Penderels Trust offers advice, guidance and practical solutions to enable people with disabilities and older people to live independently in their own homes. Many councils provide assistance with locating PAs and North Somerset offers a “PA finder” function on the online directory which aims to put people looking for work as a PA in touch with people who are looking to employ one.

**What are the strategic ambitions of North Somerset regarding housing with support for people with a physical and sensory impairment?**

**This chapter has considered how housing with support can be beneficial for people with a physical and sensory impairment, how much is required in North Somerset and what is needed to make it come about. It has also considered the possibility of providing housing with support for people with a physical and sensory impairment alongside people with different needs. The following table summarises the key issues and the strategic ambitions to resolve them.**

	<b>Issue</b>	<b>Evidence</b>	<b>Ambition for future</b>	<b>Strategy</b>
1	There are limited affordable options for people with sensory impairments to live independently, this is predominantly due to a lack of suitable or adapted accommodation. This can lead to residential placements, often out of county.	There are 15 people who are under 65 and placed in residential or nursing care outside NS. There are 21 people under 65 who are placed in residential or nursing care within NS. There are 25 people receiving a DP from NS who are under 30 years of age, 10 of them are under 25.	In future there will be a number of housing options for people with PSI developed in partnership with specialist providers.	Develop systems for recording and monitoring the needs of this group so that demand can be shared with providers. Work with provider partners to increase number and range of appropriate accommodation in North Somerset and ensure plans supported by all parties at every stage.
2	Providing high levels of support to one individual in the community can be an inefficient use of resources but individual choice might preclude living alongside others with similar needs.	For people needing 24 hour support the cost of packages could be reduced if night time cover is shared.	In future NSC will work with people with a PSI to develop opportunities for independent living that will meet needs and are financially sustainable.	Work with people with PSI to ensure that models developed will both meet need, offer value for money and be attractive to potential residents.
3	The small numbers of people with specific housing and support needs	The number of people who develop complex physical	In future there will be increased opportunities to	Work with other local authorities, e.g. across BNSSG (Bristol, North

	reduces the viability of any scheme.	needs each year is estimated at not more than 3.	develop supported living in the area.	Somerset, South Gloucestershire) to consider a facility that meets needs across a wider region.
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## Chapter 5 - Young people

### What needs do young people have in terms of accommodation?

Young people are entitled to help from social services if they are a “child in need”. This includes people under 18 who: have a disability; are a care leaver; have come to the UK from abroad and are not here with a parent or guardian; have nowhere to live. The help can include housing and financial support.

The Government recognises that young people leaving care face significant challenges as they mature without the same levels of support that most experience in a family environment:

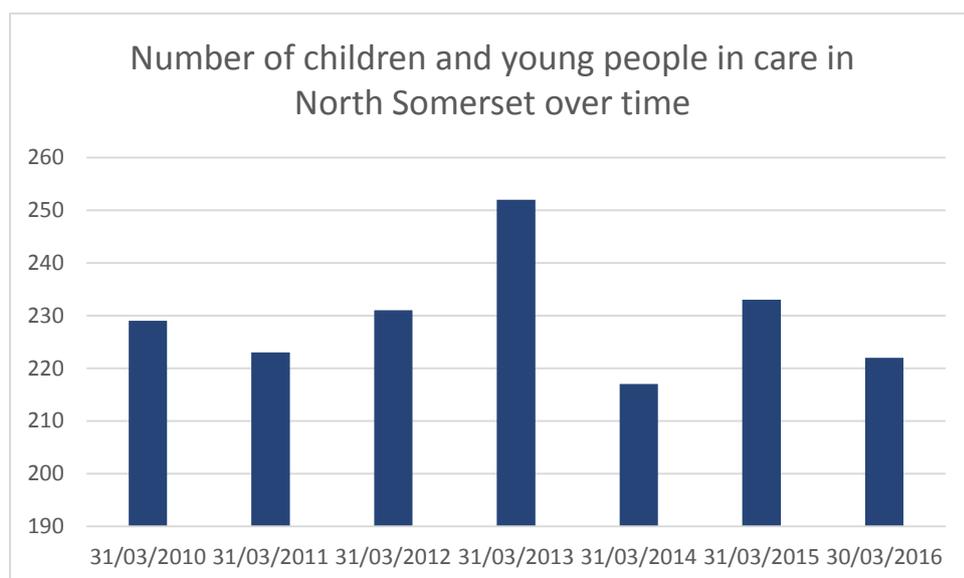
“Around 10,000 young people leave care in England each year aged between 16-18 years old. They leave home at a younger age and have more abrupt transitions to adulthood than their peers. Unlike their peers who normally remain in the family home, care leavers will often be living independently at age 18.”<sup>39</sup>

One of the biggest challenges they might face is in relation to accommodation. This strategy has already highlighted the limitations in the housing market (see Mental Health resource analysis). Young people leaving care face the same difficulties in finding suitable, affordable accommodation and might also suffer discrimination from landlords who can choose who they let to.

Some young people have complex needs including mental health issues or substance misuse, and therefore need additional support alongside their accommodation. It is this group that is most significant in relation to this strategy.

### How much housing with support is needed for young people?

Figure 4



- There are approximately 230 children and young people in care at any one time in North Somerset. Approximately 141 of these are classed as care

<sup>39</sup> HMG Care Leaver Strategy - A cross-departmental strategy for young people leaving care October 2013

leavers, of whom approximately 25 will be seeking accommodation at any given time.

- A snapshot of the number of young people in bed and breakfast or temporary accommodation is 6 as at May 2017 with several more very close to needing it. There are on average 10 young people in this situation at any one time.
- The demand is likely to increase as duties to care leavers are being extended under the Social Work Act 2017 from age 21-age25 so our cohort will increase significantly, possibly by as many as 100.

### **How is accommodation with support for young people funded?**

Funding for accommodation for this group is predominantly through housing benefit, those requiring support can currently get a higher level to access supported housing. Changes in the benefits system will mean that the additional “top up” for support will be administered by local authorities in future.

Unfortunately there is a “catch 22” in the current structure of supported housing in that it costs more than other rented accommodation which is a disincentive to work as it is hard for this group to earn enough to pay the higher rent. The provisions are time limited but if there is not suitable accommodation to move on to the additional cost can result in debts building up which further hamper any move.

### **What can be learned from good practice in this area?**

The Housing First<sup>40</sup> model described in the Mental Health chapter of this strategy is also recognised as an ideal model for care leavers. Rather than enter accommodation where the support is fixed and becomes a burden to them financially the model offers accommodation as a separate provision which remains whether support is provided or not allowing a flexible model where the support can reduce as required.

The Asdan Programme<sup>41</sup> offers a wide choice of activity-based programmes that can be used in mainstream and alternative educational settings with learners working at a range of levels. The focus is on skills development, with courses available for young people and adults aged 7-19+ over a range of timescales, from 10 to 180 hours. North Somerset has been a key partner in developing a national publication which gives care leavers an ASDAN accreditation in Independent Living Skills. This has been piloted locally and is fit for purpose. It is designed so carers/family can support the young person in completing the programme. It is a relatively new resource for North Somerset and requires some ‘rolling out’ to carers and social workers.

A full time Housing Officer has been funded over several years to work with care leavers and their carers to plan with them their options. This is a highly valued, specialist role and is instrumental in assisting care leavers, their carers, social workers and Personal Advisers with planning and access to housing in local areas.

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<sup>40</sup> Good practice: briefing Housing first Bringing permanent solutions to homeless people with complex needs Shelter 2008

<sup>41</sup> <http://www.asdan.org.uk/>

The Money House is a 5 day training programme that all care leavers and those in supported housing have to do in Greenwich in order to get additional banding/points. The take up and completion rate is 98% and the long term outcomes measured on tenancy sustainment and arrears are a marked improvement on those without the advantage of this approach.

“The Money House was designed to meet the challenge of engaging young adults in financial literacy in a real-life environment. Training was delivered in a real flat, in one and five day courses, with the longer version aimed at those leaving care or supported housing. What made The Money House different? The training used everyday scenarios to show attendees what is involved in managing a home. We used electricity meters to talk about energy consumption, practised understanding real bills and decoding things like APR and AER, and developed shopping lists and practised recipes for food budgeting. By working in such an open and relaxed environment, as far from ‘school learning’ as possible, we were able to adapt and tailor the course to each individual’s learning style. All our trainers were experienced in working with young adults, and they brought creativity and enthusiasm to the sessions. Once a week, The Money House attendees were visited by a professional, such as a credit union representative or an employment adviser. These visitors were all approachable ‘experts’, able to share key knowledge and tips with the young people. Their presence helped build participants’ confidence for dealing with such professionals in the future. The opportunity to achieve an AQA unit award through completion of the five day course was particularly valuable to those young people not in education, employment or training.”<sup>42</sup>

The recent analysis of care leavers in North Somerset by St Basils recommends this approach as likely to be beneficial here.

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<sup>42</sup> <https://www.hyde-housing.co.uk/media/1902/interactive-money-house-pdf-final-161216.pdf>

## What are the strategic ambitions of North Somerset regarding housing with support for young people?

This chapter has considered how housing with support can be beneficial for young people, how much is required in North Somerset and what is needed to make it come about. It has also considered the possibility of providing housing with support for young people alongside people with different needs. The following table summarises the key issues and the strategic ambitions to resolve them.

Priority	Issue	Evidence	Ambition for future	Strategy
1	There is an urgent need to improve the supported accommodation options available for young people leaving care by recommissioning provision to better meet needs.	Review of provision by external consultant: Anna Whalen, Youth Homelessness Advisor, St Basils. 23/1/2017	In future there will be a choice of accommodation for young people leaving care and clear routes to access what is needed.	Review existing provision and remodel or recommission in order to devise clear and accessible routes for young people to access accommodation. Reduce accommodation with low level support and increase housing with high level support.
2	There is need for more provision of accommodation with support for CYP with complex needs on leaving care.	Review of provision as above	There will be an increase in the provision of supported living for care leavers.	Remodel existing provision to better fit need including medium and high levels of support. The needs of young people leaving care will be considered alongside other groups to maximise development opportunities.
3	There is a need for emergency accommodation for CYP which is not B&B or a hotel.	Review of provision as above	Emergency accommodation will be available for young people.	Remodel existing provision to better fit need. The needs of young people leaving care will be considered alongside other

				groups to maximise development opportunities.
4	Improvements required to existing provision.	Review of provision as above 23/1/2017	There will be improvements in provision for young people leaving care.	The provision for young people will be scrutinised and improvement measures put in place.
5	Changes to housing benefit for under 35's will lead to an increase in demand for shared properties.	TBC	There will be sufficient shared accommodation in North Somerset that is suitable for younger people.	Work with provider partners to increase number and range of appropriate accommodation in North Somerset and ensure plans supported by all parties at every stage.

**General Gaps that are common to more than one group:**

**This document has revealed that some of the issues in providing housing with support are common to across facilities. The following table summarises the key issues and the strategic ambitions to resolve them.**

<b>Priority</b>	<b>Issue</b>	<b>Evidence</b>	<b>Ambition for future</b>	<b>Strategy</b>
1	Housing, health, and social care have differing pressures and priorities. The development of housing with support is complex and resource intensive requiring a high level of partnership working.	Funding for care and support can be provided by the local authority or by health who have different agendas and mechanisms.	A multi-agency Programme Board for supported housing will provide a clear strategic lead and governance for the work.	Set up or restructure existing partnership meetings to form a Programme Board to oversee implementation of action plan.
2	The cost of some care packages can jeopardise placements especially if people are living alone.	An individual requiring a large package of care might cost more to support in the community than they would in a residential placement.	A clear process will be in place ensure cost of care packages is considered at an early stage in care planning and that all options for meeting needs in a cost effective way are explored.	Ensure funding panel process is accessible at an early stage of care planning. Ensure practitioners are aware of the process and of the options available to all service users including those that represent best value to the authority.
3	Housing providers have a reduced appetite for developing supported housing since the viable business model relied on	Uncertainty surrounding: <ul style="list-style-type: none"> <li>• Rent Restructuring</li> <li>• Universal Credit</li> <li>• Attendance Allowance</li> </ul>	A robust housing market able to meet all local needs.	Engage with housing providers to consider alternative models and look at other investment streams where appropriate

	HB which is undergoing change.	<ul style="list-style-type: none"> <li>• Administration of the “Top-up” funding by L.A.’s</li> <li>• Build costs</li> <li>• Nominations and Need</li> </ul>		including maximising use of HCA funding programme.
4	Supported living developments can be turned down at planning stage.	Scheme for people with complex LD needs refused planning permission.	Planning department is aware of strategic need with regard to supported housing and seeks to support most applications that will meet need.	Include planning department in programme board. Ensure good communication between planning department and housing development.
5	Existing sheltered accommodation in NS is not universally suitable for older people and demand fluctuates.	A recent review by Alliance (the biggest provider of sheltered housing in the area) found that “much of the sheltered housing stock does not meet modern standards or the needs and aspiration of older people.”	In future there will be a diverse offer of age appropriate housing across the county and housing stock will be utilised to maximum effect across people with a variety of needs.	Work with providers to support strategic reviews of sheltered housing. Utilise opportunities to reuse and redevelop stock not suitable for long term use by older people in order to meet wider supported/housing needs. Align re-purposing with development of extra care housing development so that tenants have an alternative accommodation offer.

## **Conclusion**

### **Gaps identified**

The strategy has generally identified a need for increased housing with support for older people, people with a learning disability and people with a physical and sensory impairment and that provision for younger people and people with mental health issues needs a certain amount of restructuring and redevelopment.

### **Action plan implementation**

The action plan attached as Appendix 4 lists the tasks required in order to achieve the strategic ambitions identified and includes a timescale for each action and the team responsible for implementing. Officer time will be identified to work across the different teams and agencies listed in order to facilitate the initial implementation of the action plan. The newly appointed supported living coordinator will be closely involved in delivery of supported living for people with a learning disability and people with mental health issues. They will also closely engage with service users and families to facilitate engagement. Provider forums will be set up to facilitate partnership working with housing providers in addition to those in place for care providers.

### **Governance**

The strategy will be overseen by the Housing With Support Strategy Board which will consist of representatives from housing development, social care commissioning, strategic planning and the CCG.

## **Appendix 1: Policy context:**

### **National policy direction**

#### **Care Act**

- The Care Act recognises the importance of accommodation in ensuring wellbeing and has an emphasis on prevention in which accommodation plays a major part.

#### **Building the Right Support**

- This is recent national policy which advocates supporting people with learning difficulties and/or autism who display behaviour that challenges in alternative settings to institutional care.
- The guidance advocates that everyone should be offered settled accommodation and that choices should include supported living and home ownership and security of tenure should be explored.
- A partnership approach is encouraged and CCGs are urged to explore how and individual might use some of their health budget to contribute to housing needs.

#### **Five Year Forward View for Mental Health**

- This proposes that there is a case for using NHS land to make more supported housing available for this group.
- It also emphasises need for early intervention and prevention, housing can be part of this offer.

#### **Social Work Act 2017**

- Extends the age that young people leaving care should be supported for

#### **General**

- Changes to the local housing allowance proposed in 2015 have had an impact on the social housing sector putting the financial viability of many schemes at risk. Changes could see funding transfer from housing benefit to the local authority to cover support costs in future.
- The Local Housing Allowance limits the amount of housing benefit which tenants in the private sector can claim to help pay their rent.
- From 1 April 2018, tenants under 35 with no children will only be eligible for the 'shared accommodation rate' set under the LHA, area-by-area. This limits most tenants under 35, if they don't have children, to enough housing benefit to cover a room in a shared house. The rate is meant to be set at the lowest third of properties on the local rental market. This would not be enough to cover social or affordable rent for a council or housing association home.

- The Housing and Planning Act will extend the “right to buy” which might further deplete social housing stock. Another outcome of this legislation is that there may be a move by developers to provide more starter homes rather than rented social housing.

## **Local policy direction**

**NSC Corporate Plan** key outcomes include:

- enable residents to make healthy choices and promote active lifestyles which reduce ill health and increase independence
- commission or provide quality health and care services, which deliver dignity, safety and choice
- build and sustain great places to live and visit–vibrant, accessible, and safe
- empower people to contribute to their community and communities to provide their own solutions.

## **NS Housing Strategy 2016-21**

The strategy acknowledges that:

‘Good housing is an essential element in people’s lives and is crucial to ensuring resilient and prosperous communities where people want to live.’

It has 3 strategic aims:

- Increasing the supply of homes
- Improving homes
- Providing housing solutions

Under these it includes the following ambitions:

- Increasing the supply of low cost, decent homes in the private rented sector (PRS)
- Improving housing conditions in the private housing sector through assistance and loans;
- Providing support to maintain independent living
- Improving housing options for vulnerable households and people with support needs
- Working in partnership to tackle and prevent homelessness
- Ensuring the provision of adequate accommodation for homeless people
- Ensuring that the allocation of social housing meets needs in the best way

## **The Bristol, North Somerset, South Gloucestershire Sustainable Transformation Plan –**

Outlines the ambition to switch focus from treating illness to keeping people well:

- Preventing illness and injury
- Providing care closer to home

- Personalised care

Key priorities identified are:

Empowerment

- Individuals can look after their health and long term wellbeing preventing illness, and know where and how to find the information, tools and resources to stay well.
- Individuals with long term conditions have the confidence to manage their condition independently and know where to go to get help when needed.

Equity

- Every resident in Bristol, North Somerset and South Gloucestershire can access services based on need and not location.

Balance

- Our health and social care service is affordable for the long term and can meet the needs of the population.

Partnership

- The health and social care system works together, with both mental and physical health needs being recognised equally.
- Care is centred around the patient and not restricted by organisational or geographical boundaries.

## **Dementia strategy**

Includes the objective:

- Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.

## **Prevention and early intervention strategy**

Includes:

- Making extra care housing accessible to people with early stage dementia.
- Scoping the need for a housing strategy for older people which would include: the prevention role of the built environment; the role of supporting people services; and how to develop extra care housing for self-funders or those with few care needs.

**2009 Joint Commissioning Strategy for LD** outlined aspirations for this group which remain the same, namely that they are able to:

- Live as independent citizens in their own communities and to use the same facilities as everyone else
- Live in their own home
- Receive the same health services as everyone else
- Live with whom they choose
- Be supported by people they need and to have choices about who these people are
- Work and to earn a wage

### **Homelessness Strategy 2017**

- This identifies issues around supply, support and prevention with regard to accommodation needs in North Somerset.
- There are links to housing with support strategy in several areas but most predominantly in MH, PSI and young people.

### **NS Autism Strategy 2016** includes:

- Identification of housing options - ensure care and support plans list the desired housing and support options for people with autism. This includes planning for young people in transition and for those with older carers.
- Promotion of independent living - ensure the availability of Assistive Technology extends to people with autism.

### **Health and Wellbeing Strategy**

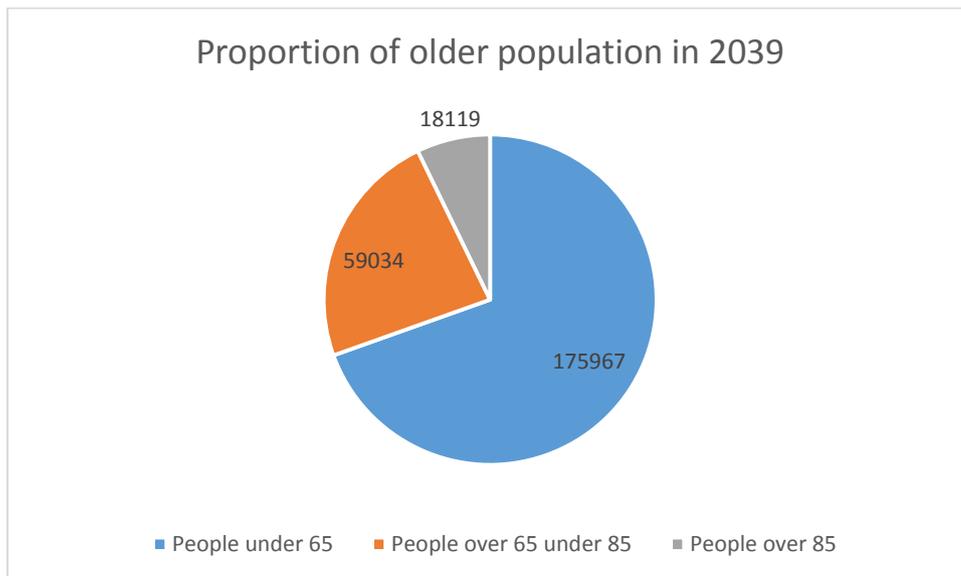
- Will include housing after consultation

## Appendix 2 Demographic projections in North Somerset

### Older People:

By 2039 the population of North Somerset will be 253,120 people of which approximately one third will be over 65. The increase in numbers of older people is 61% when compared to the 2017 population. 18,119 people will be over 85 which is an increase of 163%<sup>43</sup>.

Figure 5



The impact of this rise in older people will be twofold: first there will be an increase in demand for services (65 percent of long term care and support services provided by the Local Authority are to people over 65<sup>44</sup>) and second there will be a reduction in the proportion of people of working age which has an impact on capacity in the care market.

By 2030 there will be 5,978 people aged 65 and over with dementia (74% increase), 1,747 of them over the age of 90 (109% increase). There will be 63 younger people with dementia aged 34- 64.<sup>45</sup>

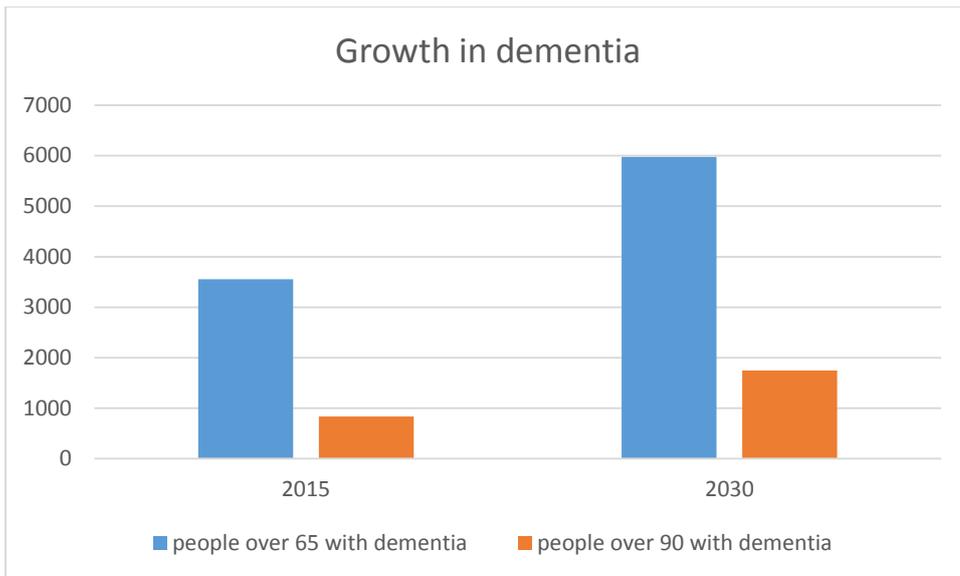
People with dementia are hard to measure in our care services as they are often receiving services for more than one reason. Figure 5 however illustrates the scale of increase and we can get a sense from that of the increase in demand we are facing in terms of resources.

Figure 6

<sup>43</sup> POPPI

<sup>44</sup> NHS Digital SALT return 2015-16 table LTS001b

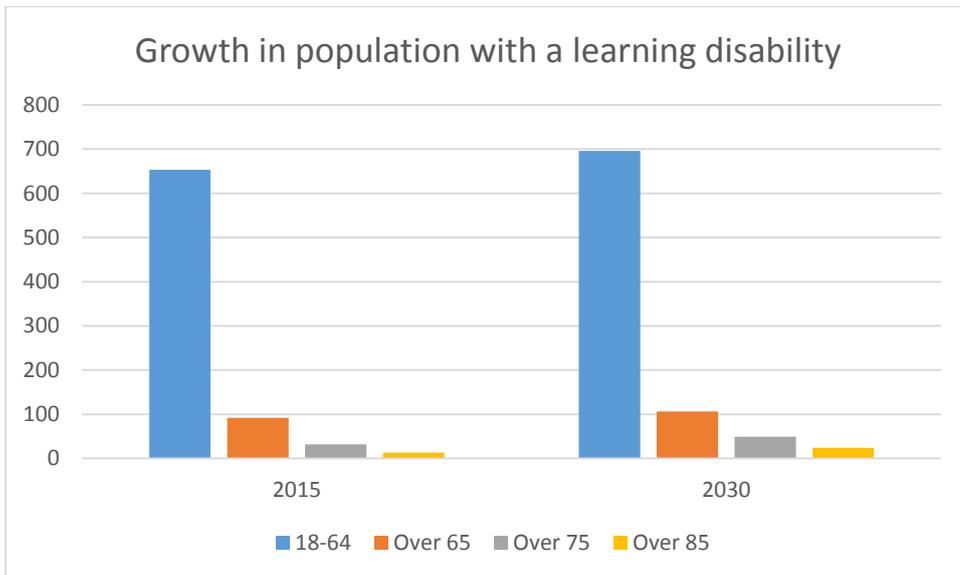
<sup>45</sup> POPPI



**People with a learning disability:**

By 2030 the population in North Somerset with a moderate to severe learning disability will be 696 people who are aged 18-64, 179 people over 65, 24 of whom will be over 85.<sup>46</sup>

Figure 7



Whilst the numbers are growing in line with the national average, and show much less growth than the older population, they are still important to consider as the needs of this group span their whole lifespan and therefore represent a significant proportion of social care provision. Any increase in numbers therefore is an increase in demand for services. There were 57 new referrals of PWLD for adult care services in 2015, nearly half of these were 18 or 19.<sup>47</sup>

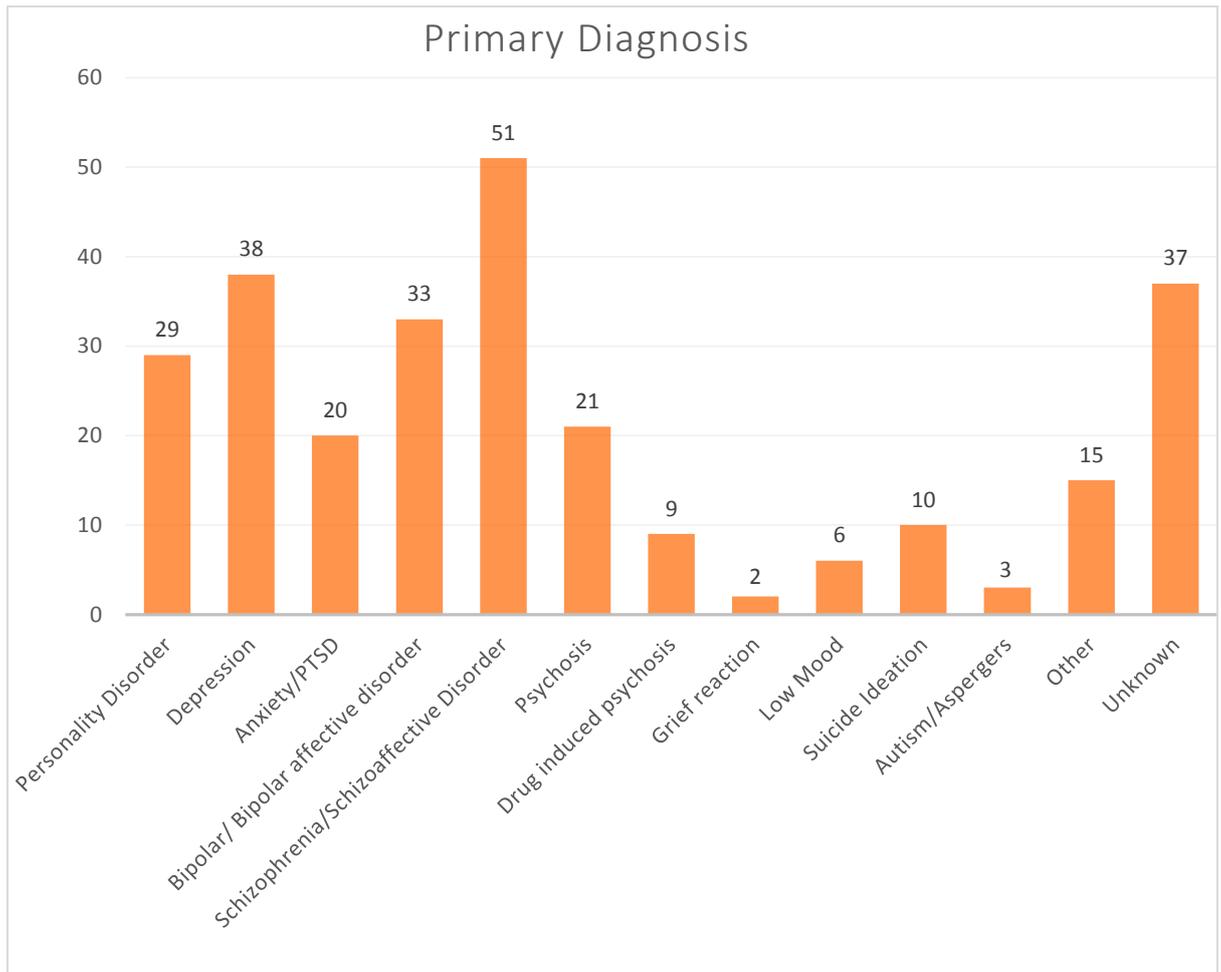
<sup>46</sup> POPPI and PANSI Oct 2016

<sup>47</sup> Figures from NSC Social care report (AIS) Jan 2017

## People with mental health issues:

People with mental health issues are not a homogenous group. The phrase encompasses a wide variety of symptoms and conditions which vary in duration of impact and effect. Data collected in 2016 from service users who had contact with the local provider of mental health (AWP) and North Somerset Council's supporting people and housing advice services shows the following conditions are experienced locally.<sup>48</sup>

Figure 8

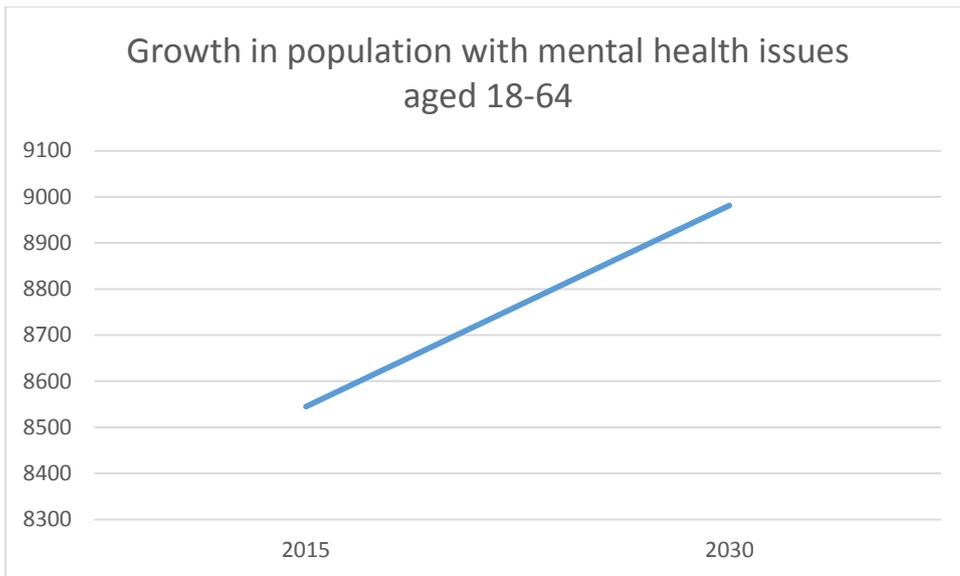


Population statistics show us that by 2030 there will be 8,981 people with mental health issues aged 18-64, in North Somerset, an increase of 6%.<sup>49</sup> This increase, though not as pronounced as the growth of older people, is significant as there will be an increased need for services to support people at a time when resources to do so are increasingly limited.

Figure 9

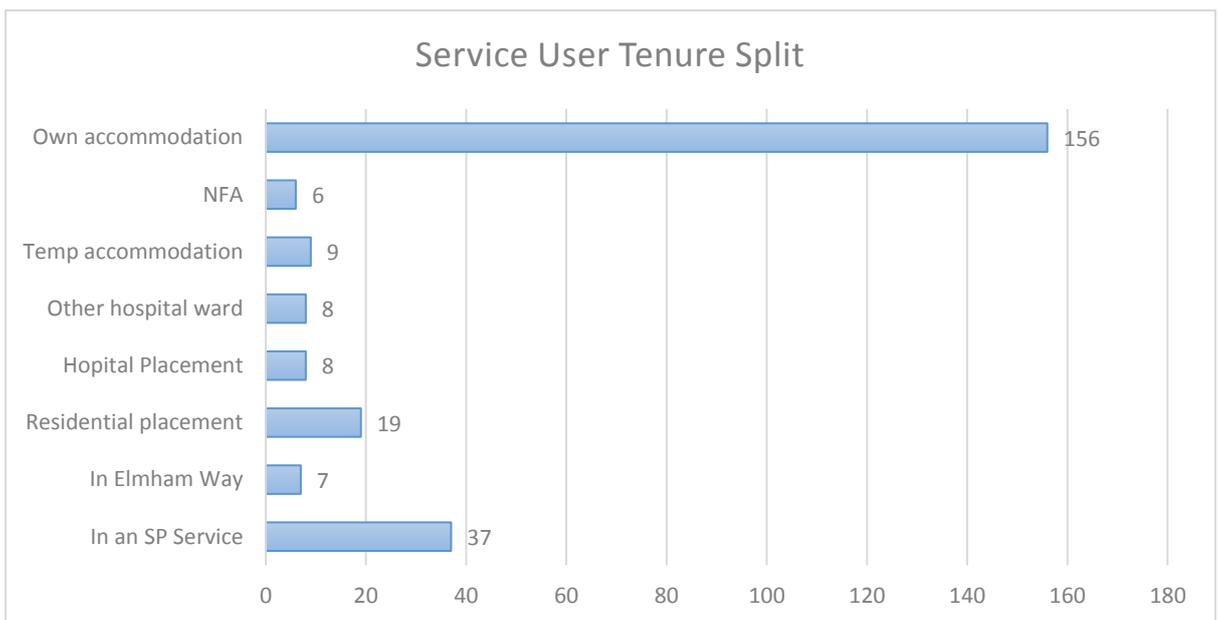
<sup>48</sup> NSC data MH and homelessness report 2016

<sup>49</sup> POPPI and PANSI data 2016



The data taken for the mental health and homelessness report (referenced above) also showed where people contacting these services are living. The table below shows that nearly 40% do not have their own, settled accommodation.

Figure 10



People with mental health issues frequently have a housing need, and finding appropriate accommodation and support can be complex.

**People with physical and sensory impairments:**

Projecting Adult Needs and Service Information (PANSI) projections indicate that there will be 10,536 people aged 18-64 years in North Somerset with a physical disability by 2030. This will equate to an additional 736 people. The same (PANSI) projections indicate that by that time 5,738 people aged 18-64 years will have a sensory

impairment. This will equate an additional 476 people. Not all of these individuals will have a need for services.

In 2015/16 there were a total of 1987 people in receipt of services from North Somerset Council with 'Physical Impairment' as their primary support need. In addition there were 18 people in receipt of services for a 'Sensory Impairment'. 83% of people with a physical impairment are aged 65 years and over and 89% of those with a sensory impairment. For the purposes of this chapter we will focus on people under 65.

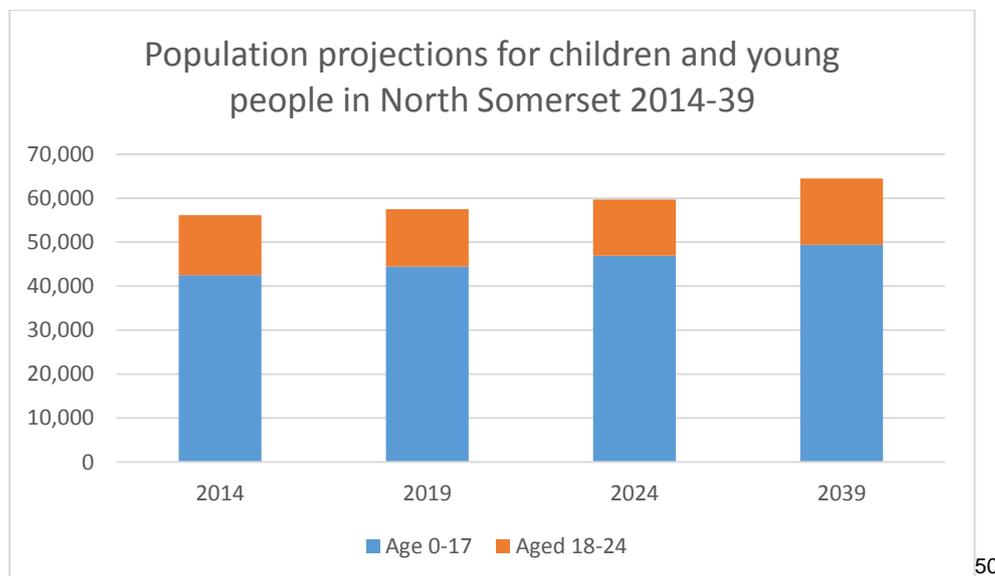
Based on population projections, it is possible to extrapolate the likely increase in service users. Figure 10 shows the projected increase in service users based on the same percentage growth in population.

Figure 11

<b>Projected No of Service Users: Physical Impairment</b>				
	<b>2015</b>	<b>2019</b>	<b>2024</b>	<b>2039</b>
<b>18-64 years</b>	340	343	350	365
<b>Projected No of Service Users: Sensory Impairment</b>				
	<b>2015</b>	<b>2019</b>	<b>2024</b>	<b>2039</b>
<b>18-64 years</b>	2	2	2	2

## Young people

Figure 12



<sup>50</sup> PANSI

There were 56,114 children and young people (anyone under 25) in North Somerset in 2014. The number projected for 2016 is 56,667 (Males: 29,124 and females: 27,543).<sup>51</sup>

Of these a small proportion will be in need of accommodation with support at any one time. Young people who are leaving care or those who are homeless fall into this category.

A “care leaver” is defined as a looked after child that has been in care for at least 13 weeks between the ages of 14 and 16 (including their 16th birthday) or for 13 weeks after their 16th birthday.<sup>52</sup>

The number of children and young people in care fluctuates but rarely exceeds 230. Of those in care currently (220 as at May 2017) 141 (64 percent) are classified as care leavers and of these approximately 25 have accommodation needs, 10-12 of these at any one time will be in need of ongoing support.

Young people might be facing homelessness for a number of reasons. X were on the housing register in North Somerset during May 2017 and the average per month is Y. Of these approximately Z will be in need of accommodation with support.

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<sup>51</sup> ONS

<sup>52</sup> The Children Act 1989 guidance and regulations Volume 3: planning transition to adulthood for care leavers April 2011 P.10

## Appendix 3 Market analysis

### Older people:

Older people living in their own homes in the community are living in a wide variety of circumstances. They might live in accommodation that perfectly suits them or they might find that their home is no longer ideally suited to meet their changed needs. For some older people moving into an environment that is designed with their needs in mind is an ideal solution to problems they might increasingly be facing. Older people will not all choose to change their accommodation which in some cases means they need to make changes to their home to adapt it to their needs. In North Somerset the housing options for older people are:

### Own/family home:

Many older people are home owners, often living in accommodation that no longer meets their needs. Living in larger properties can bring challenges with excess heating bills, repair and maintenance costs and deteriorating conditions if a property is not able to be maintained. The concept of “down-sizing” into accommodation that better meets the needs of older people has been around for some time and has the added advantage of freeing up more family sized accommodation.

“We know from a recent Savills report that people over 65 hold 43% of all equity held by owner occupiers and are involved in some 40% of all house moves.”<sup>53</sup>

Whilst it is recognised that many older people do not necessarily want to “downsize” it is also apparent that traditional family accommodation does not always meet the needs of older people. Tony Watts, Chair of the English Forums on Ageing and the South West Housing Champion, points out that in order to appeal to older people housing has to take their needs into account, not just accessibility and maintenance but affordability, community, and choice.<sup>54</sup>

### Sheltered housing:

Sheltered housing (also known as retirement housing) is where a person lives in their own flat or bungalow in a block, or on a small estate, where all the other residents are older people (usually over 55). There are many different types of schemes, either to rent or to buy. They usually contain between 15 and 40 properties, and range in size from studio flats (or 'bedsits') through to 2 and 3 bed roomed. Properties in most schemes are designed to make life a little easier for older people - with features like raised electric sockets, lowered worktops, walk-in showers, and so on. Some will be designed to accommodate wheelchair users and they are usually linked to an emergency alarm service to call help if needed. Some schemes may have a 'manager' or 'warden' whose job is to manage the scheme and help arrange any services residents need. Managed schemes will also usually have some shared or communal facilities such as a lounge for residents to meet, a

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<sup>53</sup> <http://www.housinglin.org.uk/Topics/type/resource/?cid=10442>

<sup>54</sup>

[http://www.housinglin.org.uk/library/Resources/Housing/Support\\_materials/Viewpoints/HLIN\\_Viewpoint\\_7\\_6\\_Rightsizing.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint_7_6_Rightsizing.pdf)

laundry, a guest flat and a garden. Some schemes are provided only with “floating support” which is provided to residents based on individual need.

In North Somerset there are over 1000 sheltered properties but many are older properties no longer considered ideally suited for older people as they were not originally designed for people with mobility needs. An analysis made by our largest local housing provider indicates that their sheltered properties are taking longer to let and have a higher level of voids than their general needs housing. This could be taken to indicate that there is less demand or appetite for sheltered housing but it should also be noted that the reduction in interest seems to be linked to a change in the housing allocation system and also that a number of the properties in question are deemed not fit for purpose any more.

### **Floating support:**

Floating support is provided to people to help them maintain a tenancy. In North Somerset there is a “Support Alliance” made up of several providers who can all offer this service. The support provided varies from help with employment or finances to help managing bills and repairs. They provide approximately 33,000 hours of support each year to nearly 11,000 older people with the average person having 3 hours of support per week.

### **Assistive technology:**

“Assistive technology is a broad term used to describe any item, object, device or system that enables a person to perform a task that they would otherwise be unable to do, or increase the ease and safety by which certain tasks can be performed. Put simply, assistive technology is any aid that can assist the most frail and vulnerable members of our society to live safely and live well at home or in a care home environment.”<sup>55</sup>

Assistive technology can provide a means of support to facilitate independent living without providing care or can augment a care package to minimise the intervention required. It varies in function and can assist with many aspects of everyday living as well as offering a monitoring function, enhancing safety and improving communication.

### **Retirement living:**

Housing developments of a similar type to sheltered housing, but usually built for sale on a leasehold basis. Retirement Living aims to provide a comfortable environment in which people can be fairly independent without the same concerns about safety and maintenance that they might have had previously. These schemes do not usually have a care team based on site and can require a further move if an individual’s care needs cannot be met within that environment. There are examples of this in North Somerset such as The Hawthorns in Clevedon or Sandford Station at Sandford, the latter includes extra care and dementia care facilities on the same site.

### **Extra care:**

Extra care housing is housing designed with the needs of older people who might develop further frailty in mind and with varying levels of care and support available on site. People who live in extra care housing have their own self-contained homes,

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<sup>55</sup> <https://www.icarehealth.co.uk/blog/assistive-technology-improve-dementia-care/>

their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It can sometimes provide an alternative to a care home. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), Extra care often includes a restaurant or dining room, health & fitness facilities, hobby or computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented.

In North Somerset we have the following extra care schemes:

Figure 13

Scheme	Total flats in scheme	Numbers of which rented via NSC nomination
Waverley Court	60	45
Diamond Court	53	53
Lakeside Court	33	33
Sandford Station	109	15
Tamar Court	65	33

There are a total of 320 extra care places, 179 of which are filled through referral from the Local Authority. There is usually a short waiting list for most schemes. The most recent scheme to open at Tamar Court has flats for sale as well as rental and 32 properties were sold prior to opening.

### **People with a learning disability**

There are various forms of accommodation with support designed specifically for people with a learning disability:

#### **Shared lives**

Shared lives is a way of providing accommodation, care and support for vulnerable adults. It used to be known as 'adult placement'. In shared lives, accommodation, care and support are provided in the ordinary family homes of carefully selected, trained and supported shared lives carers. Shared lives can be arranged on a long or short term basis and for respite arrangements as required.

In North Somerset we have 39 carers (as of Oct 16) and they provide care for 71 people with a learning disability. Some people will provide a long term home one or more individuals whilst others will offer respite opportunities. There is a continuous search for additional carers.

#### **Supported living**

This describes an arrangement where a person has their own home and support is put in place to help them live independently. This could mean that they are

supported for a few hours a week, every day, overnight or 24 hours a day. In SL people have their own home (tenancy or ownership), which is contractually or practically separate from their support. People can choose how they live, where they live, who they live with and who supports them. Support is planned individually and can move with the individual, even if they move house.

Housing and support is built around an individual's needs rather than the individual fitting in to an existing service. People have security of tenure and cannot be moved against their will. Registered care homes do not provide supported living. Providers who provide personal care needs to people living in supported living schemes need to be registered with CQC.

There are 157 supported living units in North Somerset currently, 25 of them are individual properties and the rest shared arrangements with varying numbers of people sharing. There are sometimes voids in the existing schemes, shared arrangements in particular can take time to fill as finding a person who will both benefit from the placement and be acceptable to existing tenants is a challenge. Single person units are easier to fill and those with some shared support across a scheme are usually better value than supporting one person in individual house.

### **Residential care**

The council commissions a service with care homes for PWLD across North Somerset and there are 152 people placed in these and 12 in nursing currently (as at Feb 2017). They all offer a shared environment and shared care provision and, whilst providers will attempt to match residents, people cannot choose who they live with. There is more focus today on supported living for PWLD as it is felt to offer more autonomy but there is still a need for residential care for some individuals. This may be to do with the expectation of family, the complex needs of the individual or it may be to do with the cost of care. Whilst every person assessed as needing a service will receive an individualised package of support there may be several ways of delivering this and the council must ensure that the chosen provision represents best value.

### **People with mental health issues**

There are several accommodation based interventions for people with mental health issues which offer varying levels of support and can accommodate people for different lengths of time:

#### **Crisis houses**

These are places where you can stay for a short amount of time and get a high level of care, so that you can manage and resolve your crisis in a more comfortable setting than hospital. Crisis houses usually provide a small number of beds, often for a group with specific needs such as women, or people facing a particular kind of mental health crisis. Overnight accommodation is provided, usually for a specific period of time. Day services are also often available, providing opportunities for contact with other residents and staff. Staff who work in crisis houses are in contact with community mental health workers and have a good knowledge of local services. It can be very difficult to get a place in a crisis house. Some will let you check yourself in like a hostel, whereas others require for you to be referred by your GP.

## **Residential homes**

These provide long term care for people for whom independence is not an option. Since mental health issues can be transient this is an expensive provision that is only required by a minority. They offer significant amounts of personal care, meals and activities and can be a good source of peer support as well as offering stability. On the other hand living in a shared environment and having limited autonomy can inhibit potential independence and lead to institutionalisation. Short-term placements can help develop independent living skills for the future for those people whose health improves.

## **Supported accommodation**

Sitra (who are an organisation which offers expertise, training and consultancy in housing with health, care and support) give the following definition:

“Supported housing can be described as any housing scheme where housing, support and sometimes care services are provided as an integrated package; however this definition does not reflect the scope of arrangements that now fall under its remit. The following elements best describe its essence

- The purpose of support is to enable service users to live as independently as possible within their community
- Service users are empowered to become socially included in the wider sense of community participation.
- The support provided varies and relates to the nature of the accommodation. For instance, young people living in a foyer may receive support on site by support workers whereas people living in their own home may receive floating support within their own homes to enable them to sustain their accommodation
- It is a finite and an increasingly limited resource which is not generally available but limited to those who are vulnerable.”<sup>56</sup>

In addition to this description we can add that accommodation might be self-contained or shared, short or long term stay and with high or low levels of support.

## **Private rental accommodation**

Many people with mental health issues require rented accommodation, often paid through benefits. The current housing situation is such that there is insufficient accommodation to meet demand, The Guardian commented early this year (2017) that, whilst some parts of the country have seen a flood of properties into the rental market Savills has forecast that rents will rise by 2.5% in 2017. Across the UK most commentators predict rent rises of 2-3%. In addition they note that whilst the latest government figures show that the most recent figure for new homes was up by 4%, there are fears that market uncertainty could mean fewer homes are started in 2017.<sup>57</sup>

Local assessment of affordable housing reflects a similar picture:

“Based on a detailed analysis of the past trends and current estimates of households considered to be in housing need, our analysis has concluded that there are 11,228 households currently in affordable housing need in the Wider Bristol HMA who are unable to afford their own housing ... Of these households, 3,615 currently occupy affordable housing that does not meet the households’ current needs, mainly due to

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<sup>56</sup> <http://www.sitra.org/about-us/vic-rayner-explains-supported-housing/>

<sup>57</sup> <https://www.theguardian.com/money/2016/dec/26/housing-market-property-outlook-uk-2017>

overcrowding ... There is ... a net need from 7,613 households (11,228 less 3,615 = 7,613) who currently need affordable housing and do not currently occupy affordable housing in the Wider Bristol HMA (although a higher number of new homes may be needed to resolve all of the identified overcrowding).<sup>58</sup>

Add to that the local context described in the North Somerset Housing Strategy:

- The average price of a property in August 2015 was £197,528 or almost seven times average full time earnings
- Over a quarter of private rented homes do not meet the decency threshold, with a high concentration of these homes in the Weston-super-Mare central area
- In the last 12 months, 928 households were added to the HomeChoice register for social housing which was more than double the number of lettings in the same period

The effect of all of these constraints is that everyone has difficulty finding somewhere suitable to live. For people with a mental health difficulty this is compounded by financial limitations and discrimination as described above. As a result people with mental health issues can find it almost impossible to move on from any temporary accommodation. This in turn has an impact on supported housing as those people coming into the service are not able to access the level of help they need because the places are taken by people who would like to move on and cannot.

In North Somerset our commissioned supported housing provision consists of:

Figure 14

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<sup>58</sup> Wider Bristol HMA Strategic Housing Market Assessment VOLUME ONE Defining the Housing Market Area and establishing Objectively Assessed Need July 2015

Low level (includes emergency accommodation and floating support)	
Floating support service	This service is currently funded under the “Supporting People” programme and provides support to help clients live safely and independently in their own homes. It works with service users with a range of needs, including mental health. There is normally around 500 clients in service at any one time, approximately 40% of which have a mental health need. The service is provided across the county.
Supported housing	17 units in Weston-super-Mare. The level of support provided varies according to individual need, the overall average is 6.5 support hours per person per week. Support is available daytime, Monday to Friday with some evening and weekend provision for between 6-12 months. Security cover is provided 3 nights per week and a responsive on-call provision is available.
	14 units of temporary accommodation for single people aged over 16 years of age who are vulnerable, homeless or at imminent risk of homelessness; in the main these are individuals to whom the Authority has a statutory duty under homelessness legislation. Access to the service is by direct referral from North Somerset Housing Advice Team. The service offers an average of 7.5 hours of support per week per service user. 2 properties both in Weston-super-Mare.
	20 units of accommodation, 10 units in Clevedon and 10 units in Weston offering an average of 5 hours of support per week, per service user, 5 days a week for between 6-12 months. Out of hours support is provided by a Housing Management Officer.

	20 units of supported accommodation to individuals with low level learning disabilities to enable them to acquire skills to help them live more independently within the community. They often support individuals with a dual diagnosis of learning disabilities and mental health, or who have a mental health diagnosis as a secondary need. The units are in shared houses of 3 or 4 bedrooms in Weston. They provide an average of 6 support hours per week per person. Support is provided flexibly Monday to Friday for between 6-12 months. Out of hours support is provided via a responsive on call provision.
Medium level of support (including overnight staff presence)	
Supported housing	There is one scheme in development in Clevedon which will offer accommodation with support for individuals who need more help to achieve independence. The house will offer 12-18 month placements in shared accommodation where there is a 24 hour staff presence.
	There is a scheme in development in Weston which will offer long term supported accommodation for 11 people with MH needs in individual or shared flats with 24 hour support available on site.
Recovery Services	These provide assessment and treatment for people living in the community who are experiencing severe mental health problems or difficulties. They work in partnership with accommodation services to help people maintain living independently. The service operates across the county.
Intensive Support Team (IST)	This is a multidisciplinary team of experienced mental health practitioners who provide an emergency assessment and home treatment service for people experiencing a mental health crisis who have either been discharged from hospital or would otherwise need admission to hospital. The team's involvement is short intensive treatment in the community during difficult periods for service users and their carers. The service operates across the county.
Crisis House	In North Somerset there is no crisis house currently. Whilst the CCG was successful in a recent funding bid to develop a crisis house in Weston-super-Mare the project has unfortunately been shelved. As a result there remains a gap in the market for this kind of provision that offers a short term place of safety with 24 hour staff for people experiencing a crisis in their mental health but not in need of hospital care.
High level of support (24 hour including health needs and secure provision)	
Residential Homes	There are 18 residential homes across North Somerset which provide beds for people with mental health needs, 5 of these specialise in MH. Placements are arranged through the

	Brokerage Team after being agreed at funding panel. Availability is on a first come basis. If there are no available beds in North Somerset an individual will be placed out of county at a much higher cost.
Hospital care	There are 3 in-patient wards in Weston: One is an 18 bed acute mental health ward which provides care to individuals experiencing an acute phase of their illness. One provides 15 in-patient beds to older people with organic mental illness. One provides 10 in-patient beds to older people with functional mental illness. These are all short term acute crisis provision. Patients will return home once they are well or be referred to supported accommodation or residential placements if their needs remain too high to be managed in the community.
Temporary community based residential health provision	There is a 7 bed residential unit in Weston commissioned by the NHS. It offers short to medium term support to service users age 18 and over. The service promotes emotional, social, psychological and physical well-being as well as developing life skills and independence.

## People with a physical and sensory impairment

### Supported living

This describes an arrangement where a person has their own home and support is put in place to help them live independently. This could mean that they are supported for a few hours a week, every day, overnight or 24 hours a day. In SL people have their own home (tenancy or ownership), which is contractually or practically separate from their support. People can choose how they live, where they live, who they live with and who supports them. Support is planned individually and can move with the individual, even if they move house.

Housing and support is built around an individual's needs rather than the individual fitting in to an existing service. People have security of tenure and cannot be moved against their will. Registered Care Homes do not provide supported living. Providers who provide personal care needs to people living in supported living schemes need to be registered with CQC.

In North Somerset we have very little supported living provision for people with PSI.

### Shared Lives

Shared Lives is a way of providing accommodation, care and support for vulnerable adults. It used to be known as 'Adult Placement'. In Shared Lives, accommodation, care and support are provided in the ordinary family homes of carefully selected,

trained and supported Shared Lives carers. Shared lives can be arranged on a long or short term basis and for respite arrangements as required.

In North Somerset no-one with a physical impairment as their primary need has accessed shared lives provision as yet. We do not have any data at this time that evidences the demand for this provision by this group.

### Residential care

Whilst many people with a physical impairment will wish to live independently for those with a high level of support needs this may not always be possible. Some people with complex needs will require a level of care and support that is only available in a residential or nursing care home. There are no care homes in North Somerset specialising in this provision for younger disabled people and limited places available in the care homes that can accommodate these needs. As a result younger people with complex physical needs often have to move to a different county in order to access appropriate accommodation.

### Extra care

Another option for people with a PSI is purpose built accessible accommodation. In North Somerset the most obvious examples of this are ECH schemes which usually cater for people who are over 55, exceptions can be made for younger people in some instances but younger people do not necessarily want to live in a scheme where most people are of retirement age. Schemes of this type are not developed for younger people because the numbers of people requiring it are too low to make it viable for a provider. In addition, as stated above, not all people with a PSI will want to live in one place.

### Young people

Figure 15

Level of support	Number of places	Age range
Medium/high	8	From 16
Medium/high	7	From 16
Medium/high	9	From 16
Medium/high	7	From 16
Medium/high	17	MH specific, over 18
Low/medium	20	LD specific, also support LD with MH over 18
Low/medium	6	From 16
Low/medium	34	16-30
Low/medium	20	MH specific over 18
Low/move on	25	From 16
Low/move on	9	From 16
Young parents	11	From 16
Mixed, homeless including MH	14	Specific for homelessness, route via Housing Advice Team. Not generally appropriate for young people.
Trainer flats	4	Specific for care leavers

<b>Total</b>	<b>134</b>	
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Figure 15 describes the supported accommodation provision in North Somerset currently and details the number of people who might benefit from them. These provisions are generally well occupied and have waiting lists, but this can reflect the fact that the ability to move on from them is hindered by a lack of suitable “move-on” provision. Moving on from a supported environment is an ongoing issue with a shortage of affordable single units, landlords who are reluctant to take young people and the limits of housing benefit for this group. Care Leavers will at least qualify for B and A on Homechoice but still have difficulty in finding accommodation and young people who are homeless for other reasons do not have this advantage.

A recent analysis of accommodation and support options for care leavers in North Somerset concluded that:

“There is an urgent need to improve the supported accommodation options available for young people leaving care ... This is not about more funding, but re-commissioning or contract variations and adjustments to better meet needs.”<sup>59</sup>

The report identifies that current provision does not meet the needs of local young people and that there is a high risk of eviction. It proposed that the council should have more influence over who uses supported accommodation and since then the nomination process has been amended to reflect this. The report further suggests that processes are not geared to ensure that young people get appropriate advice before choosing accommodation and that the models in place are not suitable for all, specifically that they do not meet complex needs. The training flats appear to be underutilised but these provisions experience longer stays than intended as there is a lack of “move-on” accommodation. Young people report that staying longer in these expensive provisions can lead to debt which then hinders them securing a different tenancy. The report also notes the limited appetite of the PRS sector market to take younger people, possibly due to the lack of a rent guarantor. Young people report a lack of support when they reach 21.

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<sup>59</sup> Care Leavers’ Accommodation and Support Options – a short review and some suggested actions Anna Whalen, Youth Homelessness Advisor, St Basils January 2017

## Appendix 4: Action Plan for North Somerset Housing with Support Strategy 2017-27

### Older People

Priority	Actions	Timescale	Lead
1	<p>Work with partners to deliver 2 more 65 unit schemes in next 5 years - Yatton and Weston.</p> <p>Plan for a further 2 65 unit schemes in the following 5 years, areas to be identified, possibly Clevedon and/or Nailsea.</p> <p>Work with CCG under “Better Care Fund” to invest in future schemes.</p>	<p>2017-22</p> <p>2022- 2027</p> <p>2017-2027</p>	<p>Housing development, commissioning and strategy teams</p> <p>HWSS Board including CCG</p>
2	<p>Publish a regular market position statement to ensure the commissioning intentions of the council are fully understood by providers. Use a partnership approach to facilitate the long term aim to increase ECH provision further, potentially creating a further 6 schemes of 65 units by 2039.</p>	2017-2039	Commissioning and strategy teams
3	<p>Next iteration of the early intervention strategy for older people has an increased focus on getting information to people regarding the importance of accommodation choice at every opportunity.</p> <p>Develop promotion plan for alternative housing across the sector.</p>	<p>By 2020</p> <p>By 2020</p> <p>2017-2019</p>	Strategy team

	Work with housing providers to develop access to help with practicalities of a move.		
4	Create a dedicated post in social care to support and promote the use of assistive technology to ensure that it becomes a part of most care packages as well as being more readily available to the general public.	From 2017	Commissioning
5	Increasing the development of mixed tenure schemes.	Ongoing	Housing development, commissioning and strategy teams
6	Develop a mechanism for making ECH accessible to people with dementia at an earlier stage.	In time for next scheme – by 2022	Strategy and commissioning teams
7	Develop a system for balancing need whilst maintaining economy.	In time for next scheme – by 2022	Strategy and commissioning teams

### Learning disability

Priority	Actions	Timescale	Lead
1	Develop a strategic partnership with housing and care providers interested in developing supported living. Aim to deliver 20 units in south and 20 in the north of the county in the next 5 years and 8 every 2 years thereafter.	2017-8  40 by 2022 Further 8 by 2024 Further 8 by 2026 Further 8 by 2028	Housing development, commissioning and strategy teams
2	Develop accurate systems for predicting demand. Share commissioning intentions with market regularly.	By 2018  Refresh of MPS 2018	Strategy team
3	Ensure strategic partnership includes planning for individuals with complex	Ongoing	Strategy and commissioning teams

	needs, whether in specialised schemes or as part of larger schemes. Develop 2 schemes of 4 units over next 5 years.	2017 - 22	
4	Develop systems to match demand and supply regarding leasehold properties from planning to opening. Work with providers to develop achievable models.	2017 onwards	Strategy and commissioning teams
5	Create a dedicated post in social care to support and promote the use of assistive technology to ensure that it becomes a part of most care packages as well as being more readily available to the general public.	2017 onwards	Housing development, commissioning and strategy teams with providers and with operational teams
6	Consider alternative models and funding streams to ensure long term viability. For example ownership options such as HOLD scheme. Consider long term needs of every individual so that placements do not become unsustainable.	2017 onwards	Housing development, commissioning and strategy teams
7	Avoid shared model where possible for future developments. Review current provision and consider recommissioning any reduced units including this demand in new development.	2017 onwards	Housing development, commissioning and strategy teams with provider market
8	Develop a partnership with individuals and families to develop new schemes.	2017-20	Strategy and commissioning teams

	Ensure any proposals are assessed for viability at an early stage and that issue of balancing costs is explored and understood.		Operational team
9	Develop promotion plan to ensure information is available in a number of formats and through various means and reaches all the target audiences.	2017- 20	Strategic and commissioning teams

### People with mental health issues

Priority	Actions	Timescale	Lead
1	Consider jointly developing facility for groups where alcohol or drug dependency a factor.	2017-22	Health, strategy, commissioning and housing development.
2	Review new high level support provision to assess usage with a view to a further development in South if need apparent.	2017-2020	Strategy and commissioning teams
3	Revisit Crisis house project and consider alternative funding streams to facilitate its development. Develop 1 crisis house for 4-5 people in next 5 years.	2017-2020	CCG
4	To ensure that pooling budgets to invest in preventative solutions is considered across BNSSG partnership in the development of the STP.	2017-2022	CCG
5	Include consideration of a drop in crisis facility as part of Crisis House project in first instance.	2017-2020	CCG

6	A multi-agency cost benefit analysis will be undertaken to assess the viability of intensive floating support	2017-18	Strategy team
7	Working group to develop new models of funding and development.	2017-18	Strategy team
8	Engage with wider housing market and ensure that demand for 1 bedroom properties from this sector is understood. Consider re-purposing some existing provision and prioritising this group for accommodation where possible.	2017-2022	Strategy and housing development teams

### Physical and sensory impairment

Priority	Actions	Timescale	Responsible team
1	Develop systems for recording and monitoring the needs of this group so that demand can be shared with providers. Work with provider partners to increase number and range of appropriate accommodation in North Somerset. Ensure needs are understood by all so that plans to increase provision are supported at every stage.	2017-2020	Strategy team with operational teams
2	Increase engagement with people with PSI to ensure that models developed will both meet need, offer value for money and be attractive to potential residents.	2017-2020	Strategy team

3	Work with other local authorities, e.g. across BNSSG (Bristol, North Somerset, South Gloucestershire) to consider a facility that meets needs across a wider region.	2017-2020	CCG, commissioning and strategy teams
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### Young People

Priority	Actions	Timescale	Responsible team
1	Review existing provision and consider what remodelling can be achieved. Devise clear and accessible routes for young people to access accommodation.	2017-2020	Commissioning and strategy teams
2	Remodel existing provision to better fit need including medium and high levels of support. The needs of young people with complex needs leaving care will be considered alongside other groups to maximise development opportunities.	2017-2022	Commissioning and strategy teams in partnership with children's resource service
3	The emergency accommodation needs of young people leaving care will be considered alongside other groups to maximise development opportunities.	2017-2022	Commissioning and strategy teams in partnership with children's resource service
4	The provision for young people will be scrutinised and improvement measures put in place.	2017-2018	Housing and commissioning teams in partnership with children's resource service
5	Work with provider partners to increase number and range of appropriate accommodation in North	2017-22	Strategy, commissioning and housing development teams

	Somerset and ensure plans supported by all parties at every stage.		
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### General

Priority	Actions	Timescale	Responsible team
1	Set up or restructure existing partnership meetings to form a Programme Board to oversee implementation of action plan.	2017	HWSS Board
2	Ensure funding panel process is accessible at an early stage of care planning. Ensure practitioners are aware of the process and of the options available to all service users.	2017-2018	Strategy and operational teams
3	Engage with housing providers to consider alternative models and look at other investment streams where appropriate including continued maximising use of HCA funding programme.	2017 - 2020	Housing development and strategy teams
4	Include planning department in programme board. Ensure good communication between planning department and housing development.	2017 onwards	Housing development, planning department and strategy teams
5	Undertake a mapping exercise to fully scope all sheltered provision in the area and how it is used. Consider recycling accommodation for other groups. Align change in use to	By 2022	Strategy and commissioning teams with provider market

	ECH development to provide alternative accommodation for tenants.		
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**Appendix 5: Consultation responses**  
**To be added on completion**

## Appendix 6: Glossary

<b>Word/s</b>	<b>Initials</b>	<b>Definition</b>
North Somerset Council	NSC	Local authority with responsibility for social care commissioning
Clinical commissioning group	CCG	Local health authority commissioning body
Avon and Wiltshire Mental Health Partnership	AWP	NHS Trust, provider of mental health services in North Somerset
North Somerset Community Partnership	NSCP	Local provider of community health services
Weston General Hospital	WGH	Local provider of acute health services
Local Authority	LA	North Somerset Council in this area.
Care Quality Commission	CQC	Regulatory body for care services
NHS England	NHSE	The body that sets the priorities and direction of the NHS
Care		Assistance with personal care tasks such as getting dressed, using the toilet and eating.
Support		Assistance with daily living such as paying bills and organising food and meals, and emotional reassurance.
Assessment		Care assessment is an evaluation of a person's strengths and needs. Financial assessment is evaluation of a person's finances to establish the amount of contribution they will make towards the cost of their care.
Referral		The process of alerting a service of an individual's needs.
Eligibility		The determination of whether the council has a statutory obligation to provide services for an individual.
Shared Lives	SH L	A scheme where a carer shares their home, family life, interests and skills to help a person live independently.
Supported Living	SL	Services are provided to an individual in their own home to enable them to live as independently as possible. Often the services are provided to more than one person living in adjacent properties.
Extra Care Housing	ECH	A scheme of multiple properties for older people where there is a care team based on site along with other facilities that support living independently such as a restaurant.
No fixed abode	NFA	No permanent address.
Older people	OP	Generally those over 65.
Learning disability	LD	Lifelong difficulty in acquiring knowledge and skills to the normal level expected of those of the same age.

Mental health	MH	A person's condition with regard to their psychological and emotional well-being.
Physical and sensory impairment	PSI	A physical or sensory impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.
Care leavers	CL	a looked after child that has been in care for at least 13 weeks between the ages of 14 and 16 (including their 16th birthday) or for 13 weeks after their 16th birthday.
Projecting Older People Population Information	POPPI	This is a system developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England to explore the possible impact that demography and certain conditions may have on populations aged 65 and over.
Projecting Adult Needs and Service Information	PANSI	This is a system developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England to explore the possible impact that demography and certain conditions may have on populations aged 18 to 64.
Private rented sector	PRS	A classification of United Kingdom housing tenure as described by the Department for Communities and Local Government, essentially housing for rent through private landlords.