Oxfordshire Mental Health and Housing Strategy

Report by SP Solutions

September 2009
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1. Executive Summary

1.1. SP Solutions has been commissioned by Oxfordshire PCT and Oxfordshire County Council to deliver the first stage of a project to develop a Mental Health and Housing Strategy.

1.2. We have carried out a review of the literature on supported housing and people with mental health problems and of nationally available data on spend on supporting people services and registered care for this client group. Further research has been carried out to establish how other counties are approaching their service provision.

1.3. Within Oxfordshire, stakeholders from across the sector have been consulted and data gathered on current services and need, where this is available. Consultation has been carried out through:

- A meeting with local providers as a group with follow up with individual providers
- A meeting with CMHT managers
- A meeting with staff from the forensic services
- A meeting with a group of service users
- A survey of service users
- A meeting with carers
- Meetings with other stakeholders from both the PCT and county council
- Interviews with staff from CAMHs and young people’s services

1.4. The Supporting Team has carried out a desktop review of all the SP-funded services and the reports have informed this piece of work.

Summary of issues identified

1.5. Firstly, there are a number of positive aspects of provision in Oxfordshire:

- A considerable amount of work has been carried over the last two or three years to identify the local priorities for the mental health sector
- There is a range of housing and support services across the county, both accommodation-based and floating support.
- Over recent years, stakeholders report that there has been a very positive improvement in the approach of providers, with a greater focus on recovery, and many more clients now move on into independent accommodation than in the past. This is attributed to the introduction of the Supporting People Programme and the associated quality standards and contract monitoring approach.
- There is a good network of providers who work well together.
- Move-on from services has been helped by the introduction of choice-based lettings and all the district councils are working to support access to the private rented sector

1.6. The main issues identified through the research for this project are:

- Poor value for money from the pooled budget, resulting in people waiting for a placement because of a lack of funding
- ‘Silo’ thinking within different sectors and teams, which has resulted in a number of myths, such as excessive spending on forensic clients
A lack of ownership of the needs of clients with Asbergers Syndrome which has had a detrimental effect on the budget as the placements found for this client group are the most expensive and there are none in the county.

Difficulties over access to services because of a lack of a managed process.

Services being concentrated in Oxford city, making services difficult to access in the rural districts.

Very little clear data on needs.

A need for improved move-on arrangements, particularly looking at better use of the private sector.

Clients in some supported housing services no longer needing the support provided but small contracts making it difficult to operate flexibly and move the support hours to other people.

Service users having problems accessing support when they need it.

1.7. Failure to address these issues carry a number of risks for the future:

- Poor outcomes for clients, as lengthy delays for people moving out of hospital delay recovery but also develop barriers, as people become more institutionalised.
- Poor value for money as the response to need is reactive rather than planned and people who do not need a service continue to get one.
- Reduced time that CMHT staff can spend with their clients because of searching for placements.
- Reduced independence and social inclusion for clients as move-on into independent living is delayed.

1.8. All of these impact on key objectives set out in the Oxfordshire Mental Health Strategy and the new Joint Commissioning Strategy, especially, improving access to services, the development of pathways to support recovery, increasing social inclusion, and making best use of available resources.

Summary of the recommendations

1.9. Oxfordshire should introduce a framework, setting out the principles, aims and objectives of the approach to housing for people with mental health problems, with a clear emphasis on recovery. The framework should be drawn up with the full range of stakeholders, including forensic services, Supporting People team and district councils. Key elements of the framework should be:

- Who is be covered – this should include people with Asbergers, and people who are not on CPA, but to whom a statutory duty is owed, as well as people who are deemed to be priority homeless because of their mental ill-health to meet the objectives of stakeholders such as the SP team and district councils.
- Key aims including recovery and moving people into an independent setting wherever possible.
- Roles and responsibilities including a clear responsibility for the CMHTs in supporting their clients move through the pathway and a focus on outcomes for clients based on progress towards independent living.
An emphasis on starting to work on housing needs at the point of admission to hospital
A clear understanding that housing is central to recovery and that it an issue that should be treated with importance when assessing a clients needs
Linking the issue of mental health to the prioritising of mental health issues set out in the report of the Director of Public Health 2009

1.10. As part of the framework, there should be a clear pathway, starting with hospital admission and, again, focussing on recovery and meeting the desire of the majority of service users to live independently.

1.11. All services should be re-commissioned against the criteria set out in the framework and pathway. Opportunities for remodelling sheltered housing should be explored for any new accommodation based services as part of the options appraisal process for sheltered accommodation under review. The aim should be to commission local services and very significantly reduce the need for spot purchased placements.

1.12. The funding sources for housing and support services should be pooled to maximise efficiency. The Supporting People contribution to the pool can be calculated to ensure that the required savings for the programme are generated. Any savings generated through the provision of services to enable people to move on from their current setting should be clearly identified for use by the mental health commissioners with responsibility for the mental health pooled budget.

1.13. All visiting support services should be transferred to floating support services to generate greater flexibility and this could also be used to generate early savings if necessary. This needs of existing services users should continue to be met.

1.14. Work should be carried out in the short term to address the lack of needs information by auditing/ assessing need.

1.15. Secondly, in order to assess on-going need rather than the current backlog an audit of the number of people coming through the CMHTs and needing registered care or supported housing would provide indicative figures on an annual basis.

1.16. Oxfordshire should take greater ownership of the needs of people with Asbergers who meet the critical and substantial criteria of FACS (fair access to charging for services) and should develop a strategic approach to meeting their needs, with the aim of either developing specific local services or making use of existing services. The first element of this should be a review of the needs of the placements of the current clients to assess how best their needs could be met in the longer term. A second element is better joint working over the transition period to adulthood and an assessment of the needs of those people approaching transition over the next two years.

1.17. There should be much closer working with forensic services to identify and plan for Oxfordshire clients who will need services in foreseeable future and to quantify any demands from out-of-county. A managed referral route into
supported housing will provide a tool for negotiations on funding with other PCTs when clients from out-of-county are referred to Oxfordshire services.

1.18. A managed referral route should be developed to ensure a transparent and cost-effective way of accessing services with the aim of making the process easier and quicker for staff and clients. The development of a managed referral route will enable much better data gathering with all referrals going through a single point, enabling capture of each referral and its outcome.

1.19. Move-on into independent accommodation should be improved.

1.20. There should be a concerted effort from support providers and the Supporting People team to work with clients who are already ready for move into independent accommodation but who are currently not moving for any reason.

1.21. There should be discussions with commissioners in Buckinghamshire, Berkshire and Milton Keynes on joint commissioning a women’s scheme which was identified as a gap in services by the forensic services.

1.22. Work should start with housing and support providers at promoting innovative thinking about how to respond to the personalisation agenda and how to work with individual budgets.

1.23. There should be joint working with the DAAT, and homelessness services to consider how best to meet the needs of chaotic homeless people. The Cherwell models of floating support for people with dual diagnosis, and the brokered support through BDHC, have both been identified as successful and could be replicated in other rural districts where the likelihood of supported housing for this client group being developed is remote.

1.24. Consideration should be given to how best to meet the needs of young people with mental health problems and whether an existing service can be redesigned to meet this need.

1.25. A protocol should be developed between CMHT teams and housing departments to avoid the need for families to threaten to evict family members who have serious mental health problems in order for them be housed elsewhere. The protocol should be actively managed and its implementation monitored on a regular basis to assess how well it is working.

1.26. The Black & Minority Ethnic Service Users Advisory Group should be involved in the development of the framework, pathway and managed referral process to ensure that the needs of BME clients are fully taken into account. There should be further work carried out to understand the experience of BME service users in supported housing and how this could be improved.

1.27. The availability of information for service users and carers should be improved. Further work carried out with service user groups to identify the best way to make information available with the aim of making information available that is appropriate for each place in the pathway and disseminated in the right way for clients at that stage.
2. Introduction

2.1. SP Solutions has been commissioned by Oxfordshire PCT and Oxfordshire County Council to deliver the first stage of a project to develop a Mental Health and Housing Strategy.

2.2. The Project initiation document sets out the scope of the project as follows:

- Housing and support services for people aged 16 and above with mental health problems living in Oxfordshire. This includes: dedicated residential social care; short-term interim accommodation in hostels; supported accommodation; and independent accommodation in the private sector with floating support.

- The impact of people referred from outside of Oxfordshire to forensic services in the County, who remain in the area and use local services.

- The pathway from forensic care to acute settings and on to secondary care in the community and the delays arising from lack of suitable accommodation.

- The impact of s117 1983 Mental Health Act on care pathways and the relationship between services commissioned by Supporting People and the Mental Health Commissioning Pooled Budget.

- Oxfordshire adults aged 16 and above with mental health problems but currently in housing or receiving services outside of the county.

- The transitions into adult services from young people, and from adult to older services, for people affected by functional illness.

- The accommodation implications for people who develop physical health problems alongside their mental health problems.

- The funding pressures created by the reduction in funding from Supporting People, the current social care pressure within the Mental Health Commissioning Pooled Budget and the impact of Self-Directed Support.

- Those issues raised in the engagement exercise Mental Health in Oxfordshire 2008 regarding dual diagnosis, complex needs, longer-term floating support, Aspergers and Autistic Spectrum high-support therapeutic environments, better geographical distribution of accommodation-based services, increasing demand from forensic services, and crisis.

The output from this stage of the project will be a draft Mental Health Housing and Support strategy covering:

- A Needs Analysis, in respect of housing and accommodation relating to forensic and adult mental health services.

- An analysis of assessment processes.
Oxfordshire Mental Health and Housing Strategy
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- Care pathway mapping looking at accommodation through prevention, on discharge from acute services, through secondary care in the community, to discharge to primary care, and on to recovery
- A supplier needs analysis of current service provision
- An evaluation of literature regarding service models within this range of services to identify value for money and effectiveness, in the face of increased demand
- A benchmarking analysis of comparable services in other local authorities
- Proposals that match housing, support and care pathways for people with mental health problems so as to provide appropriate support and the opportunity for recovery
- An analysis of financial pressures presented by relevant funding streams (including the Comprehensive Spending Review and capital investment), including Self-Directed Support
- Sufficiently detailed recommendations, including options for short-term measures, and direct commissioning and service redesign work and procurement planned by key partners throughout 2009-10
- Recommendations as to the future relationship between the Mental Health Commissioning Pooled Budget and Supporting People

3. **Methodology**

3.1. The consultants have carried out a review of the literature on supported housing and people with mental health problems and of nationally available data on spend on supporting people services and registered care for this client group. Further research has been carried out to establish how other counties are approaching their service provision.

3.2. Within Oxfordshire, stakeholders from across the sector have been consulted and data gathered on current services and need, where this is available. Consultation has been carried out through:
- A meeting with local providers as a group with follow up with individual providers
- A meeting with CMHT managers
- A meeting with staff from the forensic services
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- A survey of service users
- A meeting with carers
- Meetings with other stakeholders from both the PCT and county council
- Interviews with staff from CAMHs and young people’s services

3.3. The Supporting Team has carried out a desktop review of all the SP-funded services and the reports have informed this piece of work.
4. **Summary of issues identified**

4.1. Firstly, there are a number of positive aspects of provision in Oxfordshire:

- A considerable amount of work has been carried over the last two or three years to identify the local priorities for the mental health sector.
- There is a range of housing and support services across the county, both accommodation-based and floating support.
- Over recent years, stakeholders report that there has been a very positive improvement in the approach of providers, with a greater focus on recovery, and many more clients now move on into independent accommodation than in the past. This is attributed to the introduction of the Supporting People Programme and the associated quality standards and contract monitoring approach.
- There is a good network of providers who work well together.
- Move-on from services has been helped by the introduction of choice-based lettings and all the district councils are working to support access to the private rented sector.

4.2. The main issues identified through the research for this project are:

- Poor value for money from the pooled budget, resulting in people waiting for a placement because of a lack of funding.
- ‘Silo’ thinking within different sectors and teams, which has resulted in a number of myths, such as excessive spending on forensic clients.
- A lack of ownership of the needs of clients with Asbergers Syndrome which has had a detrimental effect on the budget as the placements found for this client group are the most expensive and there are none in the county.
- Difficulties over access to services because of a lack of a managed process.
- Services being concentrated in Oxford city, making services difficult to access in the rural districts.
- Very little clear data on needs.
- A need for improved move-on arrangements, particularly looking at better use of the private sector.
- Clients in some supported housing services no longer needing the support provided but small contracts making it difficult to operate flexibly and move the support hours to other people.
- Service users having problems accessing support when they need it.

4.3. Failure to address these issues carry a number of risks for the future:

- Poor outcomes for clients, as lengthy delays for people moving out of hospital delay recovery but also develop barriers, as people become more institutionalised.
- Poor value for money as the response to need is reactive rather than planned and people who do not need a service continue to get one.
- Reduced time that CMHT staff can spend with their clients because of...
4.4 All of these impact on key objectives set out in the Oxfordshire Mental Health Strategy and the new Joint Commissioning Strategy, especially, improving access to services, the development of pathways to support recovery, increasing social inclusion, and making best use of available resources.

5. The Oxfordshire Context

5.1 Oxfordshire has a population of 635,500 people (as of mid-2007) and is the most rural county in the South East region with over half the people in the county living in settlements of less than 10,000 people. Oxford city sits in the centre of the county and is home to 22 per cent of the population.

5.2 Local government is a two-tier arrangement with five district councils within the area covered by the county council. The Oxfordshire Primary Care Trust is responsible for commissioning health services across the county, whilst mental health services are delivered by the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (OBMH).

5.3 Social Services are the responsibility of the county council whilst housing is delivered by the district councils. Oxfordshire is an expensive area for housing and social housing is in short supply across all the districts. Oxford city acts as a magnet for single homeless people, both from within the county and more widely, and has historically had high numbers of rough sleepers. The numbers have been considerably reduced in recent years.

5.4 Oxfordshire County Council, the PCT and OBMH jointly produced the Oxfordshire Mental Health Strategy 2007-11 which sets out “the aims and expectations for mental health services in Oxfordshire for the period to 2012” which has the following objectives:

- Improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in the county
- Create and deliver clearly-defined care pathways that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of least possible restriction
- Tackle the social exclusion of service users and their carers
- Improve partnership working between all organisations and individuals whose work impacts on mental health service users, and between those organisations, service users and their carers
- Improve the quality, dissemination and use of information about mental health in Oxfordshire, and to improve information sharing between organisations and individuals
- Create a flexible, appropriately-skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff
Deliver effective and efficient services, which demonstrably make the best use of all available resources

Invest in developing more mental health services in primary care and community settings across Oxfordshire (where appropriate disinvesting in acute inpatient services and reducing expenditure on capital charges to achieve this)

Invest in mental health promotion work that is designed to prevent mental illness and to reduce the stigma attached to being mentally unwell

Invest in flexible services that are designed to support recovery and sustainable independent living for people who have used, or are using, mental health services, whatever their age

Ensure that investment enables delivery of national targets for mental health services in a way which meets national quality standards

5.5. A key action from this report is the delivery of a Housing and Mental Health Strategy

5.6. The Supporting People Programme is responsible for funding a range of supported housing across the county and the Supporting People Strategy 2008 -2011 sets out the following vision for mental health supported housing to be achieved by 2011:

- Housing-related support services will be able to support people with a range of mental health problems, including those with complex needs and those with a personality disorder
- Referral routes into accommodation-based services will be better integrated with existing housing, social care and health referral routes to make it easier for people with mental health problems to access the support they need
- People will be supported into work and work-like activities and helped to live meaningful and healthy lives
- People with mental health problems will be supported to find and move on to more independent accommodation with support where necessary

5.7. The Director of Public Health for Oxfordshire has highlighted the importance of mental health and well-being and identifies this as one of the five long term threats facing the county.

5.8. Oxfordshire County Council, the PCT and OBMH also published a needs assessment for mental health — ‘Mental Health Needs Assessment for working age population in Oxfordshire, May 08’. This identified that: ‘the prevalence of most mental illnesses is… set to increase over the next decade by 3-4%, especially the number of cases of psychosis over the age of 35, the number of people with obsessive compulsive and panic disorders as well as the prevalence of people with personality disorders’.

5.9. A Joint Commissioning strategy 2009-2012 —‘Better Mental Health in Oxfordshire’ — has recently been published, which focuses on the following commissioning outcomes:

- Promoting health and mental well-being for all
Improving access
Improving access to culturally capable services for people from BME communities
Enhancing the pathways to recovery for people using services
Increasing social inclusion for users or mental health strategies
Improving support for carers
Improving the quality and choice for those who use services

5.10. The South East Public Health Observatory has recently published a report available on clinical statistics across the South East, Clinical Standards Indicators in South Central. The mental health data, whilst not directly relevant to this piece work, identifies that Oxfordshire has an unusually high rate of compulsory detained patients at 54%.

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many of the objectives listed above are relevant to this work. Those that are most pertinent are those that cover:</td>
</tr>
<tr>
<td>- Improving access to services</td>
</tr>
<tr>
<td>- The development of pathways to support recovery</td>
</tr>
<tr>
<td>- Increasing social inclusion</td>
</tr>
<tr>
<td>- Making best use of available resources</td>
</tr>
<tr>
<td>- Improving partnership working</td>
</tr>
</tbody>
</table>
6. Desktop research

Benchmarking

6.1. Comparative data is available on the spend on residential care by authority from The Information Centre for Health and Social Care. Information on Supporting People-funded services is published annually, detailing the number of units of housing and support per 1,000 head of population; the numbers of units of different types of provision per 1,000 head of population; spend per 1,000 head of population; spend per unit.

6.2. The tables below set out the data for Oxfordshire compared with the comparator authorities identified by the Audit Commission.

Table 1 Expenditure on registered care for 2007/8

<table>
<thead>
<tr>
<th>Comparator Authorities</th>
<th>Gross total cost for residential care for adults aged 18-64 with mental health needs during year ended 31 March 2008 (£000's)</th>
<th>Number of placements March 2008</th>
<th>Average gross weekly cost*</th>
<th>Population (1,000s)</th>
<th>Spend per head of population (1,000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>3,346</td>
<td>90</td>
<td>841</td>
<td>490.6</td>
<td>6.82</td>
</tr>
<tr>
<td>Cambridge-shire</td>
<td>1,650</td>
<td>60</td>
<td>530</td>
<td>597.4</td>
<td>2.76</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>2,351</td>
<td>55</td>
<td>1,141</td>
<td>582.6</td>
<td>4.04</td>
</tr>
<tr>
<td>Hampshire</td>
<td>3,481</td>
<td>125</td>
<td>592</td>
<td>1,276.80</td>
<td>2.73</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>7,389</td>
<td>110</td>
<td>987</td>
<td>1,066.10</td>
<td>6.93</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>2,122</td>
<td>80</td>
<td>604</td>
<td>641</td>
<td>3.31</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>4,441</td>
<td>80</td>
<td>843</td>
<td>678.3</td>
<td>6.55</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>1,412</td>
<td>35</td>
<td>999</td>
<td>635.5</td>
<td>2.22</td>
</tr>
<tr>
<td>Somerset</td>
<td>1,749</td>
<td>55</td>
<td>758</td>
<td>522.8</td>
<td>3.35</td>
</tr>
<tr>
<td>Suffolk</td>
<td>2,248</td>
<td>90</td>
<td>667</td>
<td>709.4</td>
<td>3.17</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>1,524</td>
<td>80</td>
<td>676</td>
<td>526.7</td>
<td>2.89</td>
</tr>
<tr>
<td>West Sussex</td>
<td>4,681</td>
<td>155</td>
<td>515</td>
<td>776.3</td>
<td>6.03</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>2,795</td>
<td>85</td>
<td>570</td>
<td>452.6</td>
<td>6.18</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>1,683</td>
<td>80</td>
<td>532</td>
<td>555.4</td>
<td>3.03</td>
</tr>
</tbody>
</table>

Data: The Information Centre for Health and Social Care; *including full-cost paying and preserved-rights residents
6.3. This table shows that whilst Oxfordshire had the lowest spend on residential care of any of the authorities and the lowest spend per head of population, the average cost per person was the second highest (the current data shows a very similar average cost). This results in the number of placements funded being very significantly lower than all the other authorities. Oxfordshire funds 24 places of very high-support accommodation which may provide an explanation for the lower levels of spend on registered care.

6.4. Before comparing the data on the provision of Supporting People-funded services, it is useful to understand how the services arose and how comparison might be useful. Prior to the introduction of the Supporting People Programme in April 2003, most supported housing was developed in a fairly ad hoc way. Often a provider organisation identified a specific service gap and secured funding, usually from the Housing Corporation to develop a scheme. Sometimes the local housing authority would take an active part in the identification of need and in some areas the mental health trust and/or PCT were involved in planning schemes, including the provision of funding. The development tended to be uncoordinated and there was often little strategic planning involved as there were no structures in place to make this happen. The provision that grew up prior to 2003 depended on a range of local factors and does reflect relative need. Although some changes in the supply of services have been introduced, in the main the level of supply still reflects the historic local factors.

6.5. Comparisons between counties also bring some issues. Oxfordshire includes the City of Oxford where many services are concentrated, whilst other counties such as Leicestershire are ‘doughnuts’ surrounding a unitary urban authority. Counties of this type are likely to have inherited a much lower supply of services because they do not include the largest urban centre nearby where the majority of services are located.

Table 2 Comparative Supporting People Spend and provision as at 2007/8

<table>
<thead>
<tr>
<th>Comparator Authorities</th>
<th>SP-funded units for people with mental health problems</th>
<th>SP-funded units per head of population (1,000s)</th>
<th>Supporting People Spend £</th>
<th>SP-spend per head of population (1,000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>46</td>
<td>0.09</td>
<td>390,700</td>
<td>797</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>264</td>
<td>0.44</td>
<td>1,240,174</td>
<td>2,077</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>515</td>
<td>0.88</td>
<td>2,718,551</td>
<td>4,671</td>
</tr>
<tr>
<td>Hampshire</td>
<td>533</td>
<td>0.42</td>
<td>2,878,741</td>
<td>2,256</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>570</td>
<td>0.53</td>
<td>2,898,912</td>
<td>2,719</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>126</td>
<td>0.20</td>
<td>867,163</td>
<td>1,353</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>553</td>
<td>0.82</td>
<td>4,049,036</td>
<td>5,972</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>384</td>
<td>0.59</td>
<td>2,055,453</td>
<td>3,148</td>
</tr>
<tr>
<td>Somerset</td>
<td>259</td>
<td>0.50</td>
<td>2,797,216</td>
<td>5,350</td>
</tr>
<tr>
<td>Suffolk</td>
<td>209</td>
<td>0.29</td>
<td>2,535,237</td>
<td>3,574</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>164</td>
<td>0.31</td>
<td>1,185,047</td>
<td>2,253</td>
</tr>
<tr>
<td>West Sussex</td>
<td>516</td>
<td>0.66</td>
<td>2,243,968</td>
<td>2,892</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>103</td>
<td>0.23</td>
<td>659,573</td>
<td>1,459</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>252</td>
<td>0.45</td>
<td>932,310</td>
<td>1,680</td>
</tr>
</tbody>
</table>
Table 2, above sets out the comparative levels of Supporting People-funded unit numbers and spend as at 2007/8. Oxfordshire has a medium level of supply and spend per head of population, however, given the variations explained above, it is important to look at local needs data in determining whether the supply of services is sufficient. The table does not include supported housing funded in other ways. In Oxfordshire, it excludes services funded through pooled funding and there is no way of identifying such schemes funded in other authorities.

Literature search

There is very little objective research literature available in the field of supported housing generally and, for mental health services, the picture is no different. With the introduction of Supporting People, a guide to accommodation and support options for people with mental health problems was published by CLG but this simply provides examples of the different types of service currently being delivered, the majority of which are already available in Oxfordshire.

Good practice

There is some good practice available, such as the Camden Pathway, which is described in ‘A Good Practice Guide to Mental Health Pathway Services’. This sets out the principles, aims and practice for the Camden Pathway and is a useful example. The Camden Pathway covers referrals and move-on has 5 elements, as well as a managed referral process:

- Residential and nursing care
- Intensive supported housing – designed to be an alternative to residential care, intensive support available 24 hours a day.
- Transitional supported housing – designed to provide a bridge between more intensive services and independent living
- Floating support for people living in independent flats
- Long-term supported housing for people who will not be able to make the transition to independent living

Almost all the services within this pathway are designated short term for Supporting People purposes which indicates an intended length of stay of two years or less.

Nomad E5 is a housing and support provider which has reviewed its approach to its visiting support provision and moved to an agreed service level with each service user. This approach has led to considerably reduced requirement for support hours and has resulted in either savings or an extended service depending on the requirements of the local Supporting People team. Further detail on Nomad E5 can be found at http://www.nomade5.co.uk/

Broadway London have provided a good example of a service to improve access to the private rented sector for people moving out of accommodation-based supported housing. They leased properties from landlords for a 3-5 year period or provide housing management services, including rent collection. They supported people throughout transition of a move with all the relevant processes and provide help in accessing furniture for a six-month period. If after this time, support is still needed, they will help sort this out.
The funding for the leasing of properties (£400 per unit) is no longer available from local authorities and Broadway are currently looking at an alternative model of brokering a letting rather than leasing the property.

6.12. There is also a good example in North Wales run by an organisation called Agorfa (www.agorfa.org). Agorfa is funded by the Welsh Assembly Government to work with landlords and help people move into the private rented sector successfully. It works with landlords through providing advice and support to break down stereotypes and will provide a bond in lieu of a deposit. Tenants are assessed for suitability, helped to find accommodation and given support to maintain their tenancy.

Approach in comparator counties

6.13. The introduction of Supporting People in 2003 has generated a process of strategic review across the whole sector of housing and support. A number of the comparator counties have carried out reviews which vary considerably in their approach. Some common themes are a move away from group homes to self-contained flats, the creation of flexible floating support services, including visiting support schemes within floating support, and in many places, a shortage of high-support schemes and difficulties in placing chaotic clients and those with dual diagnosis. It is also very common to find an uneven distribution of services across a county. In the main, the response by commissioners has been incremental. Examples of the review approach are described below.

Hertfordshire

6.14. Hertfordshire has recently completed a Mental Health and Housing Strategy. Its key issues are an over-reliance on registered care and a shortage of supported housing with a overspend at the PCT. The recommendations for the next five years are: remodelling of services to provide high support and step down from residential care (but with no new money), transferring 60% of group homes to self-contained housing with floating support; redistributing services geographically. Hertfordshire has used a needs formula to predict demand, which is discussed in the needs section of this report. The county has also developed a six-tier pathway:

- Level 1: People living in their own home, able to access information, advice and support
- Level 2: People living in their own home who require minimum intervention by a floating support style service
- Level 3: People living within own home who require medium level support (Short to medium term — up to 2 years)
- Level 4: People who need specialist accommodation with medium level support and access to support when required
- Level 5: People who require specialist high-support accommodation or high-support package within own home or rehabilitation programme (Medium term)
- Level 6: People who need high support provided by registered residential or specialist high supported accommodation (Medium to long term)

Northamptonshire

6.15. Northamptonshire County is currently rewriting its strategy on mental health and supported housing. Issues that need to be addressed here are an
excess of group homes, shortage of high-support schemes and a concentration of provision in Northampton. Recent or planned changes include the remodelling of a decommissioned sheltered housing scheme, a new-build complex needs scheme and a countywide floating support scheme, which is an hours-based contract rather than based on unit numbers.

6.16. The access to services is through a central gateway which matches referrals to vacancies. Providers have an opportunity to assess the individual applicants.

Hampshire

6.17. Hampshire has a very devolved approach to its Supporting People Programme and each of the districts has made different decisions about its supply of mental health housing and support. There is a common theme of a need for more intensive services and a consolidation of visiting support into floating support services.

6.18. Counties with managed referral arrangements use a panel approach with the panel being placed in the district and often managing all the supported housing referrals. Northamptonshire was unusual in having a gateway. Unitary authorities have been more inclined to move to a centralised approach, such a single gateway, again for all housing and support services, and there are also numerous examples of panels dealing with referrals.

Key findings from the desktop research:

- Oxfordshire spends less on registered care than other similar counties but has much higher than average unit costs
- Oxfordshire is in the middle band for Supporting People expenditure for this client group
- Other counties are dealing with similar issues
- There is good practice on pathways and use of the private sector to learn from

Risks

- If the high unit cost is not addressed there is a risk that the pooled budget will continue to be overspent
7. The housing context and supply of housing and support in Oxfordshire

7.1. The district councils in Oxfordshire have agreed a common statement for housing strategies. Key housing issues across the county are:

- The high cost of all forms of housing
- High demand for all types and tenures of housing
- A particular shortage of affordable rented housing
- Shortages in supported housing schemes and floating support services for vulnerable people
- The difficulty for key workers and people on low and average incomes to afford to purchase a home, or rent in the private sector. This means that employers find it difficult to attract and retain staff.
- Problems of public transport and access to services and amenities for rural residents
- Planning constraints in Green Belt and Areas of Outstanding Natural Beauty
- Long-term empty homes in an area of very high housing demand and need
- Homelessness, especially in Oxford city

7.2. The Oxfordshire housing authorities have come together in the Oxford Housing Partnership and together, alongside key Registered Social Landlord partners and others, they are working on a range of partnership issues. These include:

- A Pilot Housing Market Assessment
- Sub-regional Choice Based Lettings (Vale, SODC, Cherwell and Oxford City)
- A Private Finance Initiative (Vale and Oxford City)

These projects, together with a commitment to share information and best practice, ensure a co-operative and consistent approach to tackling strategic housing issues.

Joint statements have been agreed for our Housing Strategies, Homelessness Strategies and Private Sector Renewal Strategies. All the local authorities in Oxfordshire are actively looking for opportunities to strengthen joint working and to undertake joint commissioning, where appropriate.

Supply of services

Overview

7.3. There is a range of accommodation and floating support services across the county. All the high-support supported housing projects are located within the city and the majority of the lower-support services are also located there; views vary on the desirability of this. On the one hand, Oxford has far better services of all types and for people without transport this means that it is far easier to access any type of service when living in the city. On the other
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hand, some people from the rural districts prefer to stay in a familiar location and carers who provide considerable support to a family member find it difficult to provide support when travelling considerable distances.

7.4. Supporting People funds the lower-support services and most of the floating support, whilst the PCT/social care pooled budget funds high-support services, with a number being joint-funded — mainly using PCT funding to top-up SP-funded services for activities that SP could not fund prior to April 2009. Floating support in the rural districts is delivered through two generic services and a specialist service for these districts has recently been commissioned by the PCT. Oxford city has a specialist mental health floating support service which was a local choice when Supporting People tendered for floating support services.

7.5. The desktop review of Supporting People-funded services indicates that in the main, the services meet local strategic priorities and are of good quality, and are considered cost-effective by the SP team, although value for money issues are raised on a few. Issues that have arisen are:

- The CMHT teams find it difficult to place people with high-support needs in the services in the rural districts and in one of the services in Oxford city.
- Whilst the accommodation is generally of a good standard, Rectory Road in the City is considered cramped and this has an impact on whom is referred to the service.
- Move-on has generally improved considerably over recent years but there are some areas with difficulties because of the shortage of social housing and desirability of the supported accommodation.
- Providers with shared accommodation are planning in the main to replace it with self-contained accommodation.

7.6. The Supporting People-funded services are classed as long term in the main (only 4 are short term), although there has been a considerable emphasis on improving through put over the last few years. A brief review of the Supporting People directory of services shows that in the South East there are 232 services for people with mental health problems, of which 55 are emergency access, 125 are short term and 107 are long term so the majority are short term.

7.7. The Supporting People team classify services in terms of the level of support according to one set of criteria and the PCT use a different set classification, so there are services which are high support for SP purposes and medium for the PCT. There are also different contract-monitoring arrangements for the different funding routes, with joint-funded services being subject to both processes.

7.8. The quality framework and contract monitoring by the Supporting People team is credited with having a very positive impact on the ethos of supported housing generating a much greater emphasis on recovery and movement into independent housing.

7.9. There are a number of service suppliers across the county but all the very high-support services are delivered by a single provider which only works in
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Oxfordshire. Generally there is a developed market for services for this client group.

7.10. Although there is a good range of services within Oxfordshire, no single organisation takes a comprehensive overview and each funding organisation has an incomplete view of the services as a whole. The district councils, which are very important in terms of the provision of long-term housing, are also on the periphery. There is no overarching set of objectives for the services shared across the funders, providers and other stakeholders.

7.11. Developing an overarching framework for all the services with an agreed set of aims, objectives and outcomes would support a more coherent approach across the county as a whole. The sector as a whole includes the Supporting People team, district councils and providers as well as statutory mental health services. In order to get the best out of joint working, the priorities of all parties need to be included. For the Supporting People team, this includes people who are not covered by CPA, and for district councils, this means understanding that social housing is in short supply and cannot meet the needs of everyone.

Detail by district

Oxford City

7.12. The city has very high housing demand and very restricted opportunities for development, which has lead to acute problems of affordability across all tenures. There is huge demand for social housing. The private rental sector is larger than average and rents are fairly high.

7.13. Access to social housing is through a Choice Based Letting (CBL) system and there is a move-on allocation for supported housing which provides a band B allocation for a quota of residents. Otherwise applicants in supported housing attract level D (band B is the second highest and provides a much better chance of finding housing). The introduction of CBL is reported by providers to have delivered improved move-on. However, providers have indicated that service users are reluctant to bid for accommodation on estates.

7.14. 15 people were accepted as priority homeless in 2008/09 because of a mental health problem, and 12 in 2007/08. A number of people accepted as homeless and placed in temporary accommodation have a range of support needs, including mental health issues. Finding suitable housing for a range of client groups with support needs is difficult in the city and the more complex the needs, the more difficult this is. Homeless people are referred successfully to the Mind Temple Cowley Project and the Mind Houses.

7.15. Extensive use is made of the private rented sector to prevent homelessness but there is no specific link-up to support services per se. However, referrals can be made to a floating support service for tenants in the private rented sector.

7.16. A specific rent deposit scheme for people with a history of substance misuse was until recently operated in the city (funded by DAAT and run by Connections who run the general needs FS), but this has now ceased, as
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DAAT and SP were no longer able to fund it and they are now looking to develop a countywide version.

7.17. The table below lists the current supply of housing and support for people with mental health problems and includes the service recently developed as the new step down from Rowan House.

Table 3: Oxford City Supported Housing Services (all SP funded services are long term unless specified otherwise)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Type of accommodation</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-hour cover</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rowan House (located on the Littlemore Hospital Site)</td>
<td>High support, 24-hour waking cover,</td>
<td>Individual bedrooms with shared facilities</td>
<td>24</td>
</tr>
<tr>
<td>Morrell Crescent (on the Littlemore Hospital Site)</td>
<td>High support, 24-hour waking cover,</td>
<td>10 shared houses</td>
<td>33</td>
</tr>
<tr>
<td>Grove House</td>
<td>24-hour sleeping cover</td>
<td>Large shared house</td>
<td>12</td>
</tr>
<tr>
<td>St Gabriel’s</td>
<td>24-hour sleeping cover</td>
<td>Large shared house</td>
<td>10</td>
</tr>
<tr>
<td>Scrutton Place (new service)</td>
<td>24-hour cover, 'extra care model'</td>
<td>Independent self-contained flats</td>
<td>14</td>
</tr>
<tr>
<td>Simon House</td>
<td>24-hour cover funded by pooled funding</td>
<td>Units within the main hostel</td>
<td>6</td>
</tr>
<tr>
<td><strong>Day time cover</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kate Turnbull House</td>
<td>Daytime cover, step down from Rowan House</td>
<td>Shared house – 8 bedrooms with shared facilities</td>
<td>8</td>
</tr>
<tr>
<td>Rectory Road (SP short term service)</td>
<td>Daytime cover + emergency alarm</td>
<td>Shared facilities, considered cramped</td>
<td>17</td>
</tr>
<tr>
<td>Mind Houses</td>
<td>Daytime cover + emergency alarm</td>
<td>Shared houses</td>
<td>23</td>
</tr>
<tr>
<td>Garden House</td>
<td>Daytime cover + emergency alarm</td>
<td>Self-contained flats in new build</td>
<td>9</td>
</tr>
<tr>
<td>St Michael’s street (SP short term service)</td>
<td>Daytime cover + emergency alarm</td>
<td>Shared house</td>
<td>5</td>
</tr>
<tr>
<td><strong>Visiting support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind satellite houses</td>
<td>Visiting support with emergency on-call service</td>
<td>Mixed - shared houses/self-contained flats</td>
<td>15</td>
</tr>
<tr>
<td>Temple Cowley Project</td>
<td>Visiting support with emergency on-call service</td>
<td>Shared houses</td>
<td>10</td>
</tr>
<tr>
<td>Response Community Support</td>
<td>Visiting support</td>
<td></td>
<td>93</td>
</tr>
<tr>
<td><strong>Floating Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elmore team</td>
<td>High support for people with complex needs</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Mind Floating Support</td>
<td>High support</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Connections generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stonham generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Floating support in the Rural Districts

7.18. The rural districts all decided to meet the need for floating support for people with mental health problems through the two generic services provided by
Connections and Stonham. The service is flexible and can last up to two years. Connections report that 40-60% of their service users have a mental health problem; the SP client record data shows 20% with a primary need and 15% with a secondary need. Stonham record their needs as generic but there is no reason to assume the pattern is any different.

7.19. There is a range of access routes into these services, including self-referral.

7.20. Connections has found that drug users can be hard to keep engaged with the service and this results in more early closures than other groups. This is reflected in the district councils reporting some difficulties in getting adequate support for the more chaotic service users and an alternative model may be more appropriate for this group.

7.21. The PCT has recently commissioned a specialist floating support service provided by Connections to work in the rural districts (CARS - Connection Active Recovery Service). This service provides specialist short-term support funded for individuals with mental health difficulties resident in Oxfordshire (except Oxford city). Support is intended to be more intensive and last between six weeks and six months. The main focus of the service is to facilitate move-on from primary and secondary mental health care and mental health supported housing. Clients are supported and linked into low-level mental health services, mainstream services and generic floating support. The service will also accept referrals from other sources, such as community self-referral, GPs etc, but prioritises referrals from specialist provision in order to facilitate these particular care pathways. This service has not been widely promoted outside of the mental health sector and seems to be unknown within the district councils.

Cherwell District

7.22. Cherwell is one of the least populated parts of South-East England and over half of the population live in Banbury or Bicester. There are higher levels of deprivation than the other rural districts. It is a rapidly growing area with over 53,000 households, higher than average home ownership, an average-sized private rented market, but a lower than average-sized affordable housing sector. Home ownership and the private-rented sector are out of the reach of many and the 2004 housing needs study indicated a shortfall of over 600 units of social housing per year. There are parts of the district with very low numbers of social housing.

7.23. There has been a significant emphasis on reducing homelessness with focus on prevention in recent years and the number of people accepted as homeless because of the mental health problem was 4, which is a significant reduction over previous years.

7.24. The council works closely with Banbury District Housing Coalition to provide support to homeless people. BDHC is funded to purchase support from Connections which provides a drop-in service twice a week and the feedback is extremely positive with a significant drop in homelessness recorded.

7.25. Connections is also funded to provide floating support to people with drug and alcohol problems, and this includes people with dual diagnosis. The service was set up by the council in conjunction with the DAAT. The service provides support for six units of accommodation.
7.26. Cherwell runs a rent deposit scheme through BDHC called Private Access Letting Scheme and there is close work with the floating support service.

7.27. There is one supported-housing service with daytime cover, but this is not in Banbury which is the largest urban centre, and there are three services with visiting support.

Table 4: Cherwell Housing and support services (all SP funded services are long term unless specified otherwise)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Type of accommodation</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palm Court, Bicester</td>
<td>Daytime cover + emergency alarm</td>
<td>Self-contained flats in a block</td>
<td>7</td>
</tr>
<tr>
<td>South Cherwell Supported Housing (Bicester) (SP short term service)</td>
<td>Visiting support</td>
<td>Self-contained flats</td>
<td>8</td>
</tr>
<tr>
<td>Merton Street (Banbury (SP short term service)</td>
<td>Visiting support</td>
<td>Self-contained flats</td>
<td>4</td>
</tr>
<tr>
<td>Response community support Banbury</td>
<td>Visiting support</td>
<td>Group homes</td>
<td>12</td>
</tr>
<tr>
<td>Connections generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stonham generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections CARS (Connect and Action Recovery) floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.28. Bromford, which provides all the accommodation-based services in Cherwell, reports that some service users are finding it difficult to move-on from Palm Court because, although they have sufficient priority, there is very little social housing in the areas that the service users wish to move to.

7.29. The council and the CMHT would prefer to see Palm Court designated as short term and the CMHT team needs to be able to refer people with higher support needs.

7.30. Stakeholders have reported that the Response Group homes are not in demand because they are shared housing,

South Oxfordshire

7.31. 60% of the population of South Oxfordshire live in small villages and there are four market towns, of which Didcot has been expanding and is a growth area. Housing in South Oxfordshire is more expensive than in Oxford city, making affordability a significant issue, pricing local people on low incomes out of the housing market.

7.32. The largest waiting list for social housing in South Oxfordshire is for single persons accommodation, so single people with a mental health problem will face considerable difficulty in accessing social housing, which is provided through South Oxford Housing Association. There are very low numbers of homelessness acceptances on the grounds of mental health as there is a focus on preventing homelessness generally; the average is about two per year. In the main, supported housing is not required for homeless applicants and temporary accommodation is arranged with SOHA; people on CPA are supported by the CMHT who access accommodation directly. There is more of a difficulty organising support for people in temporary and permanent housing. There is more of a difficulty in dealing with people who present with
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chaotic behaviour or personality disorder and they are likely to be referred into high support schemes in Oxford.

7.33. The district council runs a rent deposit scheme which is used in conjunction with floating support to access accommodation in the private rented sector and an indemnity scheme provides additional guarantees to landlords for vulnerable people. However, the Local Housing Allowance (LHA) level can make it difficult to find accommodation, particularly for under 25s who only qualify for shared accommodation under LHA rules.

Table 5: South Oxfordshire housing and support services (all SP funded services are long term unless specified otherwise)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Type of accommodation</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henley mental health service</td>
<td>Daytime cover + emergency alarm</td>
<td>Self-contained flats</td>
<td>8</td>
</tr>
<tr>
<td>HVHS supported Housing</td>
<td>Daytime cover + emergency alarm</td>
<td>Shared housing</td>
<td>9</td>
</tr>
<tr>
<td>HVHS supported Housing</td>
<td>Visiting support</td>
<td>Self-contained flats</td>
<td>14</td>
</tr>
<tr>
<td>Connections generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stonham generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections CARS (connect and action recovery) floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.34. Move-on from this accommodation is a problem because social housing is in short supply and the self-contained flats are more desirable than the alternatives on offer, because they are newer and in good condition.

Vale of White Horse

7.35. Like the other rural districts, Vale of White Horse has high house prices. There are few flats and maisonettes in the Vale which means that first-time buyers are likely to have to buy houses which are well beyond the means of a large proportion of emerging households. The private rented sector is about 8% of the total housing market and rents can be above housing benefit levels, making it difficult for households on housing benefit to afford it. Nevertheless, the district focuses on homelessness prevention and supports the private rented sector through a rent deposit scheme and the payment in some instances of agents’ fees. There have been low numbers of homeless acceptances on the grounds of mental health (1-3 a year).

7.36. Vale of White Horse has the lowest provision of supported housing in Oxfordshire, with a single service of 11 self-contained flats with visiting support split between two locations, which means that there is no accommodation for people with high-support needs.

Table 6: Vale of White Horse housing and support services (all SP funded services are long term unless specified otherwise)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Type of accommodation</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td>HVHS supported Housing – Abingdon and Wantage</td>
<td>Visiting support</td>
<td>Self-contained flats in two locations</td>
<td>11</td>
</tr>
<tr>
<td>Connections generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stonham generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections CARS (connect and action recovery) floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.37. There is also a registered care home, the Knowl, in Abingdon. This is not directly commissioned by Oxfordshire and any reduction in use by the county is likely to result in placements by other authorities, leading to some concerns that residents will subsequently take up places in supported housing in the county.

West Oxfordshire

7.38. There are around 130 separate settlements in the district but only four towns have more than 5,000 residents and nearly 60% of the 81 parishes contain less than 500 residents. There is a significant shortfall in existing provision for single people and insufficient move-on accommodation for those who are homeless and in need of support.

7.39. An inter-agency referral system has been operational for some time in the district and a monthly Accommodation Panel meets to consider how different agencies, including housing associations and the community mental health team as well as support providers, can work together to meet individuals’ needs.

7.40. The Council funds and administers a deposit bond guarantee scheme to help people on a low income who cannot afford a month’s rent as a deposit. As Housing Benefit is paid in arrears, the Council also operates a Rent in Advance scheme to help people access private rented accommodation, where they are in housing difficulty.

Table 7: West Oxfordshire housing and support services ((all SP funded services are long term unless specified otherwise)

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Type of accommodation</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Group (Bramlings and Hedgerows) (SP short term service)</td>
<td>Daytime cover + emergency alarm</td>
<td>Shared houses</td>
<td>11</td>
</tr>
<tr>
<td>Advance</td>
<td>Visiting support</td>
<td>Self-contained flats</td>
<td>6</td>
</tr>
<tr>
<td>Connections generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stonham generic floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections CARS (connect and action recovery) floating support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key points
- There is a range of services from high support to floating support across the county.
- Services are concentrated in Oxford city, especially those with high support.
- No one organisation has a complete overview of the services.
- The demand for social housing outstrips supply across the county and in the rural districts there are areas with very little at all. This means that alternatives for move-on accommodation are essential.
- The district councils all make use of the private rented sector but more could be done for move-on.
- The district councils find it difficult to place people with chaotic behaviour but Cherwell has an approach that is working well.
Risks

- If the distribution of services is not addressed there will continue to be inequality of access depending on where people live and the objective of improving access to services in key strategies will not be fully met.

- If additional options to move-on are not developed, clients will not achieve independent living, undermining the strategic objectives of increasing social inclusion and enhancing pathways to recovery.

- If the objectives of all the stakeholders are not fully acknowledged, joint working will not be fully maximised.
8. Need

8.1. There is no systematic data collection to assess need. The panel process for spot purchased placements generates a list of people funded through the pooled budget in registered care placements or in Rowan House and a list of people waiting for placements on acute wards or elsewhere who have been accepted by the panel. Because movement into other types of supported housing is uncoordinated there is no single point for numbers waiting for this type of accommodation to be collated. The referrals could come directly form CHMTs, from high support services, through homelessness sources and self referrals are also taken.

8.2. At the time of writing, a project is underway to assess the needs of all registered care placements to pull together a detailed picture of need and the prospects of move-on into less intensively supported accommodation.

8.3. For the purposes of this project, we have gathered data on where service users have been placed over the last year from a trawl of records by CMHT teams, numbers in hospital waiting for a place; waiting lists for services and a survey of providers. However, this may include some double counting, for example some people identified in one setting as ready to move-on may also be on a waiting list elsewhere. Stakeholders have also indicated some reluctance to refer if they believe the referral will be rejected which suggests some undercounting. Therefore precise numbers are difficult to arrive at.

8.4. A further problem arises when there are a number of places that are occupied by people who are ready to move but who are not doing so for a variety of reasons, as some need could be met by existing resources if move through was improved. Stakeholders have expressed concern that there is currently insufficient emphasis on recovery resulting in clients spending too long in residential care and moving too slowly towards independent living.

8.5. There are two scenarios to address; one is the immediate problem of a backlog of people who need some type of placement or who need to move-on but cannot and the other is the long term position to meet ongoing need once back logs have been dealt with and recovery rates have improved.

8.6. At the beginning of June, there were eight people waiting for spot-purchased placements, for whom funding was an issue, and 13 patients waiting on the ward to go into Rowan House. Now that the new step-down service is up and running, these numbers will have reduced as the vacancies in Rowan House become available.

8.7. There are eight people currently on a low secure unit and a further eight in an assertive outreach unit who have been identified as in need of supported accommodation but who are not currently included on waiting lists for placements and for whom there is currently no active plan for a move. They are likely to need a placement of three to four years in an intensive setting but no longer need the level of input in their current setting. These clients have been in their current setting for a long time and if this group is moved-on the numbers in the future should be lower.
8.8. Response Organisation reports a total of 34 on its waiting lists, of whom 15 are in in-patient beds, seven are in out-of-county placements, 10 are in high-support services needing to move to lower support, and two are with other providers. Again, eight of these will have been accommodated now the Rowan House step down service has been completed. There are 12 people on the waiting list for the Bromford Services in Cherwell.

8.9. Overall the survey of providers showed 27 people ready for independent accommodation, with floating support and 13 ready for lower-supported accommodation. There are also 17 people who need higher-supported accommodation, of whom seven need this because of physical health issues.

8.10. Table 8 – summary of need information

<table>
<thead>
<tr>
<th>Not currently in a placement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Needing a spot purchased place</td>
<td>8</td>
</tr>
<tr>
<td>On acute ward waiting for a place at Rowan House</td>
<td>13</td>
</tr>
<tr>
<td>In low secure unit and needing to move on (estimate)</td>
<td>8</td>
</tr>
<tr>
<td>In assertive outreach unit and needing to move-on (estimate)</td>
<td>8</td>
</tr>
<tr>
<td>Forensic services - clients needing placement over next 3 months</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location unknown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromford waiting list</td>
<td>12</td>
</tr>
<tr>
<td>Asbergers - young people coming up to transition of adulthood</td>
<td>14</td>
</tr>
<tr>
<td><strong>In a placement, needing to move</strong></td>
<td></td>
</tr>
<tr>
<td>Out of county, to come back to Rowan House</td>
<td>7</td>
</tr>
<tr>
<td>In high support needing to move on to lower support</td>
<td>13</td>
</tr>
<tr>
<td>In supported housing and ready for independent accommodation</td>
<td>27</td>
</tr>
<tr>
<td>In supported housing and needing to move to higher support</td>
<td>10</td>
</tr>
<tr>
<td>Needing more support because of physical health needs</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
</tr>
</tbody>
</table>

8.11. The table above summarises the data on need, however it should not be assumed to be a complete picture for the reasons given above.

Geographic distribution of need

8.12. Because the vast majority of services are located in the city, clients from the rural districts who have been in hospital and need a high-support service, will usually move into services in the city. Data from the CMHT teams show that
there is considerable demand for all types of services from across the county (table 8 below) [data for the city has not been provided)

Table 9: Referrals into housing and support by CMHT team

<table>
<thead>
<tr>
<th>CMHT team</th>
<th>Registered care</th>
<th>24-hour supported housing</th>
<th>Supported housing with daytime cover</th>
<th>Independent flat with floating support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witney</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Abingdon</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Banbury</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Bicester</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Early</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxford City</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didcot</td>
<td>1</td>
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<td></td>
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<tr>
<td>Henley</td>
<td>1</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Thame</td>
<td></td>
<td>4</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>9</strong></td>
<td><strong>48</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

8.13. CHMT staff who cover the rural areas consider that a better distribution of services in the rural areas is needed to meet need here and the service user survey showed that just under half of the respondents wished to live in one of the rural districts. The sample was too small to give a breakdown between the districts,

8.14. However, it is unlikely to be cost effective to develop a 24-hour covered service in any district. Stakeholders have suggested that there may be sufficient demand in Cherwell but whilst the data for the last 12 months does indicate slightly higher demand in Cherwell than the other rural districts, the numbers may not be sufficient to justify a sufficiently large service to be cost effective.

8.15. Carers also supported the need for a better geographic distribution of services as a supportive family can find it difficult when their family member is some distance away.

8.16. Providing a medium-support service with daytime cover and an on-call out-of-hours service with the capacity to support people with high needs, but who do not need 24-hour care, in each district is a reasonable aspiration. Cherwell, South and West Oxford all currently have a service with daytime cover, however there are issues with move-on and difficulties in supporting clients with high-support needs which limit the ability of these services to meet local need.

Forensic services

8.17. Oxfordshire has a regional forensic unit and there are widely-held concerns that this results in high numbers of people from out-of-county being housed within Oxfordshire mental health services.
8.18. Forensic services are now centrally funded through a top-slice from the PCT's budget. The forensic funding does not include provision for registered care or supported housing and people leaving forensic services are expected to be covered by the same budget as people leaving hospital.

8.19. The data on the current placements in or funded by Oxfordshire does not indicate any significant demand on supported housing from outside of the county. Oxfordshire currently funds two residential care placements and there are 11 people who have come through the forensic services in supported housing — only one of these is not an Oxfordshire client. There are a further four people who will be ready to leave the forensic services in the next three months and who will need accommodation with support. For other current forensic service users it will be one to two years before accommodation will be required.

8.20. There are an additional 12 out of county placements in specialist residential care in Oxfordshire who may need to remain in the county in the longer term. Section 9 below address the issue of access to supported housing services including managing out of county referrals. This will be important in managing the impact of future demand from out of county forensic placements and provide an opportunity for discussing the funding of placements with referring authorities.

8.21. The forensic services team identified a difficulty in placing women and consider that a women’s service would be beneficial. However, as the need is split amongst the three counties covered by the service, a joint approach should be considered.

Young people — transition to adulthood

8.22. There are low numbers of young people who would benefit from supported housing but for whom it is difficult to access appropriate housing. The reasons given for this are services that will not take people under 18 but also it is not appropriate to accommodate young people with older people who have been struggling with mental illness for some time. The Elmore team report that between 1st August 2008 and 1st August 2009, the Team received 17 referrals for 16 to 18 year olds who had mental health problems, 15 of whom also had a need for accommodation.

8.23. The National Youth Homelessness Scheme website provides a good practice example of a floating support service for young people with mental health problems. http://www.communities.gov.uk/youthhomelessness/widerneeds/multipleneeds/jointcommission/casestudy2/ and Epic Housing Trust provide an example of a specialist service for young people in Camden.

Asbergers Syndrome

8.24. People with Asbergers who have an IQ of over 70 are now the responsibility of mental health services in Oxfordshire. However, many PCT, CMHT and social services staff feel that this is not completely appropriate when the client does not have mental health problem that reaches the CPA threshold. This can lead to referral disputes between teams and has resulted in a reactive approach to dealing with placements for these clients. Very expensive out-of-county placements are the usual solution and this group of people account for
the highest-cost placements, which are having a huge impact on the pooled-funding budget. The five highest-cost placements account for almost £0.5 million out of a total budget of £1.2 million.

8.25. The CMHT teams have identified another 14 people with Asbergers who will need accommodation with support over the next few years. Data from the PCT shows 12 young people with Asbergers in years 11 and 12 (16-17) currently receiving support from CAMHS. There is currently good provision from the education service and families consequently have high expectations about the quality of service that should be provided in adulthood. It is suggested that better joint working over a longer transition period may enable more effective placements as people move into adulthood.

Chaotic homeless people

8.26. A number of stakeholders have identified difficulties in finding appropriate accommodation for homeless people who have dual diagnosis/chaotic behaviour/personality disorder, especially if they are not engaging with services and are not willing to reduce their alcohol or drug consumption. Many end up at the night shelter or are supported by the Elmore Team. Providers are reluctant to take this group without additional support from statutory services but this is not available.

8.27. The night shelter in Oxford city operates a two-tier service. Those who are engaging with a programme of activities will have access to their room all day, whilst those who do not engage will only have access to a room from 5.00 pm until 8.30 am. A room can be booked ahead and there is access to the day centre. It is this group of service users who are most difficult to place once their three-month period at the night shelter comes to an end. Their needs would be best met by services for people with complex needs rather than specialist mental health services.

8.28. Providers are however very positive about the support provided by the assertive outreach team, which makes it easier to manage people in supported housing. However there is a reluctance to accept people who do not have this support and who are not engaging with services, as there is a lack of back-up. A wet hostel is planned for Oxford city which should help with a proportion of this group and the floating support service in Cherwell which works with people with dual diagnosis also receives positive feedback.

8.29. Homeless people who engage with services may be accommodated in a number of the Mind services, although the Temple Cowley project has a CPA requirement for referrals, Response services and Stonham Rectory Road service.

8.30. In the rural districts this need is usually met locally through floating support services where possible, for people who need supported housing the only option is services in the city. The approach in Cherwell works well and the district council report that one reason for this is that the provision of accommodation is conditional on engagement with the service. There is an assertive approach to service users who do not actively engage and joint funding with the DAAT is key to addressing dual diagnosis.
8.31. This group of people are caught between the homelessness, mental health and substance misuse sectors and a joint approach, such as the one in Cherwell, is likely to be most productive.

Hospital discharge

8.32. The district councils reported concerns about people being discharged from hospital with nowhere to live; specific examples have not been provided and it is possible that this refers more to people with a physical disability. It is however important that anyone who is unable to go home after a hospital admission is referred at the earliest possible stage to the relevant housing authority, as there can be considerable difficulties in dealing with the housing needs of people who technically have somewhere to live as a joint tenant or owner. It is unlikely that hospital staff are aware of these difficulties and this may also result in housing referrals at too short a notice period for the authority. Oxford City Council has a clear approach and will not accept referrals without evidence that housing issues have been assessed and identified by the ward or social worker as soon as possible after the admission to hospital. It is suggested that there are currently 10-15 patients on acute wards waiting for housing rather than care issues to be resolved.

The needs of BME service users

8.33. The service reviews carried out by the Supporting People team indicate that many of the services have a substantial proportion of service users from BME communities. However, the experience outlined by BME service users indicate that further work is needed to understand their experiences. Examples of racism were described, suggesting that there is capacity to improve the experience of people using mental health accommodation services.

8.34. A service user group, — Black & Minority Ethnic Service Users Advisory Group — has been established and it would useful to follow up this issue with the group and develop good practice amongst providers in meeting the needs of BME clients and tackling racism.

Physical health needs

8.35. There is some evidence that current service users have physical health needs that have developed with age. Response report that seven of their service users in accommodation in the city and Banbury have physical health needs and this is also mentioned in the service review of HVHS South Oxfordshire service.

8.36. There are two options for meeting this type of need. As people age, they tend to develop physical health needs and this may occur earlier in people with a mental health problem, particularly if there is also a history of drug and/or alcohol misuse. Where people have moved on successfully to independent living, it would seem appropriate to access mainstream sheltered housing with appropriate floating support when their physical health means that their current accommodation is becoming difficult to manage. Sheltered housing is generally much more widely available than other types of supported housing and would need no additional commissioning. There is one person at the Rectory Road Scheme who is currently bidding for sheltered housing.
8.37. For people who need long-term specialist mental health services, the Scrutton
Close model, using a decommissioned sheltered-housing scheme, should provide appropriate accommodation.

Using prevalence data

8.38. Hertfordshire County Council has used data from the 1996 national audit (Lelliott) to create an estimate of need at 6.1 units of high-support accommodation per year per 100,000 population. If the average stay is assumed to be 2.5 years, this would generate a need for 95 units of high-supported accommodation in Oxfordshire — a reduction of 13 places when compared with the current supply of 73 high-support places and 35 residential care, a current total of 108 places.

8.39. Their report suggests a requirement of 10 units of accommodation of medium support per year per 100,000 population — based on their referral rates and this is similar to the figures on referrals provided by Oxfordshire CHMTs (no data was provided for the city). The population of the county excluding the city is approximately 500,000 and there were 48 referrals to medium supported accommodation. This is just under 10 per 100,000, however, given that there are waiting lists for services the numbers may not accurately reflect demand. If a stay of two years is assumed and the numbers are broadly accurate and replicated in the city, this indicates a need for 126 units in Oxfordshire as a whole.

Key points

- There is a lack of good quality data on need.
- The evidence available points to a shortage of high-support places within the county which is resulting in bed-blocking, and the use of high-cost placements out of county, which further exacerbates the problem of overspending. The shortage of high-support places is again exacerbated by a shortage of medium-support places for move-on from high-support schemes.
- The build-up of people waiting for services makes it difficult to assess the true level of need, as these will be people who are not being supported in recovery.
- There is a need for a better geographic distribution of services.
- There is a lack of ownership of the needs of people with Asbergers Syndrome and this is having a major impact on the pooled budget because of the high costs of placements.
- There has been a view that forensic services are taking up a disproportionate number of places in supported housing for people from outside the county but the evidence does not support this.
- There is an unmet need for people with chaotic behaviour who are not engaging well with services; their needs are likely to include mental health and substance misuse.
- Some older people with mental health problems are developing physical health problems and will need suitable accommodation; this could be provided in mainstream sheltered housing for many.
There is a need to improve the experience of BME service users of housing and support services

Risks

- If data-gathering is not improved, it will be difficult to ensure that services are commissioned to meet need. This may make it difficult to meet objectives on improving recovery, as people may continue to be unable to access the appropriate service. It will also make it difficult to make best use of resources as there will continue to be a reactive response to finding a placement for people whose needs cannot be met locally.

- In the absence of accurate information, myths about the impact of forensic services will continue to find traction, inhibiting joint-working across the sector.

- Without ownership of the needs of people with Asbergers Syndrome and a strategy for addressing those needs, it will be difficult to get the pooled-budget under control, which has major implications for delivering on almost every aspect of a future strategy.
9. Funding and Commissioning

9.1. Funding routes for residential care or supported housing for people with mental health problems within Oxfordshire come from the PCT/Social Care pooled-budget, which primarily funds registered care and high-support services, and the Supporting People budget, which funds the majority of supported housing services. The pooled budget totals £2,771,562 for supported housing, which includes residential care and support at home. There is a projected overspend of £783,000 as at July 2009. As a result of this, some people have been waiting for funding to be released before they can take up a spot-purchased placement. This is highly detrimental to their recovery.

9.2. In order to alleviate the pressure on the pooled budget, a new scheme has been commissioned to provide a step-down service from a supported-living scheme, creating vacancies for people currently in out-of-county registered care. This project is expected to create savings of up to £370k.

9.3. The Supporting People budget is also under pressure as the county has to find savings of 15% over three years, and, as mental health services make up a significant element of the total programme, the budget for this client group is expected to be reduced by the full 15%. This means a reduction of £330,000 from the total current spend of £2.2 million.

9.4. As the majority of SP-funded services are classed as long term they are funded through subsidy arrangements, whereby service users are means-tested on the same basis as FACS (Fair Access to Services). Short-term services are funded through a block grant and there are no charges for service users. The classification of short term is an intended stay of two years or less.

9.5. The two funding bodies operate different contract monitoring approaches. The Supporting People Programme has been subject to national approaches on quality of service, performance indicators and more recently outcome monitoring. Within Oxfordshire, the Supporting People approach has been recognised as being responsible for considerable improvements in quality of housing and support services for people with mental health problems.

9.6. There is also an issue with Section 117 funding, as six people have been funded through continuing care and should have had their social care funded through the pooled budget. This is currently being addressed.

9.7. Supporting People funding cannot pay for statutory services and this is managed through the subsidy funding arrangements for long-term schemes.

Value for Money

9.8. Table 1 (page 7) indicates why the pooled budget should be under such pressure. Whilst Oxfordshire spends less that its comparator authorities on registered care, its unit costs are second-highest. This means that much less can be purchased than in other authorities. One reason for the high unit costs is the cost of funding clients with Asbergers Syndrome. At the time of writing the five highest costing placements are all people with Asbergers and
the annual cost for these five is approximately £450k. The highest placement cost £2,400 per week. There are currently 35 people placed in registered care at an average weekly cost of £840.

9.9. Supported Housing funded by the Supporting People budget has been subject to scrutiny, including value-for-money assessment, since the introduction of the programme in 2003. Costs are therefore within the parameters previously set within Oxfordshire, but there are some issues about the effective use of funding where service users no longer need the support but have not moved on from services. The Supporting People team makes a judgement on value for money based on costs (termed cost effectiveness) and quality. It would be useful if similar practices were also applied to services funded through the pooled budget.

9.10. It is essential to bring spending on the pooled budget under control and reduce spending on Supporting People services. A crucial element of this is taking a strategic rather than reactive approach to the needs of people with Asbergers. The PCT must work to deliver services locally for these service users. This is likely to be a combination of using existing high-support services, a specialist service and the provision of care and support in independent flats. Commissioning a service locally will bring greater control over the nature of the provision and the costs as well being preferable for service users to live locally and closer to family. The first step in this process will be a detailed review both of the needs of clients with Asbergers currently placed in registered care and of those reaching 18 in the next year, to get a clear understanding of how needs can best be met.

9.11. More widely, a move from residential care to local intensively-supported housing should bring savings. The current average weekly cost of residential care is approximately £850. A non-residential-care-type service brings access to housing benefit for the eligible rent and services charges, which for registered social landlords and charities providing a support service can be well above the local housing allowance limit. This could bring the charges down by about £180 per or more, without a reduction in support/care provided. If the average cost of the current 35 residential care costs can be reduced to £550 per week, there would be a saving of approximately £540,000 per year. The new step-down service is already providing move through for eight people, but these will be replaced by others who are waiting for the funding for a spot-purchased placement.

9.12. In order to deliver this, the PCT needs to commission a further intensively supported scheme such as Rowan House, possibly a specialist Asbergers scheme and further step-down units. The first step would be a thorough assessment of all current placements to establish the nature of the services that would be required to enable people placed in residential care to move into a supported-living scheme and it is important to recognise that there will always be some people with very specialist needs who will be placed out-of-county. However, the aim should be to keep these to a minimum.
Table 10: Current average costs for supported housing are calculated below – the average unit cost is derived from the total cost for the category, divided by the total units and converted to a weekly figure.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Type</th>
<th>Units</th>
<th>SP Funding</th>
<th>Pooled Fund</th>
<th>Total cost</th>
<th>Av unit weekly cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>High support services – 24-hour cover with either waking (24hr W) or sleeping cover at night (24hr S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rowan House</td>
<td>24hr W</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morrell Crescent (Littlemore)</td>
<td>24hr W</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Gabriels</td>
<td>24hr W</td>
<td>10</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Simon House</td>
<td>24hr W</td>
<td>6</td>
<td></td>
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<tr>
<td>High support totals</td>
<td></td>
<td>73</td>
<td></td>
<td></td>
<td>416.35</td>
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<tr>
<td>Palm Court</td>
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<td>Rectory Road</td>
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<td>Temple Cowley Project</td>
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<td>Garden House</td>
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<td>Mind Houses Service</td>
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<td>Kate Turnbull House</td>
<td>DT&amp;E</td>
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<td>Henley Mental Health Service</td>
<td>DT&amp;E</td>
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<tr>
<td>Supported Housing - Mental Health</td>
<td>DT&amp;E</td>
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<tr>
<td>Hedgerows &amp; Bramlings</td>
<td>DT&amp;E</td>
<td>11</td>
<td></td>
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<td></td>
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<tr>
<td>Medium support totals</td>
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<td>102</td>
<td></td>
<td></td>
<td>196.50</td>
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<tr>
<td>Scrutton close</td>
<td>24hr S</td>
<td>14</td>
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</tr>
<tr>
<td>St Michaels Street</td>
<td>DT&amp;E</td>
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<tr>
<td>Grove House</td>
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<td>Very long term services totals</td>
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<td>236.17</td>
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<tr>
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<tr>
<td>South Cherwell Supported Housing Scheme</td>
<td>V</td>
<td>8</td>
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<tr>
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<td>V</td>
<td>4</td>
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<tr>
<td>The Elmore Team</td>
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<tr>
<td>Supported Housing - Mental Health</td>
<td>V</td>
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<td></td>
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<td>611,228</td>
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9.13. Separately commissioning services from different budgets brings a number of difficulties:

- A tendency for each funding body to work separately and therefore there is no complete overview of the sector as whole assessing the overall performance against a single set of criteria
- Services being established to meet different criteria depending on the funding stream, so similar services can work to different requirements depending on where the funding comes from
- Where funding is restricted, each funding body funds the proportion it can afford, rather than a clear split of responsibilities that reflects the aims of the funding body
- The criteria of one funding body not always meeting the identified need. For example, at the moment there are services which are funded through SP but topped by the pooled fund in order to deliver key elements that SP does not fund.
- A difficulty in looking at value for money across all the available funding and in particular a difficulty in assessing the value of topping-up a service funded in the main by another body
- Where funding is reducing, a risk that the different funding bodies focus on the demands of their own budgets rather than the overall picture
- Providers having to meet different monitoring requirements depending on the funding source and for joint-funded services, there often being two sets of criteria

9.14. There are some difficulties in bringing the funding streams together, especially since Supporting People teams generally are concerned about statutory services taking over SP-funding with the removal of ring fence and the broader remit of Supporting People being lost. Given the shortage of funding in Oxfordshire, closer commissioning would be dependent on agreeing a way forward that ensured that the objectives of all funding streams were given sufficient priority.

9.15. It is, however, our recommendation that services should be jointly funded from a combined budget. There would be a total pot of £4,641,000 (£2,771,000 from the pooled budget and £1,870,000 from Supporting People which includes the 15% reduction), from which to fund care/nursing placements, supported housing, floating support and care at home for people with mental health problems.

9.16. The number of places required in Oxfordshire will be determined by a combination of the number of people needing specific types of services and the length of stay. Stakeholders have expressed concern that there is insufficient emphasis on recovery. If clients moved more quickly through services then demand would be lower.

9.17. On the basis of the indicative need figures estimated in paras 7.34 and 7.35, and the average costs set out in section 9, it would be possible to commission the services set out in table 11.
9.18. This is an illustration and it is likely that savings would be achieved through tendering. The number of high support units is lower than the current total and the number of transitional units is higher reflecting concerns that there has been insufficient emphasis on recovery and there is a greater need for step down services.

Table 11 Indicative service numbers and costs

<table>
<thead>
<tr>
<th>Units</th>
<th>Average Cost</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>High support</td>
<td>95</td>
<td>450</td>
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<tr>
<td>Transitional</td>
<td>126</td>
<td>197</td>
</tr>
<tr>
<td>Long term</td>
<td>31</td>
<td>236</td>
</tr>
<tr>
<td>Floating</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Total spend</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9.19. The total accommodation-based units would be 252 which is an increase of 11 over the total number of residential care places, plus high- to medium-supported housing, with approximately £247000 left in the budget. A saving of approximately £100,000 is assumed for the floating support budget, to take account of the capacity for economy outlined below.

9.20. Some of the current high support services – Rowan House and Morrell Crescent – are large and provide economy of scale. If new services are smaller, unit costs may be higher. However, the average for residential care services from the comparator authorities are at £700 per week or lower for eight out of 14 authorities and the figure of £700 includes housing costs eligible for housing benefit in supported housing. Therefore the £550 per week unit cost is not assuming very significant cost reductions compared with current costs in more than half the comparator authorities.

9.21. The need identified in paragraph 8.7 for 16 people in the low secure unit and the assertive out reach unit to move on may deliver savings to other budgets which could be channelled into the housing budget.

Re-commissioning floating/visiting support

9.22. There are a number of small services that are dispersed or small groups of self-contained flats with visiting support. Many service users are reported not to need the level of support available but there is currently no mechanism for re-allocating the hours of support no longer required. It is perverse to move people on from one self-contained flat to another, when they no longer need the support; it would be far less disruptive if the support were simply re-allocated in part or in total to another person who was moved on from supported housing to an independent flat, or already living independently and in need of support.

9.23. In order for this to happen, the visiting support services should be re-commissioned as part of a wider floating support service. The support hours that the service users do not need can either be used to generate savings or be re-allocated to other users. This could either be as a specialist floating support service or an extension of the generic services in the rural districts, depending on the most practical way forward.
9.24. The first stage in this exercise would be to carry out a needs assessment of all service users currently in the visiting support services. This should be carried out as a joint exercise with the service user. The result of this will indicate how many support hours are required for existing service users, with the rest being either re-allocated or generating savings. The service can then be tendered on the basis of this decision.

9.25. There is now a number of floating support services working across the county with the recent addition of the Connections service (CARS), funded by the pooled budget. These services should be revisited in conjunction with the results of the needs assessment of people in visiting-support services, to ensure that floating support services meet the following requirements across all the districts:

- Supporting move-on into any housing sector for a period beyond two years if necessary
- Supporting homelessness prevention (again, for longer than two years, if necessary)
- Providing intensive support to chaotic people to support the district councils in preventing homelessness or discharging their housing duty
- Providing additional services beyond SP-eligibility, where this will have an impact on the service users’ ability to maintain independent living
- Providing short-term support for specific issues, such as moving home

9.26. Remodelling floating support on the basis outlined above would provide an early opportunity to make savings on the SP budget, if implemented in advance of the other re-commissioning of services. However, there may be an issue with support delivered to properties owned by Response, as the rent for these properties is above the level usually covered by Housing Benefit because the landlord is providing support. Before proceeding, it will be necessary to clarify the rent position with the relevant Housing Benefit department.

Key points

- Overall funding is reducing because the Supporting People budget is subject to cuts.
- The most pressing issue is getting the pooled budget under control and a key factor in this is the cost of the Asbergers placements
- Better control of expenditure would be achieved if more services were commissioned within the county, enabling specification of services to meet local needs and a stronger relationship with the provider.
- The Supporting People Programme introduced processes for a regular review of value for money, which could usefully be applied more widely.
- Separate commissioning by different bodies is not the most effective use of the funding.
Small contracts for visiting support are not flexible enough to deal with the reducing need of some clients, as it is not easy within these contracts to move the support to other people.

It is questionable whether people living in dispersed independent flats should have to move-on once they no longer need support.

Risks

If costs within the pooled budget cannot be reduced, it will be difficult to deliver on any of the objectives set out in section 4, as it is essential to release funding for additional services to generate enough places and good move-through.

If the budgets cannot be brought together, resources will be diverted to demarcating boundaries between funding streams and developing a jigsaw of services funded through the different bodies. Different contract monitoring arrangements are likely to continue.

However, there is also a risk in the long term that a combined budget under financial pressure becomes solely focussed on people to whom there is statutory duty to deliver a service and the wider preventative SP remit is lost.
10. Access to services and move-on

10.1. Access to registered care and Rowan House is managed through a panel run by the OBMH.

10.2. Access to accommodation-based supported housing services is un-co-ordinated and further complicated by the location of the majority of services in the city. Referrers and individual applicants must contact the providers to locate a vacancy and knowledge of the provision is important in identifying opportunities. Until recently, individual referrals were required for each provider. However, a common referral form has recently been introduced and this can now be sent to all providers. As this is a fairly recent introduction, it is not yet possible to assess how much it has improved the process and there is some concern amongst providers that it may increase the number of rejections from clients, if they are on the waiting list for more than one provider.

10.3. Carers have also reported difficulties in navigating the referral process and complain about a lack of transparency when referrals are rejected. One third of the service users who responded to this question in the survey said it was difficult to find out about services.

10.4. For CMHT teams, locating a place for a client is time-consuming and depends on knowledge of local services. For the teams working outside of the city, knowledge of the services is less good, making the task more complicated. There is no central point for collating information on vacancies and there is no mechanism for prioritising between referrals, although Response does have a panel for considering referrals to its vacancies.

10.5. As a result of this, the six high-support places at Simon House have proved difficult to fill because they are not well known, despite very considerable pressure on services elsewhere.

10.6. Until recently, a CPA requirement for many services meant that people with dual diagnosis were excluded. Although this is no longer the case in general, the Elmore team report that referrers may decide not to refer on the assumption that the referral will be rejected.

10.7. There is movement between services as needs change and providers report that this works well.

10.8. The lack of a managed referral system means that the data on unmet need in Oxfordshire is poor. A single referral point enables good quality data to be gathered both on the number successfully housed and for those whom it is difficult to find an appropriate service. A managed referral route would also enable the county to monitor out-of-county referrals to supported housing through forensic services and seek payment for these. The Forensic Service team would welcome this approach.

10.9. Access to floating support has not been identified as problematic once the service is known about.
10.10. It is important to improve the current access arrangements for housing with support which cause considerable difficulties for referrers. The key to this is introducing a managed referral process. The elements of such a process are:

- a central point for receiving both referrals and notification of vacancies, including movement between services
- clear criteria on the needs that can be met at each service
- a process for assessing the referrals against agreed priorities and making referrals to vacancies on this basis.
- a speedy process that avoids increasing voids in services and enables timely move through
- an opportunity for providers to carry out their own assessment as there will be times when a client meets the criteria for a service but the referral would unbalance the scheme
- a transparent process for rejecting referrals with an assumption that the first step is to look at additional support arrangements to make a placement work.

10.11. Many counties do this through a panel at each district council which often manages referrals to all supported housing. In Oxfordshire, only West Oxfordshire has a panel system. For mental health services, there would be some difficulties with this as almost all the high support services are currently located in the city making it difficult for the rural districts to influence access. Whilst there is scope for some more equitable distribution of services, it is unlikely that there will be high-support services located in each rural district.

10.12. An alternative arrangement is a central administrative point for the notification of vacancies and referrals with dedicated staff matching referrals to vacancies. Dedicated staff can develop good relationships with providers and referrers and an excellent understanding of the different services available, generating confidence amongst all parties. The location of such a services will be important in order that maintain good relationships and be seen as impartial which is fundamental for long term trust of the system..

10.13. In order for such an arrangement to work, it would need ‘buy in’ from all parties, including district councils, and would therefore need to be set up through a process that took account of the different stakeholders' requirements. District councils tend to be concerned with people who do not meet the CPA threshold and Supporting People funding covers non-statutory needs, therefore the threshold of need should extend beyond CPA.

10.14. The access route could be managed by one of the statutory services or commissioned from an external provider. An external provider might appear more neutral than a statutory agency.

**Move-on from services**

10.15. Move-on is mixed; providers are very positive about the impact of choice-based lettings, particularly in the city and Cherwell. A sub-regional choice-based letting system is currently being introduced and applicants will receive band 2 (the second-highest), which can be applied across all the member districts. West Oxfordshire does not operate choice-based lettings but providers indicate that move-on is usually achieved within three months of application.
10.16. Choice-based lettings is very useful in enabling service users to avoid some of the problems identified in a meeting with service users on 2nd July (see section 11) and is reported by providers to have significantly improved move-on. The awarding of band 2 to move-on applicants in the sub-regional scheme will continue to generate move-on into locations where there is sufficient appropriate social housing.

10.17. However, in the rural districts there are areas with a very limited supply of social housing, making it very difficult for service users seeking to move into these areas to move-on successfully. Some of the self-contained properties are also regarded as very desirable, providing very little incentive for service users to move. In the city, providers report some reluctance on the part of service users to bid for flats on estates and this is confirmed by service users who have reported difficulties with anti-social behaviour in some areas of social housing. There is a higher percentage of shared accommodation in supported-housing in Oxford city, which provides a greater incentive to move on.

10.18. In the rural districts, up to half the accommodation is occupied by people who are ready to move-on and this seriously exacerbates the difficulty in placing people. There is less of a problem in the city and Mind, in particular, has been very successful in moving people through their services. Overall 27 people out of 169 in medium- to low-support accommodation places are identified as being ready to move on, which is 18%.

10.19. The through-put data from the Supporting People reviews shows that the Mind and Stonham services in the City have had considerable success in moving people through their services, with between a third and two-thirds moving through in the last two years. Other services have been less successful and the classification as long term means that through-put data is not always available. The data is not available for the pooled budget funded services.

10.20. Although all the district councils support the use of the private rented sector to prevent homelessness through the use of rent deposit schemes, the payment of fees in some cases, and linking up with floating support, there is no co-ordinated approach to moving people on into the PRS. A number of stakeholders also expressed the view that the short-term nature of the floating support services available meant that some people would be at risk of tenancy failure over a period of time. Some stakeholders have expressed concern that the short-term nature of the assured short-hold tenancy available in the private sector and the high rents charged in much of the district limit the supply of private rented accommodation that can be funded through housing benefit. Response has managed to lease properties from private landlords to support move-on into the private sector.

10.21. Advance run a shared-ownership scheme, which enables people to part-buy/part-rent, using an interest-only mortgage funded through income support and housing benefit to cover the rent, which includes repairs. Support is provided by Advance or another local provider. The applicant needs to have access to £3,000 for fees and, as the finance is dependent on Income Support, it is not appropriate for people who expect to work in the longer term. This scheme is currently not widely promoted, as there is more than sufficient
demand through word of mouth. There is scope for much greater use of this approach, with additional funding from the HCA.

10.22. Improving move-on in the future will involve a number of strategies, including Choice-based Lettings in the social housing sector. There will continue to be shortage of social housing in some areas and, in others the available supply is not desirable for people with mental health problems. Move-on strategies will continue to require improved use of all sectors.

10.23. The private rented sector is a clear alternative but it is important that some of the bad experiences of service users are avoided. There is a range of useful initiatives across the county and the following would further improve the options:
- Building a relationship with landlords who are willing to provide accommodation to this client group, when support is provided to the service user
- Ensuring that floating support is available to all service users who move into the private sector
- Putting in place assistance for people whose private rented accommodation is inadequate, to help them find an alternative home
- Continuing to provide rent deposits and other grants or bonds to underpin access to this sector

10.24. It may be appropriate to commission a provider to work with private sector landlords and support tenants to improve access to the sector.

10.25. Increasing the funding for the Advance shared-ownership scheme and advertising this more widely would generate real choice for people for whom this is the right scheme. The district councils should work with Advance to secure additional funding from the HCA. Floating support and care packages will be required for people using this scheme.

10.26. In order to make the most of move-on opportunities, it is important that high-quality housing options work is undertaken with the service users. For each person, it will be important to establish whether there is reasonable chance of suitable social housing becoming available and if not, identifying whether the best option is the private rented sector, shared ownership or choosing a different area. Providers should develop a good knowledge of local options to support their clients, and service users’ expectations should be carefully managed right from the start.

### Key points

- Accessing supported-housing services is very time-consuming as there is no managed route and success is dependent on knowledge of services and identifying vacancies individually.
- The introduction of choice-based lettings has improved move-on into social housing where it is operated.
- There are areas in the rural districts where there is very little social housing, and in the city, people are reluctant to move on to estates. This
means that alternatives to social housing are important, such as the private rented sector.

- The Advance shared-ownership scheme is highly recommended.
- The housing options service in the district councils is important in helping service users make the right choice and supporting providers in understanding the options open to their clients.

Risks

- If the access to services is not improved, there will continue to be a lack of transparency about whom can access services, which undermines a joint approach. CMHT teams and others responsible for referring clients will continue to have to allocate resources to the search for placements.
- Failure to improve move-on from services across the board will impact on meeting objectives on improving recovery, will reduce value for money, as people who do not need a service continue to receive it, and will result in a shortage of places as vacancies are not created.
- There is also a risk that a centralised managed referral process leaves some stakeholders feeling that their requirements are not being met and this results in a lack of co-operation.
11. Service user and carer views

Service user views

11.1. Service user views have been gathered through both a survey and a discussion with a group of service users.

11.2. There were 17 responses to the survey – 12 lived in supported housing, two in shared housing and three in independent flats.

11.3. The survey showed that the majority of service users considered that they received the right level of support. However 47% wanted more help with finding training and work, 35% wanted more support with shopping and cooking, 29% wanted more help with cleaning and the same proportion wanted more help with their social life and finding someone to talk to.

11.4. However, seven (41%) said that their accommodation was not right and gave a variety of reasons, including needing less support, wanting to live in independent accommodation and being overcrowded.

11.5. Most people wanted to move into an independent flat in the long term, and just under half (eight out of 17) wanted to live in the city.

11.6. Just under half (eight) said it had been easy to find accommodation, and five (29%) had difficulties finding out what was available. Thirteen (76%) said that they received the right amount of support.

11.7. The group meeting identified a number of problems experienced by service users. Several had had problems with anti-social behaviour when placed in social housing, but it is likely that this problem will be reduced through choice-based lettings as there is the option not to bid for properties located where anti-social behaviour might be an issue. Tenants in the private sector experienced difficulty in finding good-quality accommodation and one service user reported being moved frequently by his landlord.

11.8. A service user had experienced racist bullying in a homeless hostel and had other concerns about being the only person from a BME background in shared accommodation.

11.9. There were numerous reports of difficulties in finding information and getting support. Concerns expressed included the following:

- A lack of information and a central point for getting it — there is a survival guide available but it is not always up-to-date and the supply runs out
- Lack of support for moving home
- Lack of support for managing a mutual exchange
- Lack of support with anti-social neighbours
- Difficulty in getting information when unwell
- Difficulty in getting information when you don’t know what the right question is
Problems when you don’t fit into the right specification

Although people can be very vulnerable with a number of serious difficulties, they are not offered support because their problems do not reach the threshold of individual services.

A perception that the approach of officials is “how can we get rid of you, who can we pass you on to”

‘You can be taken off the CMHT system and not know’

‘The best source of information is other services users but the information isn’t always correct’

One person had had to take an advocate to get a satisfactory response from homelessness services

Sometimes people are expected to move through the system, even if they are not ready

One person did not even know they had a Social Worker until a new one approached them after two years

One person had to pay rent on two properties when moving home, despite applying for rent to cover both

Carer views

11.10. Carers had a number of concerns:

It is extremely difficult to make a family member homeless when it has become impossible to have them at home, but the current system requires eviction.

An example was quoted of a CPN being unaware of floating support and the family needing to find out about the service.

Longer-term floating support is needed for people who may relapse or who have on-going needs.

There is a need for some domestic help which is often provided by family members because there is no alternative.

Moving home at short notice meant rent had to be paid on two properties.

It can be difficult to find accommodation close to supportive family members.

11.11. The feedback from service users and carers shows that there needs to be improvements in both the provision of information and the type of service provided, particularly accessing training and employment, — a key aspect of improving social inclusion. Although the majority of service users felt that the service they received was just right, there were significant minorities who needed more support in a number of ways.

Key points

- The majority of service users want to live in independent accommodation in the long term.
Service users want to live in a number of locations, so whilst the city is the most popular, services are also required in the rural districts.

Service users have experienced considerable difficulties with neighbours in social housing.

There were a number of circumstances in which service users felt they had been unable to access support and several areas where a substantial minority of those in receipt of support felt they needed additional help.

In the private rented sector, there can be issues with the quality of the accommodation and stability.

Carers experience considerable difficulty when they can no longer cope with someone at home because the main route to housing is through making the family member homeless.

The experience of some BME service users has been poor.

Risks

Key objectives about accessing services and social inclusion will not be achieved if the concerns outlined by service users are not addressed.

The experience of service users in the private rented sector indicates that if good quality accommodation and housing management is not achieved, efforts to increase the usage of private rented accommodation could prove difficult for service users.
12. Personalisation

12.1. Personalisation is the key direction of the Government’s Transforming Care Agenda, with the aim of providing clients with choice and control over the shape of his or her support, in the most appropriate setting.

12.2. This has implications both for the way services are run and funded. Providers will need to be much more responsive to their clients and more services will be purchased by individuals rather than commissioned by statutory agencies.

12.3. The introduction of self-directed support is one of six elements in the Oxfordshire Transforming Social Care programme. It is already being tested with new older adult clients. The client’s needs are assessed and they are advised of their budget within 48 hours. The client either draws up their own support plan or uses a broker to assist with this. The support plan is returned to the person who carried out the original assessment for sign-off and the client can either receive a direct payment or the council can purchase services on the person’s behalf. There are currently 100 people who have had their budget identified 40 of these have had their plans signed off, and of these, 30 have been implemented.

12.4. So far, everyone has used a broker to set up the support plan and external brokers have proved much more imaginative than internal brokers.

12.5. The aim is to roll out self-directed support to all eligible social care clients by March 2011. At the moment, the Resource Allocation System (RAS) is designed for social care systems but it is intended to include Supporting People funding, Continuing Care and Independent Living Fund, in the long run.

12.6. The plan for mental health services is to have the processes and procedures and training in place for the end of July but the implementation will be dependent on having funding available.

12.7. There are considerable implications for housing and support services. Clients needing accommodation with support will have an option to purchase services in independent accommodation or purchase a place in an existing scheme. In the main, where 24-hour support or daytime cover is needed, the funding will be insufficient for the client to purchase their own service and they will need to purchase a place in existing service. For some, it may be possible to club together to purchase a service, but in the main, this will operate through existing provision. However, the clients may not wish to purchase the full provision from the existing provider. Providers will need to establish the minimum basic service that needs to be funded to make the core provision viable and offer other services at an additional cost.

12.8. There will potentially be considerable impact from the introduction of individual budgets. Prior to tendering for services, it will important to develop an approach that will work with self-directed support. For services with an on-site staff presence, the service will need to be split into a core service, which must be funded in order for the minimum staffing level and essential services to be viable. A range of optional services will be available, which the service user may or may not purchase from the provider. Work will also be needed
on identifying any additional services (and the providers of these services) that users will want to purchase, once they have the flexibility.

12.9. For floating-support service users there is possibility of considerably greater creativity in the make-up of services, and providers will need to be able to meet the demand.

12.10. The commissioners will need to start working on this with providers in the near future.

**Key points**

- Personalisation will have an impact on how services are commissioned and provided.
- Work on this must start soon to ensure that providers and commissioners have thought through the implications and that the new ways of working are being developed
13. Recommendations

13.1. Oxfordshire should introduce a framework, setting out the principles, aims and objectives of the approach to housing for people with mental health problems, with a clear emphasis on recovery. The framework should be drawn up with the full range of stakeholders, including forensic services, Supporting People team and district councils. Key elements of the framework should be:

- Who is to be covered – this should include people with Asperger’s, and people who are not on CPA, but to whom a statutory duty is owed, as well as people who are deemed to be priority homeless because of their mental ill-health to meet the objectives of stakeholders such as the SP team and district councils
- Key aims including recovery and moving people into an independent setting wherever possible
- Roles and responsibilities including a clear responsibility for the CMHTs in supporting their clients move through the pathway and a focus on outcomes for clients based on progress towards independent living
- An emphasis on starting to work on housing needs at the point of admission to hospital
- A clear understanding that housing is central to recovery and that it an issue that should be treated with importance when assessing a clients needs
- Linking the issue of mental health to the prioritising of mental health issues set out in the report of the Director of Public Health 2009

13.2. As part of the framework, there should be a clear pathway, starting with hospital admission and, again, focussing on recovery and meeting the desire of the majority of service users to live independently. Key elements of the pathway should be:

- The principle that everyone should live in the least restrictive setting possible
- An expectation that the majority of people will move through the pathway to live in an independent setting
- A better geographic spread of services
- A greater focus on access to work and training
- Stages based on the Camden approach, but with a clear aim to limit the use of residential care and replace this with intensive supported housing:
  - Residential and nursing care
  - Intensive supported housing – designed to be an alternative to residential care, intensive support available 24 hours a day.
  - Transitional supported housing – designed to provide a bridge between more intensive services and independent living, with a service in each district
  - Floating support for people living in independent flats, both short and long term
  - Long-term supported housing for people who will not be able to make the transition to independent living
  - Extra care housing for people who need care services onsite and access to sheltered housing either mainstream or specialised as people age.
13.3. All services should be re-commissioned against the criteria set out in the framework and pathway. Opportunities for remodelling sheltered housing should be explored for any new accommodation based services as part of the options appraisal process for sheltered accommodation under review. The aim should be to commission local services and very significantly reduce the need for spot purchased placements.

13.4. The funding sources for housing and support services should be pooled to maximise efficiency. The Supporting People contribution to the pool can be calculated to ensure that the required savings for the programme are generated. Any savings generated through the provision of services to enable people to move on from their current setting should be clearly identified for use by the mental health commissioners with responsibility for the mental health pooled budget.

13.5. All visiting support services should be transferred to floating support services to generate greater flexibility and this could also be used to generate early savings if necessary. The needs of existing services users should continue to be met.

13.6. Work should be carried out in the short term to address the lack of needs information by auditing/assessing needs of the following:
   - All patients on acute wards to identify not just how many are currently waiting for places but also how many other patients have a housing issues of any sort that will need to be resolved before they can leave hospital
   - Patients in other units who have been identified as ready to move into an alternative setting
   - All registered care placements to assess how many can be expected to move into supported housing in the near future (this is currently underway)
   - Identified pipeline need from forensic services
   - The needs of Asbergers clients
   - People in high support services ready to move into lower support

13.7. Secondly, in order to assess ongoing need rather than the current backlog an audit of the number of people coming through the CMHTs and needing registered care or supported housing would provide indicative figures on an annual basis.

13.8. Oxfordshire should take greater ownership of the needs of people with Asbergers who meet the critical and substantial criteria of FACS (fair access to charging for services) and should develop a strategic approach to meeting their needs, with the aim of either developing specific local services or making use of existing services. The first element of this should be a review of the needs of the placements of the current clients to assess how best their needs could be met in the longer term. A second element is better joint working over the transition period to adulthood and an assessment of the needs of those people approaching transition over the next two years.

13.9. There should be much closer working with forensic services to identify and plan for Oxfordshire clients who will need services in foreseeable future and
to quantify any demands from out-of-county. A managed referral route into supported housing will provide a tool for negotiations on funding with other PCTs when clients from out-of-county are referred to Oxfordshire services (see recommendation 13.10).

13.10. A managed referral route should be developed to ensure a transparent and cost-effective way of accessing services with the aim of making the process easier and quicker for staff and clients. The development of a managed referral route will enable much better data gathering with all referrals going through a single point, enabling capture of each referral and its outcome (see paragraph 10.10).

13.11. Move-on into independent accommodation should be improved through:
- high quality housing options work by the district councils and providers
- improving access to the private sector through a specific initiative to work with private sector landlords building on the rent deposit and bond schemes currently available and linking to the provision of floating support
- increasing the number of places available on the Advance shared ownership scheme

13.12. There should be a concerted effort from support providers and the Supporting People team to work with clients who are already ready for move into independent accommodation but who are currently not moving for any reason.

13.13. There should be discussions with commissioners in Buckinghamshire, Berkshire and Milton Keynes on joint commissioning a women’s scheme which was identified as a gap in services by the forensic services.

13.14. Work should start with housing and support providers at promoting innovative thinking about how to respond to the personalisation agenda and how to work with individual budgets.

13.15. There should be joint working with the DAAT, and homelessness services to consider how best to meet the needs of chaotic homeless people. The Cherwell models of floating support for people with dual diagnosis, and the brokered support through BDHC, have both been identified as successful and could be replicated in other rural districts where the likelihood of supported housing for this client group being developed is remote.

13.16. Consideration should be given to how best to meet the needs of young people with mental health problems and whether an existing service can be redesigned to meet this need.

13.17. A protocol should be developed between CMHT teams and housing departments to avoid the need for families to threaten to evict family members who have serious mental health problems in order for them be housed elsewhere. The protocol should be actively managed and its implementation monitored on a regular basis to assess how well it is working.

13.18. The Black & Minority Ethnic Service Users Advisory Group should be involved in the development of the framework, pathway and managed referral process to ensure that the needs of BME clients are fully taken into account. There should be further work carried out to understand the experience of BME service users in supported housing and how this could be improved.
13.19. The availability of information for service users and carers should be improved. Further work carried out with service user groups to identify the best way to make information available with the aim of making information available that is appropriate for each place in the pathway and disseminated in the right way for clients at that stage.
Appendix One

Key points from provider meeting 20th May

Present:

Hazel Nicholson  SP team
Barbara Katulu  O.I.E.S
Charlotte Parker  Simon House
Sue Taylor  Oxford County Council
Jill Childs  Elmore Team
Simon Newton  Response
Anne Clarke  Mind in Oxfordshire
Samantha Robinson  OBMH
Dennis Preece  Insight
Mark Thompson  Connections
Becci Seaborne  Stonham
Patrick Taylor  Mind in Oxfordshire
John McLaughlin  Response

Referral process

What are the processes for accessing supported housing/floati ng support services for people with mental health problems?

How well do these processes work from the point of view of providers?

- Providers take referrals from a range of sources (CMHTs, GPs, Forensic services, GPs, self-referrals) and generally do not have issues with voids.

- However, Simon House has six MH spaces (were called complex needs, now called support plus) and is struggling to fill the places, as they are not well enough known and they are not getting referrals.

- The withdrawal of CPA as a requirement has improved access.

- A centralised system could put barriers in the way and be disengaging for clients.

- A webpage with vacancy information was suggested.

- Referrals are getting increasingly more complex than 5 years ago. More people are being evicted which is an issue with SP – for some people, six months is success.

- Usually, eviction is related to drug or alcohol misuse – difficult to get clinical intervention with alcohol.

- Very little support for drug and alcohol use – statutory services won’t engage with people who don’t want to stop.

- Taking people on early intervention is riskier, as the less is known about them.

Move-on
What are the processes for your service users to access move-on accommodation and how well do these work?

- There are movements between providers.
- More people are successfully using CBL.
- Accommodation in Oxford city is shared and there is an incentive. Elsewhere in the county, it is more difficult.
- In Cherwell there is very little social housing.
- Banding for CBL has to be challenged sometimes – all move-on gets band D, city has a number of move-on places for each provider – band B
- The real bottleneck is people in hospital waiting for a placement – damages progress.
- Private rented sector – generally supported but there needs to be structured support available. In Oxford city there is competition with students.
- Connections ran a service for people with drug problems – it can work well.
- Long-term support would be helpful – a call every month or two.

Rejections/additional needs

What are the reasons that are likely to lead to you rejecting a nomination?

What do you think needs to be done to improve the provision of housing and support for people with mental health problems in Oxfordshire?

- Asbergers may be an issue
- Serious drinking
- A problem not being contained
- Risk management
- Risk currently lies with the provider
- What about providing domiciliary type services particularly for older clients – monitoring diet/cleanliness?
- Not enough places for older people with physical disabilities
- Working relationships with CMHTs — sometimes these are good but not always
# Appendix two

**List of consultees**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Employer</th>
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<tbody>
<tr>
<td>Pam Brooks</td>
<td>OBMH locality manager</td>
<td>OBMH</td>
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<tr>
<td>Donna Clarke</td>
<td>Service Manager CAMHS</td>
<td>Forensic pathway</td>
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<tr>
<td>Funmi Durodola</td>
<td>Oxfordshire PCT</td>
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<tr>
<td>James Edwards</td>
<td>Oxford City Council</td>
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<tr>
<td>Kate Helsby</td>
<td>Thames Valley Forensic Mental Health Service</td>
<td>Oxbridge County Counci - Supporting People</td>
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<tr>
<td>Heather Hull</td>
<td>OBMH</td>
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<tr>
<td>Sue Lucas</td>
<td>OBMH</td>
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<tr>
<td>Dr Stephen Mason</td>
<td>OBMH</td>
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<tr>
<td>Eddie McLaughlin</td>
<td>OBMH</td>
<td>Thames Valley Forensic Mental Health Service</td>
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<tr>
<td>Elaine McNicholas</td>
<td>OBMH</td>
<td>Oxfordshire County Council - Supporting People</td>
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<tr>
<td>Hazel Nicholson</td>
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<tr>
<td>Neil Norman</td>
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<td>Andrew Ochia</td>
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<td>Anne Packman</td>
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<td>John Pearce</td>
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<tr>
<td>Simon Pitt</td>
<td>Oxford Night Shelter</td>
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<td>Kate Rees</td>
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<td>Samantha Robinson</td>
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<td>Claire Rowntree</td>
<td>Oxfordshire County Council - CYPF</td>
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<td>Lesley Sherrat</td>
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<td>Christine Taylor</td>
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<td>Helen Town</td>
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<td>Graham Whitwell</td>
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<tr>
<td>Judi Williams</td>
<td>Oxfordshire County Council - CYPF</td>
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