



INTEGRATION JOINT BOARD

Date of Meeting	9 October 2018
Report Title	Challenges Related to the Re-provision of Care in Mental Health and Substance Misuse, Focusing on the Accommodation/Housing Element
Report Number	HSCP.18.087
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Hospital/Support Pathway



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1. Purpose of the Report

- 1.1 The purpose of the report is to outline challenges related to the re-provision of care, with particular focus on the housing element, and to provide options for the IJB's approval.

2. Recommendations

- 2.1 It is recommended that the Integration Joint Board:
- a) Approve re-provisioning the balance of accommodation for people with mental health and substance misuse issues from residential care to supported living services; and
 - b) Approve the ongoing exploration of all identified options in 3.4.

3. Summary of Key Information

3.1 Introduction/Background

- 3.1.1 The IJB approved the commissioning plans for Mental Health Services and one Substance Misuse residential service on 30 January 2018. There was an additional request to *"instruct the Chief Officer to ensure that the Strategic Commissioning Board presents a report to the Board which would outline challenges related to the re-provision of care, with particular focus on the housing element and to provide options for the Board's consideration"*.
- 3.1.2 The support required for people with mental health problems can be complex in nature as services cater for people with a diverse range of needs (See Appendix A for the Pathway). Most individuals using current services have significant and enduring mental illness such as Schizophrenia and Bipolar Affective Disorder. Some individuals have committed crimes and fall into the category of Mentally Disordered Offenders; some of these individuals require careful monitoring in the community. Over the past 20 years the shift from hospital to community care has been successful and different models of care and support have been developed. When individuals leave the hospital after acute spells of mental illness or longer-term illness they are supported in either residential or supported living services. Individuals may be subject to orders under the Mental Health



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(Care and Treatment) (Scotland) Act 2003 (MHA), Criminal Proceedings legislation and/or may be subject to Guardianship Orders under the Adults with Incapacity (Scotland) Act 2000.

Section 25 of the MHA places a duty on the Local Authority to ensure the provision of care and support services, this includes residential and support services. Historically, residential services have been developed following ward closures in the local psychiatric hospitals and resource transfer funding has been passed from NHS Grampian to Aberdeen City Council for the purchase of these services.

3.2 Supported Living/Residential Care, Block Funding/Spot Purchase

- 3.2.1 Supported Living is where an individual has a tenancy agreement and receives support within their own home. It does not necessarily mean they live on their own. They could live in a house of multiple occupation. Tenants are usually given Short Scottish Secure tenancies and the tenancy is linked to the support they require including that of housing support. Where an individual has a tenancy they have, in effect a legal agreement to live in that property as their own home. The tenancy can only be dissolved if one or either party defaults on the terms or if both parties agree. The amount of housing support provided will depend on the needs of the individuals living in the service. Some people require short term supported accommodation and others require longer term accommodation, some require supported accommodation in a crisis.
- 3.2.2 Residential care homes provide care and support to people of all ages in a communal living environment which can vary in size. Residents will have their own rooms. Residential Care Homes for people with mental health problems tend to be smaller in size and generally are not required to provide personal care but provide support for people to manage their mental health and support with daily living tasks to enable them to live independently.
- 3.2.3 Currently, the majority of mental health and substance misuse services are block funded, although some are spot purchased placements. There are advantages and disadvantages to both methods of purchase. Block funding is when a cost for the whole service is agreed e.g. all placements are purchased. This provides stability for providers and allows them to employ staff on a permanent basis and give their staff groups stability. This also provides stability and consistency to the client group. Costs for periods where the tenancy/accommodation is void are covered by the IJB, but these are rare. Block funding gives the IJB more control over admissions and gives Aberdeen City residents priority. Other authority areas can place clients in these services but only with our permission and the costs for these are recouped from the placing authority. Spot purchase is when individual



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placements are purchased on behalf of the person. This type of funding provides less stability for the providers and whereas it does mean that we are only paying for the places we need (although most providers will build in an element of void costs into the spot purchase rate) we would not be guaranteed the use of placements in that service and would have to compete with other authority areas.

3.3 Current Provision in Aberdeen and Challenges

- 3.3.1 In Mental Health and Substance Misuse Services all residential services and the care and the support elements in supported living services are presently commissioned from the voluntary sector. The present providers are all widely recognised and have significant experience in the provision of a recovery focused approach that is person centred in delivery. There are 5 main providers of these services in Aberdeen. These organisations provide a mix of residential and supported living services. The supported living services are all provided in blocks of tenancies rather than being dispersed tenancies. There are no houses of multiple occupation. Approximately 128 people are supported. The majority (92) are living in Care Home provision. Those with their own tenancy and receiving support are much fewer (36). The current capacity just keeps up with the demand. There are very small numbers of people waiting for these services.
- 3.3.2 The buildings where these residential and supported living services are accommodated vary in standard and accessibility as does the ownership. Some buildings where service is currently provided do not meet current requirements for Care Inspectorate registration. In some cases, providers own the properties they operate from, in other cases they rent the property from a landlord.
- 3.3.3 Individuals are either placed in residential care or they have their own tenancy. In the case of residential care, care is normally provided by the same provider as owns or leases the building. In the case of supported living, care is normally provided by the provider who owns or leases the building, but individuals can choose to have their care provided by another provider.
- 3.3.4 The combination of building ownership, tenancy and care arrangements can complicate any re-commissioning activity. Where a provider owns the property, the service is block funded, and individuals have tenancies it is very difficult to recommission this from another provider as there would have to be an agreement from the building owner to allow another provider to operate from it or another provider would have to provide another building, vacant and equipped to provide the same service which residents would have to be



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moved to. If agreement was reached for another provider to operate the service from the existing property, the building owner would have full control over the cost of renting out their property to a third party and these may not be as favourable as current costs and may make the service unaffordable for the commissioner and the business not economically viable for the provider.

3.4 Options for Future Provision

Demand for both care home and supported living remains constant and the number of people waiting is between 5-10 people at any given time. Some people are awaiting more bespoke packages of support. Demand may increase due to specialist inpatient services locally and nationally being under pressure.

Move towards more Supported Living

- 3.4.1 The models of support remain appropriate – it is important to keep a mixed model of support e.g. some Care Homes and some Supported Living services. Care Homes provide a safe environment for people with mental illness and give individuals, that are not ready to manage a tenancy, a more secure environment and in some instances a home for life or for as long as is required. Some individuals have never had this security but require this level of support. The downside for individuals is that they have less disposable income and no security of tenure. If the provider feels they can no longer meet the needs of the individual, the person can be given notice to leave. Many of the Care Homes have shared bathroom facilities and therefore do not always provide ideal levels of privacy.
- 3.4.2 With the Care Home model, people can be supported to move on when they are ready to do so. This provides the necessary throughput for other individuals in need/awaiting discharge from hospital to access the service.
- 3.4.3 Going forward the balance between Care Home provision and Supported Living models requires to be more weighted towards the Supported Living model because as many individuals as possible should be afforded the opportunity of having their own tenancy if they are able to so.
- 3.4.4 Most of the Supported Living services give individuals the opportunity to have their own tenancy. This allows them to access Housing Benefit to cover the cost of their rent and generally gives them much more disposable income. This can be both positive and negative for individuals. Some are not ready to manage their income, budgeting etc and often require a lot of support to do this. Once individuals have a tenancy particularly in supported living block, it is often difficult to move them on when they no longer require the



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level of support that is provided on site. This then blocks a placement for another individual requiring the service.

- 3.4.5 There are challenges of changing from a model of Residential Care Home to one of a Supported Living service. Options for one service have been considered over a number of years: Work has been ongoing with colleagues in Housing Strategy and Registered Social Landlords to identify potential sites for redevelopment. This work, however, is currently stalled due to the availability of land, affordability and suitable sites. Registered Social Landlords (RSLs) are more than willing to work with the IJB to provide housing to people with special needs but the process can be very challenging and lengthy. Once successful, the Council's Housing Strategy Team can then access grants from the Scottish Government for adaptations to meet needs which includes telecare.

Collaborative Working with Providers for New or Redesigned Provision

- 3.4.6 The following are examples of what is being worked on, but options can be considered from any provider who has the will and the opportunity to offer solutions.
- 3.4.7 One provider is presently seeking to re-provision services on a new site in the City. Planning permission for a new build site has been acquired and fund raising has begun. The service will provide a Supported Living service and support will be available to tenants 24 hours per day. The Provider is looking for reassurance that ACHSCP will continue to commission services from them in the future. It is envisaged that people residing at the current will be supported to move into their own tenancy and supported by the new supported living service in the future.
- 3.4.8 Some providers also have land at their established properties and they would be interested in providing purpose-built accommodation and support to a few Aberdeen City residents who are presently in NHS facilities outwith Aberdeen City who are waiting for placements in the community. It is recommended that these options are explored.
- 3.4.9 In other areas in the City providers are looking at their business models for services such as very sheltered housing and considering changing their registration to provide these services to under 65s. There have been long term vacancies in some of these services. This means that some people with mental health problems could access tenancies in these services. Considering a mixed client group e.g. Mental Health, Learning Disability, Older People model in the future is an option for future consideration.



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Use of Sheltered Housing as a Model

3.4.10 The very sheltered housing model suits many people with mental health problems and with long term alcohol misuse and is the type of service we are trying to develop to replace some of our current services. This gives the individuals the opportunity to have their own tenancy and all the benefits that this brings but where there is support on site 24/7. It also allows for meals to be provided on site which is so important for some people in this client group who in some instances would be unable to manage this themselves even with support in their own tenancies.

IJB led Initiatives

3.4.11 The IJB could consider investing in commissioning property/land or ask one of the partners to do this on their behalf and become the provider of accommodation for such services. Aberdeen City Council and NHS Grampian may have sites for development of new build accommodation or buildings that could be adapted. Work with our colleagues in ACC Asset Management and Strategic Place Planning and NHSG Infrastructure could be undertaken to identify options and develop proposals.

3.4.12 In 2014, the Council published a Request for Information (RFI) on the Public Contracts Scotland website seeking housing providers who may be able to provide suitable accommodation from which to run Supported Living/Care Homes services in Aberdeen City. The purpose of the RFI was to establish whether there was an existing or soon to be completed property that a Landlord would be willing to rent for the Council's purposes or if a developer would be willing to build a new or convert an existing property for this purpose as well as establishing potential costs. No interest was registered in providing such a property. This is an option that could be tried again in the future.

4. Implications for IJB

4.1 Equalities

The report is for the Board's consideration only and the recommendations in this report should have no implications for service users with protected characteristics, protected by The Equality Act 2010. It has not been deemed necessary to carry out an EHRIA.



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4.2 Fairer Scotland Duty

If the Board were to agree that the balance of provision should move from a Care Home model to more supported living model of provision, then this would reduce inequalities of outcome which result from socio-economic disadvantage.

4.3 Financial

There are no direct financial implications arising from the recommendations of this report at this stage. If the IJB were to support changing the balance to a supported living model, the change is likely to be very gradual and each service would be costed out as they were re-provisioned. Past experience has demonstrated that changing the model of support does not necessarily result in any budget savings and the ideal is to strive to provide services within the same budget however this cannot be guaranteed and depends on the acquisition of suitable accommodation, the amount of benefits the client can claim e.g. housing benefit and the charges that can be levied on the client for the provision of care.

If the Board were to explore options of funding the purchase of land and property in the future this would clearly have major financial implications.

4.4 Legal

There are no legal implications directly related to the options to be explored in 3.4 but any commissioning approach should comply with the Scottish Procurement legislation and Aberdeen City Council's Procurement Regulations.

5. Links to ACHSCP Strategic Plan

- 5.1 Develop a consistent person-centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community
- 5.2 Support and improve the health, wellbeing and quality of life of our local population.



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5.3 Promote and support self-management and independence for individuals for as long as reasonably possible.

6. Management of Risk

6.1 Identified risks and links to operational risk register

6.1.1 **Market Failure:** If one of the large Providers were to withdraw this would significantly impact on the Partnerships' ability to provide services.

6.1.2 **Finance Failure:** There is financial uncertainty for all public services going forward in terms of future financial settlements and therefore the sustainability of the services presently provided. Demand is outstripping the available budget.

6.1.3 **Reputational Damage:** If the Partnership do not progress with ensuring that people can access good quality care and accommodation that meets individual's needs, this may lead to market failure and be in breach of statutory duties.

6.1.4 **Failure to meet Performance Standards:** If accommodation is not fit for purpose this will impact on the quality of life of the individuals requiring care and support and will eventually not meet the Care Inspectorate's requirements for registration.

The likelihood of this occurring is low as work is ongoing however it is difficult to control and time the acquisition of suitable development sites.

6.2 How might the content of this report impact or mitigate these risks:

6.2.1 Market Failure and Current Providers: Creation of capacity and capability to manage and facilitate the market by communication about the requirements of the client group and working with Providers to invest in assets and models of support that will benefit the client group. **Risk rating: Medium**



6.2.2 Continue to work with Housing providers and other areas of the Council to invest in accommodation to meet the needs of the client group. The timing of this is difficult to control. **Risk rating: Medium**

6.2.3 Financial Failure: Consider all models of support and changes in the way services are provided to optimise efficiency so demand can still be met. **Risk rating: Medium**



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6.2.4 Performance Standards: Ensure that the re-provisioning of services allows for services to be provided in good quality accommodation which does not compromise individual's recovery and meets the requirement of the Inspectorate and the IJB. **Risk rating: Medium**

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)