Annex B: Vulnerable Adult Groups - Learning Disability, Physical Disability and Sensory Impairment and Mental Health

Introduction

This Annex looks at the housing and support needs of vulnerable adult groups in Barnsley:

- B1: People with a learning disability (pages 2-18; and Appendix B1: pages 48 ï 63)
- B2: Adults with a physical disability or sensory impairment (older people are covered in Annex A) (pages 19-27; and Appendix B2: pages 64-69)
- B3: People with a mental health problem (pages 28 ï 47; and Appendix B3: pages 70-87)

The context for this section is:

- A more integrated commissioning approach across all adult groups, and linking them to commissioning for older people
- Promoting greater choice and control and independent living solutions
- Continued pressure on Council and NHS budgets that sometimes make it hard to reconcile individual choice and the cost of providing care and support in independent settings for people at the higher end of the needs spectrum
- A continued push from central government to reduce long-stay hospital, institutional provision and out of borough placements ï for example the October 2015 £45m NHS funding initiative to close up to half (1300) hospital beds for people with learning disabilities or autism by April 2019, under plans drawn up in response to the Winterbourne View scandal and to improve community based provision and support

There are 3 sets of Appendices which follow the same numbering as the client groups in this Annex. All figure numbers referred to are included in the Appendices if they are not in the Annex itself.

1. Learning Disability

1. Introduction and local context

This section looks at the housing and support needs of people with a learning disability. It should be read alongside the PDSI and mental health sections in Annex B.

The current Learning Disability Strategy for Barnsley 2012-15 highlighted:

- The growth in the number of people with a learning disability who are on an individual budget
- The growth in the number of people with a learning disability aged 60+
- One third of people with a learning disability are supported in the family home by people aged 70+

Resource pressures are from:

- Very disabled young people with a learning disability living longer
- People with learning disabilities living with older carers

The strategic direction aims to:

- Promote personalisation and choice
- Commission via self directed support

The action plan includes:

- Personalisation
- Day services
- Better health and access to mainstream healthcare
- Improving peopleôs housing situation

Key aims in relation to accommodation include:

- Extending the shared lives scheme
- Lowering the use of residential care
- Setting up a purpose built respite care unit ï The Brambles Unit
- Promoting the use of assistive technology for people with a learning disability

- Increasing the use of telecare in supported living in order to reduce the need for overnight staff cover

2. What is working well in housing and support services and systems for people with a learning disability

Feedback from the stakeholder workshop on 12 May and discussions with stakeholders indicated a number of positives in relation to housing and housing support for people with a learning disability in Barnsley. These included:

- The Council has a very clear vision and strategic direction about where it wants to take accommodation and support for people with a learning disability living in Barnsley
- Responsive provision of adaptations by Berneslai Homes (funded via HRA) ï much shorter response times than DFG funded adaptations
- The social work teams and Support providers work well with Berneslai Homes in terms of rehousing
- Good and growing use of ILAH assistive technology services for people with a learning disability
- Success in reducing the number of out of borough placements (now 50)
- Reduction in the number of high cost placements
- Progress with reshaping Supported Living through the Supported Living Review
- Provision of more purpose built, self contained housing for people in Supported Living

Feedback from the Supported Living service user and carer consultation event on 27 April that we attended also highlighted:

- Most people in Supported Living attending the event felt that they do have greater choice and control in their lives than in 2012, when the previous consultation event had taken place
- People were generally happy with the support they receive from their support workers

3. Adult Social care performance data and care management data on people with learning disabilities

The Appendix for Annex B shows Department of Health NASCIS data (Figures 1 and 2) for adult social care spend on people with a learning disability. Figures 3 ï 15 show findings from the Councilôs adult social care database on people with a learning disability in care or nursing home placements and in the community. A summary of the key findings is provided below.

For adults with a learning disability, Barnsley:

- Department of Health NASCIS data for adult social care shows that Barnsley spends a below average %age of its budget on long-term residential and nursing home care, and an above average %age of its budget on day and domiciliary care than its comparator group of local authorities and the England average
- Of the 633 people on the adult social care database with a learning disability:
  - Only 115 people (18%) are in care or nursing home placements, whereas 518 people (82%) are receiving community based services
  - Of those in a community placement 9.5% are aged 65+ and this will present issues in relation to supporting people who are ageing as well as have a learning disability
  - In terms of accommodation and tenure, for around a third of people the accommodation type is not recorded and for 63.1% the tenure is not recorded. Where the accommodation type is known, 126 people are in supported living, 92 are owner occupiers, 79 social renting and 20 private renting
  - Less than 10% of people with a learning disability in the community are living alone
  - 189 are receiving home care and 183 day care
  - 170 people are on direct payments
  - Of the 115 people living in care homes over 90% are in residential care and less than 10% in nursing homes. Around three quarters are under 65 and a quarter aged 65+. 9.5% have lived in a care home for over 10 years

- Housing support client record data for 2014-15 shows that only 2.5% (8 people) receiving a housing related support (HRS) funded service have a learning disability

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

The only accommodation-based service for people with a learning disability (excluding Supported Living and Shared Lives) is the High Street, which houses 9 people. We have shown this service in the mental health section of the report because at present almost all residents living there have a mental health problem rather than a learning disability. This service is therefore under-used by learning disability social workers.

Supported Living

The total supply of supported living accommodation by Area Council area is provided in Figure 16 below. There is a total of 178 places but, as is shown, they are very unevenly spread across the 6 areas. Appendix 5 of the main report provides a list of every supported living property and the number of places it provides. Appendix 6 of the main report provides maps showing the location of all the supported living houses across the borough with individual maps for each Area Council area.

Figure 16: Supported Living Accommodation by Area Council area

Area	Total No. of Properties
Central	70
Dearne	13
North	39
North East	19
Penistone	0
South	37
TOTAL	**178**

We visited a number of Supported Living schemes run by the in-house service and by Mencap. The properties visited were:

In-house service

- Rockingham Close, Birdwell
- Oakdale Close, Worsborough
- Blackburn Street, Worsborough
- Silver Street, Dodworth

Mencap

- Ridge House, Old Town
- Springfield Street, Central

All the accommodation we saw was good quality but, as confirmed by the learning disability commissioners, was not always appropriate in terms of its layout for people with a learning disability, depending on their needs. For example:

- Rockingham Close is a purpose built 6 bed bungalow, divided into units for 2 and 4 people. It is suitable for a training bungalow but small for people with mobility problems and with a high cost of heating for people living there long-term
- Ridge House is large group home with 6 bedrooms and 2 ground floor self-contained flats. The nature of the building means that it cannot take a stair lift and the upstairs is not suitable for some older people and people with significant physical disabilities. In addition it is large for a group home where people need to be matched to ensure compatibility in terms of living in the same dwelling

In contrast a number of the schemes we saw were either purpose built ground floor disabled one or two bedroom units suitable for people with disabilities (e.g. Silver Street), or a group of existing adapted Council bungalows, again suitable for disability (e.g. Oakdale Close), or a house with self-contained individual flats (e.g. Springfield Street). Around 100 units/places still appear to be in shared housing for more than 2 people.

The Councilôs learning disability commissioners are looking to clarify the role of each dwelling going forward ï for example whether a dwelling might be most appropriate as an assessment unit (perhaps Ridge House), a training unit to equip people to move on to a more independent setting (Springfield Street), or long-term or permanent housing (Oakdale Close).

We talked with staff from both the in-house service and Mencap and were impressed with their commitment to promote choice and control and independent living. However, we felt that the in-house service was more trusted by the Council, and staff felt more empowered to support people on their housing journey (including finding suitable accommodation for the people they support) than support workers working in the independent sector. We come back to this in section 5.

Other designated accommodation – Shared Lives

There are currently 61 Shared Lives carers and 151 service users accessing the service. Of these:

- 147 have disabilities (38 long term placements, 78 short breaks and 31 day support/sessional)
- 1 service user has mental health problems and is in a long-term placement
- 2 are other adult service users, one receiving 1 short breaks, and one 1 day support/sessional

Shared Lives has recently had some investment to expand the service and has recruited 6 additional members of staff. The service has undertaken a marketing plan over the past 12 months, visiting community care teams, attending events and recruiting carers.

Learning Disability commissioners say that Shared Lives does have a role to play for some service users. It offers an alternative to living at home with parents, or a form of respite. It is often seen as an alternative to residential care. This will be entirely dependent on assessment to match a personôs support requirements to ensure that support is seen as reliable and reassuring for some individuals who may not be able to cope in other support options. It must be recognised that it is not the personôs own home, but could be a stepping-stone towards that for some people.

Residential care accommodation and placements

Barnsley has a number of residential homes that accommodate people with a learning disability. Some of these focus on learning disabilities only and others house people with a range of needs that might also include people with learning disabilities.

Details of the homes that take people with a learning disability are set out in Figure 17 in the Appendix to this Annex. There are:

- 58 places in homes that only take people with a learning disability
- A further 104 places in homes that take a range of adult groups, including people with a learning disability

We did not visit any of the care homes and are not in a position to judge their quality.

People living out of borough/out of area placements
Despite progress on moving people into the borough there are currently 50 people with a learning disability placed outside Barnsley of whom:

- 5 are in hospital
- 3 in a secure unit
- 42 in residential care

Funding
The Market Position Statement for 2014 shows that Barnsley spends £21.56m per annum on services for people with a learning disability. Around £9m is from health and £12m from the Council.

HRS

Keyring Wombwell	£34,717
Keyring Honeywell	£34,672
Lifeways	£28,670
Sun Healthcare	£66,328
High Street	£79,179 (also shown under mental health services)

Other funding

Data provided by learning disability commissioners for Barnsley Council shows other funding as:

- £29,179.67 for BMBC Supported Living service ï (no HRS funding as from 31 3 2015)
- Lifeways £246,351 ï Block Contract ï 3 properties/6 Service Users
- Sun Healthcare - £448,413 ï Block Contract ï 5 properties ï 16 Service Users
- Mencap ï 10 properties ï approx. 60 Service Users ï Spend £120,000 every 4 weeks.

In addition there are other ad hoc individual care and support packages that are not included in these figures.

5. The scale and type of unmet need

Snapshot survey
The snapshot survey - see Appendix 9 of the main report for methodology and survey form - went out to all relevant teams and service providers across the groups covered in this commission apart from services specifically for older people. The survey focused on unmet need.

None of the completed forms came directly from learning disability services. Social workers and learning disability accommodation and support services did not see people in their services as having immediate or short-term unmet need in terms of housing and support.

Nevertheless, of the 132 responses to the snapshot survey, 17 (around 13%) were people for whom the agency returning the survey identified learning disability as either the primary vulnerability (4 people) or secondary vulnerability (13 people).

14 were male and 3 female.

There was a wide age spread. The age ranges were 18-21 (5 people), 36-49 (4 people), 60+ (3 people), 50-59 (2 people), and 26-35, 16-17 and 22-25 one person each.

In terms of where they currently live or the support they receive, where this could be identified:

- 5 people with offending history in general needs housing with support from Action Housing
- 4 other people in general needs housing with floating support
- 3 people in The Forge
- 2 people in Highfield Terrace
- 2 people in T4 accommodation
- 1 person sofa surfing

The primary factors affecting peopleôs chances of resolving their housing and support needs were identified as:

- Literacy or numeracy problems (4)
- Lack of life skills (3)
- Inability to manage money (2)
- Financial problems (2).
- Long use of drugs and alcohol (1)
- Vulnerable to exploitation (1)
- Anti-social behaviour history (1)

This focus on literacy, numeracy and life skills is particular to people with learning disability in the survey as opposed to factors identified for other client groups.

For other groups in the survey, the main primary factors affecting the chances of the person resolving their housing and support needs were seen as financial problems and difficulties managing money, long use of drugs or alcohol, as well as lack of life skills, and the difficulty in accessing long term (move-on) housing.

The most common need for move-on solutions was for a move to a settled tenancy in their own area, with some needing ongoing support, and some with a need for move-on accommodation with either no support or a short period of resettlement support. Overall, however, more people were thought to need support for between 1 and 2 years than for either shorter or longer periods.

Many of the people appear to have a history of dual diagnosis or complex needs, linking mental health (and in a small number of cases learning disability) with substance misuse and in some cases other issues that hinder their ability to have stable and sustainable housing.

Analysis of people living in supported living

Figure 18 in the Appendix for this Annex uses anonymised data provided by Barnsley Council about people living in supported living provided by both BMBC and external independent sector providers. In summary the tables show:

- Level of need: BMBC in-house service housing a slightly higher level of need than external providers
- Level of learning disability: BMBC in-house service housing a slightly higher level of learning disability than external providers
- Complexity of support: a wide range in terms of complexity of support, with behaviour problems being the most common, and some overlap with mental health, and also with PDSI in terms of both physical and sensory impairment
- Support hours: a wide range of support hours provided by both in-house and external providers
- Accommodation requirements: a range of future accommodation requirements, including ordinary housing, core and cluster accommodation, Keyring, shared accommodation, Shared Lives and sheltered/extra care housing
- Adaptations: some need is also identified for adaptations to support people in a housing setting, in particular level access accommodation and facilities
- Assistive technology and telecare: the data identifies both current use of and need for assistive technology and we have confirmed with ILAH that there are good links between ILAH and learning disability services to ensure that assistive technology is put in place where it can support more independent living, such as replacing on site night cover

Issues identified by disability teams and support services and types of unmet need and gaps to be addressed

We talked with social workers from the disability teams, support workers and managers from the in-house service and Mencap, and people living in Supported Living and family carers, as well as learning disability commissioners. The main issues emerging were:

- The Council and support agencies are still going through a cultural change from ósupportingô to óempoweringôpeople with a learning disability to take control of their lives
- There is a major lack of information about the housing and tenure options for people with a learning disability that would empower service users and carers to take control of their lives and their future housing circumstances
- People with a learning disability at the consultation workshop stated that there were not enough housing options, in particular ordinary housing. They also said that it could take a long time to find the right sort of property in a location where they wanted to live
- There is a lack of clarity about who in the system has the primary responsibility to support a person with disability achieve their accommodation goal. People with a learning disability no longer have a named social worker, and support workers at the consultation event felt frustrated that they did not always feel they had the authority to support a resident to make an accommodation move happen, including working with them on finding an appropriate dwelling, making an application to the Choice Based Lettings System, and helping with the move
- Some people who have long-term tenancies are in a Supported Living dwelling that is not suitable for them. This mainly applies to people living in shared houses. There is caution in making decisions to move people who have an Assured Tenancy (rather than a shorthold tenancy) on from unsuitable Supported Living when they do not want to move
- There are particular difficulties finding suitable accommodation for people with dual diagnosis, which includes a learning disability, although the numbers are low

No-one we talked to identified the need for additional care or nursing home accommodation.

Changing the culture – greater risk taking

A key area is the relationship between commissioners, social workers and organisations providing support. Support providers we talked to have clearly bought in to an independent living philosophy giving greater choice and control to people with a learning disability. We did not find that support organisations were resistant to change, for example moving from block contracts to individual purchasing through individual budgets. However providers felt that the Council had too much of a softly softly approach. They would welcome a more explicit approach, where they are involved as strategic partners in modernising and taking forward services for people with a learning disability in the borough.

Such a relationship needs to include openness about how the Council is trying to balance its vision of independent living with the budget realities and limitations in terms of the cost of support packages it can afford, and the implications of that for the type of accommodation options that might be available and affordable to the Council in the future - for example grouping self contained accommodation to reduce care costs.

There was a wide recognition that there is not enough money in the system for everyone with a learning disability to live in their own independent housing with their own dedicated care and support team.

Alongside this there was a strong consensus that in addition to access to general needs self contained housing, more types of grouped ócore and clusterô type self contained housing, and therefore grouped support service options (e.g. Oakdale Close and Springfield Street) need to be developed in the Borough as part of planning for the future, alongside individual stand alone self-contained dwellings and support.

Overall, we identified that there was a need for greater risk taking in supporting moves to more independent living, based on a shared risk between the Council and Support providers and a philosophy of ójust enough supportô.

Matching service
One idea that emerged from discussion was developing a matching service to enable people with a learning disability choose another person they might want to live with in an independent setting in a dwelling for two

Clarity about the role of each Supported Living dwelling
Social workers in the disability assessment teams, some of whom are new to learning disability services, said that they are not always clear about the role that each Supported Living dwelling plays. They need clarity as to whether a dwelling is for assessment, training and life skills for independent living or is for long-term housing.

An example of the impact of this in the past was that Springfield Street started out as a training house to equip people to move on to an independent home. However, for a period they received referrals of people who needed long-term support. This meant that the house got silted up with people that it was not meant to house. We understand that it is now again receiving appropriate referrals for its designated use.

Transitions
In April 2015, as part of its restructuring of adult care services, the Council set up a transitions team linked to the adult social care disabilities teams. The main focus of that team initially is around learning disability. We have talked with that team and Future Directions and the Disabled Childrenôs team.

We were told that only 1 or 2 young people in transition with either a learning disability or PDSI are referred to adult services each year.

A key transitions time is when a person with a learning disability living in the family home may wish to plan a move to a more independent living situation and to be referred on to adult social care.

The issue of lack of information on housing options for people with a learning disability applies equally to younger people as other age groups.

The transitions team does have two assistants who can act as advocates and help make housing applications and sort out benefits.

Shared Lives is seen as one option for people wishing to leave home, as a stepping-stone to more independent living.

The transitions team has identified young people in transitions with autism as the major challenge for the future in terms of housing. Often the family home cannot continue to support them as they may have challenging behaviour, and a Shared Lives or Supported Living placement might not be appropriate, and so a different housing solution is needed. The Transitions team is having some success in using private rented housing for some people from this group.

The main gap identified for young people is assessment and training units in Supported Living.

Older people

The demographic figures show that people with learning disabilities are living longer, and that there are a growing number of people with a learning disability with older carers who may not be able to support them in the future.

Two areas of need have been identified:

- Firstly, for the service and funding model in extra care housing to be developed so that they can take older adults including people with a learning disability
- Secondly, new core and cluster models need to include some accommodation that would be suitable for older people with a learning disability who are more likely to have physical disabilities

People out of borough

The Council has been successful in reducing the number of out of borough placements. We understand that the in-house Supported Living service will assess people with a view to determining with them the most suitable housing option for the future. We have not been told of any particular accommodation shortfalls that are impacting on the ability of the local authority to bring people with a learning disability back into Barnsley. However, we are assuming that these will relate to the need for provision for people with higher care and support needs.

Mental capacity

We were told by social workers of some concern as to whether people with a learning disability who are registered with the Court of Protection are able to have a property of their own, even where there is a social worker acting on their behalf. This is an area that needs further investigation.

6. The changes needed to fill the gaps and meet needs

What service or system improvements are needed

Information and advice and housing pathways

There is a need for specific information and advice on housing and tenure options for people with a learning disability and their families to encourage and enable them to self-help and make their own housing decisions, with support. This applies equally to people of all ages living in the family home and people in Supported Living. Schools and colleges, Council staff and support workers also need the same information.

Information should include:

- Housing options
- Housing benefits
- Tenancy rights
- Tenure options
- Housing applications
- What are the costs and how to pay for them

We also think there is merit in finding a way of offering a matching service to enable people to choose another person to live with in the future.

Alongside information and advice, a clear housing pathway is needed for people with learning disabilities, support providers and staff from different parts of the Council.

Making the best use of the Supported Living stock

The Council is looking to reshape the use of the Supported Living stock in Barnsley, but is finding this hard to make happen in practice.

First of all, a more proactive approach is needed to enable people with an Assured Tenancy in a Supported Living dwelling to make a housing move to a more appropriate setting.

Experience from the Housing and Support Alliance (who have been involved in the recent consultation with supported living tenants) is that it is possible to support people in long-term tenancies to make moving decisions (even if they or their family are not keen on a move) if the new housing option is an improvement for them.

Without a more proactive approach people will continue to be stuck in inappropriate Supported Living Schemes ï in particular shared housing - and it will be difficult to reshape the use of some of the stock to a more appropriate role.

Secondly, the Council needs to provide a schedule for social workers setting out the role of each Supported Living dwelling.

Thirdly, the Council should develop a more explicit compact and partnership with Supported Living providers about the exact nature and role of each Supported Living dwelling in the future.

As part of this a shared plan needs to be developed between the Council and each Support Provider about achieving the change in role for that particular dwelling. For much of the shared housing this might include closure and re-development of new accessible grouped or individual self contained housing models.

Access to housing

There is a continued need for access to a supply of ordinary housing that is suitable for people with a learning disability.

The position of people applying where there is an issue of mental capacity needs to be clarified with the Choice Based Lettings team.

New housing

The main needs identified are for:

- More assessment and training flats in supported living to equip people with the social, financial and life skills to move to a more independent setting. These could mainly be provided by re-designating existing Supported Living houses for this purpose or new developments
- More supported living models for people with complex needs, including for people at the more serious end of the autism spectrum, with the most appropriate model likely to be grouped self-contained housing, which can also support
- A further need is for additional ócore and clusterô housing to meet the needs of people with more complex needs, including people with autism and people from other adult groups with complex needs for whom higher cost care packages in individual stand alone accommodation might not be affordable. These are needed to provide future supply when existing schemes such as Oakdale are full.
- The fourth need is accessible accommodation for older people with a learning disability who might have a physical disability as well because of older age. Some of this could be provided via extra care housing, and some via sheltered or other forms of core and cluster housing. We do not see a need for separate new core and cluster schemes solely for older people with a learning disability. Ideally people should be able to age in their own home.
- A final area is finding emergency/immediate access accommodation for people with dual diagnosis. This is picked up as part of the homelessness recommendations.

Some support providers can now source their own houses and flexibility will be needed to ensure that more specialist accommodation in self contained housing is opened at a pace that meets need and demand in relation to the re-shaping of the Supported Living shared accommodation stock.

Appendix 12 provides examples of social and private developers who can access private investment to fund new build developments based on schemes qualifying as exempt accommodation, and with the loan costs being repaid through the rent.

Support services and support packages

For some other client groups covered in this report, support providers of people moving on from specialist housing can continue to provide support for a period after the person has moved into their own home.

This approach needs to evolve further as part of the development of the learning disability accommodation and support services. For providers currently on block contracts the potential of providing ongoing support after the move (if the service user wants them to continue) is a good incentive to both encourage them to move away from block contracts and to support people to move on from Supported Living accommodation.

In addition support workers in both the in-house service and external providers need to be given more authority and training to skill people up for independent living and progress re-housing plans.

7. Predicting future demand and future supply

Future demand

Overall, as the tables below show, there are predicted to be only very low increases in the number of people a with learning disability or autism by 2030 and no increase in the number of people with Down's Syndrome.

Figure 19 shows that the number of people in Barnsley aged 18-64 predicted to have a learning disability will only increase by 1% by 2030.

Figure 19: Number of People in Barnsley Predicted to have a Learning Disability (baseline estimates), 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	525	528	478	466	515	-10	-1.9
25-34	737	742	779	774	722	-15	-2.0
35-44	719	707	704	773	813	94	13.1
45-54	832	840	804	702	697	-135	-16.2
55-64	665	674	752	807	768	103	15.5
Total 18-64	**3,479**	**3,492**	**3,518**	**3,522**	**3,515**	**36**	**1.0**

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 20 shows that the number of people in Barnsley aged 18-64 predicted to have a moderate or severe learning disability will only increase by 1.8% by 2030.

Figure 20: Number of People in Barnsley Predicted to have a Learning Disability (moderate or severe), 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	121	122	111	110	122	1	0.8
25-34	158	159	167	166	155	-3	-1.9
35-44	181	178	177	195	205	24	13.3
45-54	187	189	180	158	159	-28	-15.0
55-64	144	147	164	174	165	21	14.6
Total 18-64	**792**	**795**	**799**	**803**	**806**	**14**	**1.8**

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 21 shows that there will be no increase in the number of people in Barnsley aged 18-64 predicted to have Downôs Syndrome by 2030.

Figure 21: Number of People in Barnsley Predicted to have Downôs Syndrome, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	12	12	11	11	12	0	0
25-34	19	19	20	19	18	-1	-5.3
35-44	18	18	18	20	21	3	16.7
45-54	22	23	21	19	18	-4	-18.2
55-64	18	19	21	22	21	3	16.7
Total 18-64	**90**	**90**	**91**	**91**	**90**	**0**	**0**

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 22 shows that the number of people in Barnsley aged 18-64 predicted to have an autistic spectrum disorder will only increase by 1.8% by 2030.

Figure 22: Number of People in Barnsley Predicted to have an Autistic Spectrum Disorder, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	196	197	179	177	198	2	1.0
25-34	291	295	312	315	293	2	0.7
35-44	291	286	286	316	333	42	14.4
45-54	359	361	342	296	294	-65	-18.1
55-64	294	298	328	354	338	44	15.0
Total 18-64	**1,431**	**1,438**	**1,448**	**1,458**	**1,457**	**26**	**1.8**

Source: PANSI (Projecting Adult Needs and Service Information)

Summary of additional future supply or re-provision needed up to 2030

As the demographic projections show, the learning disability population is only predicted to rise by 1% by 2030 although the population is ageing. The main focus is to provide a wider choice via access to suitable ordinary housing, a shift from shared to self contained housing models, including for people with complex needs, and use of extra care housing for older adults:

Move on accommodation: 20-25 people a year made up of:

8 assessment/training flats with 6 month average stay and 50% moving onto permanent tenancy = 8 move on a year

c.100 of the supported living units are group living with more than 2 people: 8-10% move-on a year = 10 people

3% of shared lives placements = c.3-5 people a year

Housing based provision for vulnerable adults with complex needs ï LD, autism, MH, ABI

- **Pilot 8-12 unit (non registered) housing based scheme** for adults with complex needs
- Based on the learning, develop further schemes for people with high care needs, to bring people back into the borough and reduce level of care home placements **(up to 40 units)**

Learning disability accommodation

- **5-10 person core and cluster self contained supported living units every 2-4 years** to replace existing shared housing models of supported living and to bring people back from outside the borough
- **8 person assessment and training unit** using core and cluster model
- **Up to 50 places in extra care housing by 2030** for people aged 55+ with a learning disability including Downs Syndrome (Nos. are included in supply figures under older people not additional to these)

8. Recommendations

These recommendations are in addition to those in section 4 on information and advice and section 5 on general needs housing in the main report.

Barnsley Council should:

- Ensure better recording on its adult social care client data base about both accommodation type and tenure of people with a learning disability
- Improve the information available specifically for people with a learning disability, families and staff about housing and tenure options and where to go for help and advice. Consider a matching service as part of that.
- Consider becoming a member of the Housing & Support Alliance, which brings with it access to advice on housing and tenure options for people with a learning disability (see Appendix 12 for examples of home ownership options), together with useful tools such as a DVD with case studies about people with a learning disability who have made a successful accommodation move
- Clarify the position of people under the Court of Protection in terms of eligibility for access to housing through the Choice Based Lettings scheme
- Develop a wider range of housing options, reducing the level of shared housing, through more core and cluster self contained schemes for people with a learning disability using grouped accommodation models such as Keyring, or a small block of accessible flats or bungalows
- Clarify the role of all the Supported Living dwellings with support providers and social workers and agree a clear plan to shift schemes from one role to another where the need for change is identified
- Evolve flexible floating support models for people moving on from accommodation based services
- Develop a clearer compact between support providers and the Council based on a partnership approach and greater risk taking

2. PDSI

1. Introduction and local context

This section looks at the housing and support needs of adults with physical disability and sensory impairment (PDSI) and should be read alongside the sections on adapted housing and adaptations in section 5 of the main report.

Services for people with PDSI are provided through the Council and SWYFT. Since April 2015 there are disability assessment teams covering adults with PDSI and people with a learning disability. The Council has a contract with SWYFT to provide the adaptations and equipment service, and the same team also covers sensory impairment.

The Barnsley Strategy for people with a physical or sensory impairment for 2012-2015 also included HIV. HIV is not part of this commission and so is not included in this report.

Barnsley supports a social model of disability, in line with the national strategy ôImproving the Life Chances of Disabled Peopleô The Strategy identifies housing as an area of development and a sub group was to be set up to work with housing partners on housing options. This work has not happened. The main development areas were identified as:

- Moving away from traditional forms of respite care in residential and nursing homes
- Reviewing the accommodation options and increasing housing choice for independent living

2. What is working well in housing and support services and systems for people with physical disability and sensory impairment

Feedback from the stakeholder workshop on 12 May highlighted a number of positives in the housing and support system for people with PDSI. These were:

- The responsiveness of provision of adaptations by Berneslai Homes (who fund adaptations via the Housing Revenue Account) ï Berneslai Homes has a much shorter response time than adaptations funded via DFGs
- The links between the equipment and adaptations team and Berneslai Homes
- The speed of initial OT assessment for adaptations (currently 26 days - close to the target of 21 days)
- Housing related information and advice for people with PDSI provided by voluntary advice agencies such as DIAL and CAB

3. NHS and Adult Social care performance data and data on people with physical disability and sensory impairment

The Appendix for Annex B shows Department of Health NASCIS data (Figures 1 and 2) for adult social care spend on people with a physical disability or sensory impairment. Figures 3 ï 14 show findings from the Councilõs adult social care database on people with a physical disability or sensory impairment in care or nursing home placements and in the community. A summary of the key findings is provided below.

For adults with PDSI, Barnsley:

- Department of Health NASCIS data for adult social care shows that Barnsley spends a below average %age of its budget on long-term residential and nursing home care, and above average %age of its budget on day and domiciliary care than its comparator group of local authorities and the England average
- Most people with PDSI supported by the Council are people with physical disabilities, with much lower numbers for visual and hearing impairment
- Of the people on the adult social care database with PDSI:
  - Only 26 (2.7%) of the 947 people in care or nursing home placements are under 65, whereas a much higher proportion, 227 (17.8%) of the 1277 people receiving community based services are under 65+
  - For people receiving community based services the accommodation type and tenure breakdown varies, with the majority of people under 65 in social and private rented accommodation, whereas for people aged 65+ the largest tenure group is home ownership
  - A smaller proportion of people with PDSI under 65 (34.4%) receiving community services are living alone (a key risk factor for entry to long-term care) compared with people aged 65+ (53.9%)
  - A much higher proportion of people with PDSI aged under 65 (41.9%) receiving community services are on a direct payment than people aged 65+ (18.2%)
  - In terms of community based services, only 1-2% (25 people) are receiving day care (of whom only 3 are aged under 65), whereas over 50% of both under 65s and people aged 65+ are receiving home care

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

There is no community based accommodation or floating support service specifically for people in Barnsley with a physical disability or sensory impairment. There are some bedspaces in other specialist accommodation ï for example one disabled access ground floor flat at The High Street - which provides accommodation suitable for

people with a physical disability who also have a mental health problem or learning disability.

There is one sheltered housing scheme managed by Habinteg, Bronte Close in the Central Ward, that provides 20 flats for people with a physical disability or sensory impairment. This scheme is identified in the supply tables in Appendix 6 of the main report on the GIS maps in Appendix 7 under sheltered housing.

Residential care accommodation and placements
Barnsley has a number of residential homes that accommodate people under 65 with PDSI. None of these focus on PDSI only. Details of the homes that take people with PDSI is set out in Figure 15 in the Appendix to this Annex. There are:

- A total of 25 places in 3 homes that take people with both physical disability and sensory impairment
- A total of 27 places in three homes that take people with sensory impairment but not physical disability
- A total of 244 places in six homes that take people with physical disability but not sensory impairment

Funding
The Market Position Statement for 2014 states that the Council budget for PDSI is £4.76m. None of this funds accommodation or floating support services through the HRS budget.

We are also not aware of any people funded by an individual budget via the RAP panel specifically for housing related support. This is different from, for example, mental health services where 70 people receive housing related support funded via the RAP panel and a further 20 via the Councilôs HRS budget.

Council funding for people with PDSI goes to fund:

- Residential and nursing home placements
- Day care
- Domiciliary Care
- Equipment and adaptations
- Other activity/quality of life services that are funded via Individual Budgets/Direct Payments

5. The scale and type of unmet need

Snapshot survey
There were 3 responses to the snapshot survey (see Appendix 9 of the main report for methodology and survey form) for people with a physical disability or sensory

impairment. For one person this was the primary factor affecting their chances of resolving their housing support needs, and for the other two it was the secondary factor. The survey responses did not provide details of the type of physical disability:

- One person is male, aged 26-35 with a history of offending, who currently has no accommodation and is sleeping rough. He wants to move to his own permanent accommodation, and would need ongoing support as he has difficulty managing his finances and has had difficulty in maintaining his home in the past
- One person is female, aged between 50 and 59. She is currently a tenant of Berneslai Homes and is receiving a floating support service via the Riverside generic service. She needs permanent floating support to be able to manage her money and is also vulnerable to exploitation and has difficulty coping with daily living
- One person is male, aged 50-59 who is living in private rented accommodation with support from the HOAPS support worker. He is unable to look after the property, has rent arrears and a serious medical condition and needs permanent social rented housing with more intensive support than he is currently receiving

Issues identified by disability teams and services and types of unmet need

From talking with social workers (and managers) in the disability teams and with SWYFT around the equipment and adaptations and sensory impairment services we found:

- Housing was a significant issue for social workers in the disability team
- No issues of shortage of capacity in the residential care and nursing home system. There is no expressed or hidden need for additional places
- No identifiable cases where the lack of a housing related support (HRS) service for people with PDSI has put their accommodation at risk, although the benefits of such a service for some people with PDSI who perhaps lacked skills and confidence to sustain their own home were raised with us
- No housing and support issues identified specifically for people with a sensory impairment. The focus is to skill people to live with their impairment, including their housing
- Concern about the lack of a dedicated care service in extra care housing, which, because of its accessible design, was seen as a very appropriate setting for older people aged 55+ with PDSI
- Lack of housing choice for general needs housing. Often the only offers given in terms of 1 and 2 bedroom units for people with PDSI via the Choice Based Lettings scheme are in blocks of flats (including sheltered blocks), often above ground floor. Bungalows are often in hilly areas unsuitable for people with a physical disability

- Lack of new build lifetime design or adapted homes, both smaller (1 and 2 bedroom) and some larger adapted properties for people with disabilities and in wheelchairs
- Lack of housing in a crisis for disabled people (for example if there is a family breakdown) ï currently residential care is the only option. This includes people with a dual diagnosis who have a physical disability such as an amputation

In terms of transitions we were told that only 1 or 2 cases per year were transferred to adult social care where there might be an accommodation related issue.

There are also issues around:

- A lack of tenure choice for people who might want to buy or part buy
- Lack of dedicated adapted housing linked to support for people with head injuries or other neurological conditions
- Delays to DFGs

What are the gaps that need to be addressed and the changes needed to meet those gaps

General needs housing – adapted properties

In section 5 of the main report on general needs housing, from discussion with Council and SWYFT staff working with people with PDSI, we have identified the need for:

- More 1 and 2 bedroom accommodation, on the ground floor and in suitable locations, including adapted, wheelchair properties
- A small number (around 5 a year) of larger 3-4 bedroom accessible bungalows or parlour type houses for people with disabilities referred through the equipment and adaptations service or disability teams. We understand that because of the small number of units it is difficult to pre-plan such properties in the right location where individual households want to live
- A Register of Adapted Properties

Adaptations and equipment

In section 5 of the main report on general needs housing we also identified the need to:

- Look to find ways of reducing the waiting times for adaptations funded via DFGs
- Identify ways in which the range of services provided by Staying Put could be promoted to older and disabled households in the borough, including self-funders

- Develop a retail model for community equipment aimed at self-payers, particularly for low level equipment, which the Council no longer funds.

Information and advice

There is a lack of information and advice for people with PDSI about housing options across all tenures. This has been addressed in section 4 of the main report.
We are not therefore going to repeat these needs in the recommendations in this section of the report

Specialist accommodation

Main gaps identified were:

People with a neurological condition: This was the main gap identified. However, there was no appetite to commission a new specialist care/nursing home, or a wing of a larger home for this group because: firstly, their needs could be so individual; secondly there was a concern about the cost any provider would charge the Council if such a facility was commissioned; and thirdly staff we talked to said that the Council had been successful in finding ordinary housing solutions. Staff therefore preferred a more individual approach of having existing properties adapted to meet individual need.

The needs of the small number of people with complex needs because of ABI could be met through the proposed development of a supported housing scheme for people with complex needs that could meet needs across adult groups.

Extra care housing for people aged 55+: the lack of a dedicated care model for extra care housing was seen as a major gap and a wasted opportunity to meet the housing needs of people with PDSI aged 55+. The ageing of the population will mean a growing number of adults with PDSI living into older age, and we have assumed an additional 150 extra care places to take account of this, as part of our extra care needs estimates.

Floating support

Although no specific need for housing related support has been identified, the value of low-level support for 1-2 hours a week for vulnerable adults including people with PDSI was raised at the stakeholder workshop held on 12 May.

It would be possible to incorporate this into a care plan/individual budget in the same way as commissioned for mental health services by providers such as Together.

6. Predicting future demand

Data from PANSI provides projections up to 2030 for adults in Barnsley with both a physical disability and sensory impairment. Figure 16 shows low projected increase in the prevalence of people with a moderate or serious physical disability up to 2030.

Figure 16: Number of People in Barnsley Predicted to have a Moderate or Serious Physical Disability, 2014-2030

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24 moderate physical disability	795	799	726	709	787	-8	-1.0
25-34 moderate physical disability	1,243	1,252	1,315	1,306	1,218	-25	-2.0
35-44 moderate physical disability	1,641	1,613	1,602	1,753	1,837	196	11.9
45-54 moderate physical disability	3,463	3,492	3,317	2,881	2,852	-611	-17.6
55-64 moderate physical disability	4,366	4,425	4,932	5,289	5,036	670	15.3
Total 18-64 moderate physical disability	**11,508**	**11,581**	**11,891**	**11,939**	**11,730**	**222**	**1.9**
18-24 serious physical disability	155	156	142	138	154	-1	-0.6
25-34 serious physical disability	118	119	125	124	116	-2	-1.7
35-44 serious physical disability	498	490	486	532	558	60	12.0
45-54 serious physical disability	964	972	923	802	794	-170	-17.6
55-64 serious physical disability	1,699	1,723	1,920	2,059	1,960	261	15.4
Total 18-64 serious physical disability	**3,435**	**3,459**	**3,596**	**3,656**	**3,581**	**146**	**4.3**

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 17 shows the prevalence rates for people with a serious visual impairment up to 2030. The predicted increase for people aged 18-64 to 2030 is 1.1%

Figure 17: Number of People in Barnsley Predicted to have a Serious Visual Impairment, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	13	13	12	11	12	-1	-7.7
25-34	19	19	20	20	19	0	0.0
35-44	19	19	19	20	21	2	10.5
45-54	23	23	22	19	19	-4	-17.4
55-64	19	19	22	23	22	3	15.8
Total 18-64	**93**	**93**	**94**	**94**	**94**	**1**	**1.1**

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 18 shows the prevalence rates for people with a moderate to severe and profound hearing impairment up to 2030. The predicted increase for people aged 18-64 to 2030 with a moderate to severe hearing impairment is 3.3% and for profound hearing impairment is 5.7%. These are higher rates of predicted increase in prevalence than for either physical disability or sensory impairment.

Figure 18: Number of People in Barnsley Predicted to have a Moderate to Severe and Profound Hearing Impairment, 2014-2030

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24 moderate or severe hearing impairment	29	29	27	25	28	-1	-3.4
25-34 moderate or severe hearing impairment	143	143	149	145	136	-7	-4.9
35-44 moderate or severe hearing impairment	422	415	413	449	467	45	10.7
45-54 moderate or severe hearing impairment	2,018	2,029	1,929	1,674	1,658	-360	-17.8
55-64 moderate or severe hearing impairment	3,358	3,404	3,772	4,053	3,878	520	15.5
Total 18-64 moderate or severe hearing impairment	**5,971**	**6,021**	**6,290**	**6,347**	**6,167**	**196**	**3.3**
18-24 profound hearing impairment	0	0	0	0	0	0	0
25-34 profound hearing impairment	0	0	0	0	0	0	0
35-44 profound hearing impairment	0	0	0	0	0	0	0

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
45-54 profound hearing impairment	16	16	15	13	13	-3	-18.8
55-64 profound hearing impairment	37	37	41	44	42	5	13.5
Total 18-64 profound hearing impairment	**53**	**53**	**57**	**58**	**56**	**3**	**5.7**

Source: PANSI (Projecting Adult Needs and Service Information)

7. Recommendations

These recommendations are in addition to those in section 4 on information and advice and section 5 on general needs housing in the main report, and in particular those in section 5.4.2 relating to adapted property, adaptations and equipment.

The Council should:

- Look at ensuring a small number of adapted units are developed as part any new specialist accommodation that is commissioned in the borough
- Ensure that the plans for 1 and 2 bedroom, and larger 4 bedroom new housing include a proportion of lifetime or adapted properties for people with physical disabilities
- Include the needs of people with ABI into the supported housing development proposed for people with complex needs
- Re-look at its service and funding model for extra care housing to ensure that it is suitable for people with PDSI as an alternative to other more expensive and unsuitable options
- Consider including floating housing related support as part of an individual budget for people with PDSI who might be at risk of sustaining their home (using the experience of commissioning such a service for people with mental health problems

3. Mental Health

1. Introduction and local context

This section looks at the housing and support needs of people with mental health problems and people with dual diagnosis in relation to mental health and substance misuse. It should be read alongside the substance misuse and homelessness sections in Annex C, and the older peopleôs Annex A, which includes dementia.

Mental health services in Barnsley are delivered for both health and social care through SWYFT (the South West Yorkshire Partnership NHS Foundation Trust). The service works through integrated teams that include social workers, mental nurses, support workers, doctors and other clinicians.

The Barnsley Mental Health Strategy 2015-18 identifies the main development areas for mental health in Barnsley, including:

- More information and advice and accessible self-help ï this is covered in Section 4 of our main report
- More accommodation
- More early intervention

Commissioning priorities include:

- Investing more in the third sector to achieve greater choice, prevention, and value for money
- Reviewing mental health accommodation against the pathway and considering future commissioning options

Commissioning intentions include meeting the NHS and adult social care outcomes framework measures for accommodation amongst users of mental health services.

2. What is working well in housing and support services and systems for people with mental problems

Feedback from the stakeholder workshop on 12 May, interviews with staff from a number of SWYFT teams, and visits to a number of services, indicated a number of positives in relation to housing and housing support for people with mental health problems in Barnsley. These included:

- Mental health admissions to Kendray Hospital were well gate-kept by the Intensive Home-based Treatment team (IHBT)
- The role of the Housing Resettlement Worker in the Early Intervention Team (EIT)
- Where support providers can also access accommodation through good links with social housing and private rented sectors this works well

- Good support for supported accommodation providers and floating support providers from mental health care co-ordinators and medical staff from the specialist teams such as the Assertive Outreach Team
- Use of both Housing Related Support (HRS) and mental health Resource Allocation Panel (RAP) budgets to fund housing and support services for people with mental health problems
- The acute care pathway mental health assessment forms include identification of housing and accommodation needs at both 8 and 72 hour review times following hospital admission
- The role of the Berneslai Homesôassessment and lettings teams in relation to assessment and rehousing, in particular when a clear support plan is in place. Re-housing takes months rather than years
- The Barnsley Council Local Welfare Assistance Scheme

Kendray Hospital can manage money for people with a mental problem - for example benefits can get paid into a hospital account and the hospital can pay bills and get cash from their support worker. This is particularly useful for people who do not have a bank account, and people who are at risk because they cannot manage their money at a particular point of their lives

3. NHS and Adult Social care performance data, and management data on people with mental health problems

3.1 Performance data

NHS outcomes measure for people with mental health problems in settled accommodation

The NHS measures patient outcomes for people who have used mental health services through a number of indicators. One of these is the proportion of ópeople with mental illness and or disability in settled accommodationô

The Barnsley Mental Health Strategy 2015-18 has identified that Barnsley is a poor performer in relation to this indicator. The figures for 2011/12 show that:

- Only 36.9% in Barnsley are in settled accommodation compared with an England average of 66.8% and the England best performer figure of 92.8%.

However, analysis of anonymised SWYFT client data provided to us ï see section 3.2 below and in the Appendix for this Annex ï calls this figure into question, as for 70.8% of clients (10,834 people) the accommodation status is not recorded. It is therefore impossible for us to say whether or not Barnsley is a good or a poor performer against this indicator.

Department of Health NASCIS data (see Figures 1-3 in the Appendix to this Annex) shows Barnsley as a higher user of residential care and a lower user of day and domiciliary care than its comparator group average.

3.2 Health and Social Care Client data on people with mental health problems in Barnsley

Health client data from RIO and adult social care client data have been provided for this commission and the full tables are set out in the Appendix for this Annex. Key data findings are:

Health data from RIO

Health client group data from RIO (Figures 4-14 in the Appendix) was provided for all Barnsley clients who were in contact with SWYFT mental health services at some point during the 2014-15 financial year. The data shows that, excluding people in care or nursing homes, of the 29.2% of people for whom their accommodation status is recorded, a small but significant number of people with mental problems are in temporary or unsettled accommodation, or are in some cases sofa surfing, homeless or sleeping rough, for example:

- Staying with family or friends short-term (47 people - 0.3%)
- Sofa surfing (20 people - 0.1%)
- Other homeless who do not have any accommodation to go to and who were not in any of the other categories(9 people)
- Rough sleeping (4 people)
- Temporary accommodation such as B & B (4 people)
- Refuge (3 people)

The tables in the Appendix break these figures down by age group.

This is a total of 87 people. Given the high level of non-recording of this data we can safely say that this is an underestimate.

Adult social care data

Adult social care client data (Figures 15-31 in the Appendix) confirms the NASCIS picture of Barnsley as a higher than average user of care and nursing home placements and a lower than average user of community based services.

In terms of housing and tenure for community based placements, the high level of non-recording, particularly in relation to people under the age of 65, makes it difficult to provide a clear picture. However, no-one is recorded as living in supported accommodation. The highest number of people for whom the accommodation type and tenure is known are owner occupiers, though owner occupiers are weighted towards the 65+ population with a greater proportion of people under the age of 65 renting.

3.3 Conclusions

The proportion of people with mental health problems in Barnsley who are not in settled accommodation is impossible to verify because of the high proportions of clients on the RIO database for whom this is not recorded. However, it appears to be well above the comparator norm:

- Department of Health NASCIS data (Figures 1-3 in the Appendix for this Annex) shows that Barnsley is:
  - A much higher than average user of care and nursing home placements than its comparator group and the England average
  - Barnsley is also a much lower than average user of day and domiciliary care than its comparator group and the England average
  - Barnsley appears to have a lower proportion of people with mental health problems living independently than its comparator group or the England average, and to have a higher than average proportion living in unsettled accommodation. This indicator links closely with the NHS indicator above on the low proportion of people in Barnsley with mental health problems living in settled accommodation.
- RIO data (Figures 4-14) shows a large number of people who have not been given a diagnosis and a large number of people whose accommodation status is unknown. It also shows that a small but significant number of people with mental health problems are in temporary or unsettled accommodation, and in some cases are sofa surfing, homeless or sleeping rough

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

Figure 32 provides details of community based accommodation and floating support places and current placements for floating support services funded via HRS or the mental health RAP panel. Although Jubilee Gardens is a registered care home it operates as a supported housing scheme and we have been asked by the mental health commissioner to map it within that category.

Altogether there are:

- 32 community based accommodation units for people with mental health problems in Barnsley
- 90 people currently receiving a floating support service, 20 funded through HRS and 70 funded through the mental health RAP panel

Figure 32: Community accommodation and floating support placements

Scheme	Provider	Type of scheme	Funding	Number of units
Jubilee Gardens (core and flats)	South Yorkshire Housing Association	Accommodation: 10 self-contained bedsits in a building with shared kitchen and lounge (the core). This is a registered care but operates in a similar way to a supported housing scheme 6 self-contained flats in buildings next to the core	Beds are commissioned on an individual basis by the mental health RAP panel	10 registered beds in the core* 6 flats
Jubilee Gardens satellites	South Yorkshire Housing Association	Designated accommodation rented by SYHA as resettlement housing for people moving on from Jubilee Gardens. Residents then move on to permanent housing	Housing-related support	6 units
High Street	Sanctuary Carr Gomm	Supported housing scheme ï also takes people with a learning disability	HRS	9 units**
Shared Lives	Barnsley Council	Placement in non registered accommodation with a family	People on individual budgets via the mental health RAP panel	1***
Together	Together UK	Floating support	HRS block contract People on individual budgets via the mental health RAP panel	c.20 people c.65 people***
Andy Barlow	Janet Barlow	Floating support using private rented sector housing	People on individual budgets via the mental	4***

Scheme	Provider	Type of scheme	Funding	Number of units
			health RAP panel	
Harmony	Harmony	Floating support using private rented sector housing	People on individual budgets via the mental health RAP panel	1***

*5 people at Jubilee Gardens are currently funded via the mental health RAP panel
** High Street is under mental health, as most current residents are mental health service users. The scheme also takes people with a learning disability
***These floating support numbers funded through the mental health RAP (Resources Allocation) Panel are correct as at 22 June 2015.

Residential care accommodation and placements

Barnsley has a number of residential homes that accommodate people with mental health problems. Some of these focus on mental health only and other house people with a range of needs that might also include people with mental health problems. Details of the homes that take people with mental health problems are set out in Figure 32 in the Appendix to this Annex. . The table shows that there are:

- 18 places in homes that only take people with a mental health problem
- A further 224 places in homes that take a range of adult groups, including people with mental health problems

Details of both short-term and longer-term residential placements funded through the mental health RAP panel, (excluding the 5 people funded at Jubilee Gardens) are:

- 3 people are funded on short-term residential respite placements ï all at Elm Court within the period August 2014 ï March 2015
- 6 people are funded on longer-term residential placements ï 3 at Elm Court, and 1 each at Aspire, the Evergreens and Mapplewell Manor within the period June 2014 ï May 2015

Feedback from the mental health teams indicated that there was generally a good supply of registered care and nursing homes in the borough for people with mental health problems, and that no additional supply was required.

There was only a limited amount of specialist housing related provision. Jubilee Gardens is the main specialist accommodation provision, which although a registered care home, operates as a supported housing scheme. Care home registration seems mainly to relate to its role around administering medication, and the complexity of clients housed.

It is generally used on a regular basis via RAP funding. Its main role at present appears to be for people with a dual diagnosis referred through the Assertive Outreach Team (AOT).

There is a MIND scheme at Sheffield Road that was intended to be set up specifically for people with mental health problems. However, as no referrals were received from the mental health teams it has now reverted to generic housing and so is not on the supply database. We were told by the mental health teams that the lack of referrals was not due to the fact that there was no need for suitable accommodation for people with mental health problems in Barnsley, but more due to the fact that the shared accommodation model offered was not the type of accommodation that people with mental health problems wished to live in.

The chair of the RAP panel and the CMHTs also reported that there were generally good successes using services such as Andy Barlow, Harmony and Together.

Discussions have also been held with three providers, including visiting Jubilee Gardens.

Jubilee Gardens

South Yorkshire Housing Association (SYHA) which manages Jubilee Gardens, says it needs to be registered because of the complexity of the clients referred (with 2 staff on at all times) and medication management. All staff are NVQ qualified

The core house takes people for up to 2 years and the flats next door act as step down accommodation before moving on to permanent housing. Barnsley satellites provides a further 6 places in houses or flats provided by SYHA for up to two years after which the person moves on to permanent housing.

A number of the clients are dual diagnosis or have complex needs and have a history of substance misuse and chaotic lifestyles. No alcohol or drugs are allowed on the premises. Most referrals come from the EIT and AOT.

SYHA reports that residents receive a structured offer in line with individual need, which includes activities. There is no specific recovery model in operation at Jubilee Gardens, which uses SYHAôs 5 ways to well-being approach: give; be active; keep learning; connect; and take notice. Mental health care co-ordinators visit between 1 and 4 times a week

At the time of the visit there were 7 residents in the core house, a new resident due to move in and 2 vacancies.

The schemeôs reputation for taking people with drug conditions does mean that some mental health staff do not want to place other people at Jubilee Gardens.

SYHA says that it is open to taking short-term/respite cases aged 18+ at Jubilee Gardens as long as a clear risk assessment has been carried out by the mental health care co-ordinator, there is a diagnosis and funding is in place through the RAP panel.

However, issues that have been raised with us are:

- How far it has a clear rehabilitation and recovery model alongside its housing support role
- The ability to place socially vulnerable people there because of the current type of client it is currently housing
- The potential to use it for a wider range of needs ï for example emergency and/or respite, given that it is mostly under capacity, with an average 1-3 unoccupied beds at any one time

High Street

This accommodation based scheme run by Sanctuary Carr Gomm provides accommodation for 9 people. Currently there are 5 men and 4 women in the scheme. The building was refurbished in 2008 and provides:

- 6 bedrooms with en suite facilities ï 18 months stay with a licence
- 3 self contained flats, one of which is ground floor with disabled access ï 6 months follow on stay from the bedsits

There is therefore up to a two year pathway to independent living, and when people move on they receive 6 weeks further outreach support following the move. For the period April 2014 to March 2015 there have been 14 successful moves, including internal moves from bedsits to flats. Rehousing through Berneslai Homes works well.

It has housed people with a learning disability but now has mainly people with mental health problems, including young people leaving care and people with ADHD. Of the current residents three are aged 40+ and the other six are aged between 16 and 28. The referral trend is increasingly towards younger people, with a lot of referrals from Future Directions of younger people with a history of substance misuse. The scheme also has a lot of contact with the mental health teams and with Holden House, the Forge and Judith House.

The scheme would like to offer an emergency room but would need a concierge on duty overnight, as there is no onsite night cover at the present time.

Together

Together is a national charity that provides a floating support service in Barnsley. 17 support workers currently support 65 people funded via individual budgets and c.20 people funded through a block HRS grant from the Council. The majority of people they support live in Berneslai Homes stock. Others live with relatives or friends. One person currently has a housing need for which they completed a form for the snapshot survey.

The focus is practical support. Housing issues are around supporting someone to sustain their housing situation, including rents, benefits, bill payments and preventing eviction. The drop-in centre twice a week at the YMCA, funded via mental health commissioning, is seen as a very valuable support for people with mental health problems.

Some people need re-housing if the current housing is unsuitable, for example in the wrong area, and support staff help people with their housing applications and bids.

They have identified that currently each HRS funded person has to be approved individually by the Council, with an average of 2-4 hours of support a week. Together believes that it could have a more flexible and better value for money commissioning model for HRS, where it could flex hours up and down according to need.

Each referral is allocated a weekly number of hours, on average between 2 to 4 hrs per week. Referrals are usually made by housing officers or drug and alcohol services in Barnsley. At this moment in time Together is delivering 77 hrs per week funded by HRS to 23 individuals, though the number of individuals that can be supported over the next few months will need to be reduced in line with a budget reduction.

Togetherôs óYour Wayô model could offer a far more flexible model of support, concentrating on the actual needs of individuals weekly rather than them receiving the same number of hours each week because they have been allocated to them at point of referral. In reality this means that a person would receive the support they need weekly to support their mental health, ensuring the support model is flexible/fluid and person centred. If an individual is coping well they may need less hours and if they are unwell they can have increased support for a short period of time to help them through a mental health crisis.

A more flexible annual contract would enable Together to work with more service users over the financial year, as a person will not be receiving unnecessary support and the hours can be utilised for someone else. It would also enable Together to manage high demand for the service and reduce waiting times.

Funding

The market Position Statement, April 2014, states that £6.72m is spent by Barnsley Council on mental health services. We do not have a detailed breakdown of this budget.

HRS funding
HRS currently funds 3 services:

- Jubilee Gardens Satellites £27,292
- Together £70,407
- High Street £79,179

Details of accommodation and support services funded via the RAP were provided further above.

5. The scale and type of unmet need

Snapshot survey

The snapshot survey ï see Appendix 9 of the main report for methodology and survey form - went out to all relevant teams and service providers across the groups covered in this commission apart from older people, including mental health services.

Of the 132 responses to the snapshot survey 9 (8%) were people with mental health problems. Figure 33 shows that 7 of the 9 completed forms came direct from mental services:

Figure 33: mental health agencies completing the snapshot survey

Agency	**Number of entries**
Community Mental Health Team	1
Oakwell Centre (Kendray Hospital)	4
NHS Adult Mental Health	1
Together for Mental Health Wellbeing	1
Total	**7**

We received feedback from staff in the mental health teams that they did not have time to complete the survey so the results below should be seen as an indicator of need and not as the extent of unmet need for people with mental health problems in Barnsley.

The survey focused on unmet need and did not cover people who were in settled accommodation, including specialist accommodation and people receiving floating support services.

35 people were identified as having mental health problems as their primary or secondary vulnerability.

10 people in the survey were identified as having mental health problems as the primary vulnerability.

25 people in the survey were identified as having mental health problems as a secondary vulnerability.

19 of the 35 were male and 16 female.

The most common age range was 26-35 (13 people) with the next highest being 18-21 (7 people) and 21-25 (6 people). 5 people were aged 36-49, 3 aged 50-59 and 1 aged 60+. Altogether, 13 people (nearly 40%) were aged 25 or under.

In terms of where they currently live or the support they receive, where this could be identified:

- 6 people were in accommodation based or floating support services for people with a substance misuse provided by Phoenix Futures
- 5 were in Judith House or in floating support linked to Judith House
- 5 people were receiving offender related floating support services from Foundation or Action Housing
- 4 people were in Kendray Hospital
- 3 were in The Forge
- 2 people were supported by the HOAPs floating support service
- 1 was in Holden House
- 1 was living in Highfield Terrace
- 1 was receiving a mental health floating support service

The primary factors affecting peopleôs chances of resolving their housing and support needs were identified as:

- Financial problems (7). This was also identified as the main secondary reason if there was one, across all service user groups in the survey
- Long use of drugs and alcohol (5)
- Lack of life skills (5)
- Need help with re-housing/move on accommodation (4)
- Vulnerable to exploitation (3)
- Anti-social behaviour history (2)
- Offending; evictions history; child protection issues; inability to manage money; harassment; mental health issues; failed habitual residence test; and will not follow advice or attend appointments (all 1 each)

Of the 132 people in the survey, 49 people (37.1% - over a third) had been diagnosed with a mental illness and 83 (62.9%) had not.

The main primary factors in the responses affecting the chances of the person resolving their housing and support needs were seen as financial problems and difficulties managing money, long use of drugs or alcohol, lack of life skills, and the difficulty in accessing long term (move-on) housing.

The most common need for move-on solutions was for a move to a settled tenancy in their own area, with some needing ongoing support, and some with a need for move-on accommodation with either no support or a short period of resettlement support. Overall, however, more people were thought to need support for between 1 and 2 years than for either shorter or longer periods.

The survey asked if people were regularly in touch with mental health services. Of the 116 responses where this question was answered 32 people (27.6%) were regularly in touch with mental health services, 74 (63.8%) were not, and for a further 10 people (8.6%) this was not known. For a further 16 people this question was not answered.

Overall, 80% of the completed surveys that identified mental health problems as the primary or secondary issues were provided by agencies not working directly in the mental health sector, but who are supporting people who have a history of mental health problems.

Many of these people appear to have a history of dual diagnosis or complex needs, linking mental health with substance misuse and in some cases other issues that hinder their ability to have stable and sustainable housing.

HRS client record data about dual diagnosis and complex needs.

Other housing related support data about clients entering support services (supported accommodation and floating support services) in Figure 34 showed that a small number have a primary characteristic of mental health problems. A much larger number are recorded as having a mental health problem that is secondary to other vulnerabilities, including substance misuse. Figure 34 shows that in the most recent year of housing related support client data records, 28 were recorded as having dual needs (substance misuse and a mental health problem). A small number ï 17 in the most recent year ï have 4 different needs recorded.

Figure 34: Housing related support data

Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Primary mental health problems	**9**	**1.8**	**6**	**1.3**	**4**	**1.3**
Secondary mental health problems	**45**	**9.2**	**81**	**17.7**	**44**	**14.1**
Drug/alcohol misuse plus mental health problems	**15**	**3.1**	**64**	**14.0**	**28**	**9.0**

People with mental health problems also have other needs, including substance misuse. However, there is overall a lack of hard data about the number of people in Barnsley with dual diagnosis.

Hospital wards data

The Patient Flow and Resources Manager at Kendray Hospital did a data search of hospital patients in the first 20 weeks of 2015 who had accommodation problems.

For the four hospital wards at Kendray Hospital for inpatients with mental health problems, for the period January to mid May 2015:

- 17 individuals were identified with housing issues

- 10 of the 17 are homeless (59%)
- All of the individuals classified as homeless are male, and all in the working age range 18-65
- 1 of the 17 required at 2 bedroom flat/house
- 4 of the 17 (34%) required move on to appropriate accommodation/services
- 1 was residing with his son
- 1 had tenancy problems related to their mental illness

In terms of prevalence:

- One admission every two weeks is homeless
- One admission per week has an accommodation issue

This is a significant increase in prevalence from 2014, where from May-December 2014 only two inpatients were recorded as having accommodation issues.

Delayed Transfers of Care data also shows that for the period April 2014 to the end of March 2015, 17 delayed transfers of care were due to suitable accommodation áawaiting to be arrangedô This excludes patients waiting for placement in a rehabilitation unit and also excludes detained patients who are not recorded as delayed discharges.

Issues identified by mental health teams and services and types of unmet need

Specialist and community mental health teams

The Housing Resettlement Worker in the EIT team has around 40 cases. Out of a total of around 112 cases in the team 61 have housing, benefits or debt issues. Further information on the role of the Housing Resettlement Worker is provided in section 4.4 3 of the main report which looks at the role of specialist housing and support advice posts in Barnsley for vulnerable people. Gaps identified by the EIT relate to:

- The lack of direct access accommodation for people with mental health problems

An earlier audit carried out by the Housing Resettlement Worker with care co-ordinators in the EIT showed that they are spending regular time on housing issues.

The Intensive Home-based Treatment Team (IHBT) works with people in acute mental health need and also acts as the gatekeepers to mental health admissions to Kendray Hospital, through pre-admission assessments. The team works intensively with people for up to 3-4 months, with the aim of moving people on to another service. The main housing issues relate to:

- Breakdown in family and need for short-term housing. For some people this means hospital admission as there is no crisis accommodation alternative available in Barnsley. Some people may be placed in bed and breakfast in other neighbouring authorities such as Sheffield but many do not go and sofa surf instead. Crisis accommodation is needed once or twice a month. The key is accommodation for 24-48 hours that can meet the immediate short-term accommodation need. The IHBT would be able to support people with visits up to three times a day. This is mainly likely to be for people with dual diagnosis and personality disorder, and less likely to be needed for people with a psychotic disorder
- People of No Fixed Abode
- People in Stop Gap housing ï staying with relatives
- Step down from the ward
- People with dual diagnosis whose family will not have them at home ï and housing is needed to defuse the situation

The hospital provided data ï see above - highlights the growing number of inpatients with housing and homelessness needs where hospital admission could have been avoided had emergency or short-term accommodation options been available. Ward staff also identified a shortage of one bedroom accommodation options.

The Assertive Outreach Team has 102 cases and focuses mainly on people with long-term psychotic illnesses, some of who will also have a chaotic lifestyle. Housing is seen as a major issue for the team, which used to have a specialist housing worker as in the EIT, but this post no longer exists. Issues identified include:

- The lack of landlords not requiring a bond. Many of the landlords not requiring a bond are ones with poor quality accommodation. This limits choice for people with mental health problems
- The limitations on the role of Jubilee Gardens
- Shortage of one bedroom permanent housing
- Lack of information about housing options and reliance on word of mouth between team members

The Community Mental Health Older Adults team covers services for people aged 40+ with depression, anxiety and schizophrenia, but not people with dementia. The team has a total caseload of between 400 and 500 cases, of which around 85% are aged 65+. Most people are in settled accommodation and the team only had one case for the snapshot survey. Housing issues are mainly to do with:

- Family breakdown or landlords giving people notice. The main short-term response is respite care in a care home for older people, with other solutions for younger people. The main aim is to prevent the crisis
- For re-housing for older people sheltered housing is an option though there can be issues around whether the offer is in a suitable location and the

attitude of other older neighbours to someone who might be in their 50s with a mental health problem being housed next to them

- Extra care is seen as generally a positive option, if a care package is included with the housing. However, the lack of night cover means that people might need to move on to residential care

We talked to the manager of two of the four Community Mental Health teams (CMHTs). He clarified that the Single Point of Access System (SPA) did not address housing issues, but that these are passed on to the CMHTs themselves. The main needs related to:

- Housing and support in relation to housing for people with chaotic lifestyles ï often people with a personality disorder who also have a history of substance misuse and anti-social behaviour
- Younger people living at home where they are in danger of being kicked out of the family home
- Younger adults (i.e. 40+) with a dementia type illness who do not fit into a traditional care home

However, the numbers for the CHMTs in each of these groups is small, as the specialist teams tend to handle most of the cases where people have chaotic lifestyles that impacts on their accommodation.

The main issues around residential care are:

- The lack of a clear pathway to move people on to other forms of accommodation
- The lack of competition to prompt existing providers to raise standards

Key common issues that came out of discussions with the specialist mental health teams and the community mental health teams were:

- The mental health housing pathway developed in 2010 is no longer in use
- There is a lack of clarity about the role of the Housing Resettlement Worker outside the EIT. This applies in particular to housing advice and support he can provide to the hospital ward staff. He is clear that he has offered to provide advice and has a mini referral form. However ward staff do not seem to always be aware that he is able to support them in relation to accommodation issues, and say that he has not formally been commissioned to work with inpatients with housing issues. The Housing Resettlement Worker is certainly not involved as a matter of course where accommodation issues are identified at the 72 hours stage in the acute mental health pathway
- HOAPS has identified that a stronger link is needed with the Housing Resettlement Worker and other mental health staff so that they can work more closely together on solutions for people with mental health problems, in relation to homelessness and other housing options issues

- Staff in the mental teams, particularly the specialist teams ï EIT, Assertive Outreach Team (AOT) and the Intensive Home-Based Treatment Team (IHBT) ï say that they do not have good information on housing options for people with mental health problems and that there is a lack of awareness about how best to address housing related issues
- Mental health staff say that they find housing issues complicated to deal with, in particular in relation to issues such as accessing benefits, or preventing eviction
- There are sometimes issues in terms of the level of skill of accommodation based or floating support staff in supporting people with mental health problems with complex needs
- General needs housing available through the Choice Based Lettings scheme or the private sector is not always suitable in terms of type and location

Mental health teams did not identify a shortage of general needs housing supply as such, but did say that much of the one bedroom housing available via Berneslai Homes is not always in areas where people want to live, and is in flatted blocks where people with mental health problems may have to interact with other tenants.

In relation to transitions the CMHT Manager that we talked to said that few younger people in transition are referred through to the CMHTs and that none over the past year have had housing related problems. However, discussion with CAMHS indicates that sometimes young people needing to transition can get passed around different mental health teams without a case being picked up and that it can be difficult to get CMHTs to accept some young people into adult services. CAMHS do transfer cases where psychiatrists are involved. Other cases where young people have addressed their childhood or adolescence-related issues and a referral to adult services would not be appropriate or needed, are closed at the age of 18.

Housing and accommodation gaps that need to be addressed

The main issues are:

- Lack of direct access emergency housing in Barnsley for people with mental health problems, in particular people with a dual diagnosis
- The need for short-term (respite type) housing placements for people, including younger adults, where there is a family breakdown and other family members need a break - for example parents threatening to kick out a son or daughter because of their mental health problems
- A wider choice of mainstream 1-2 bedroom social housing

Overall there is no dedicated housing/mental service for people with dual diagnosis, although Jubilee House takes a number of people with a dual diagnosis.

Some areas have specialist mental health and housing services for people with a dual diagnosis. For examples Leeds has a dedicated dual diagnosis network and protocol which involves housing professionals http://www.dual-diagnosis.org.uk/

and

http://www.dual-diagnosis.org.uk/Leeds%20DD%20Joint%20Working%20protocol%20-%202014.pdf

This is clearly a large city solution that Barnsley would not be able to emulate. However, it is an area where more needs to be done to address housing needs of this group.

A specific gap identified by the older adultsômental health team is that in Barnsley there does not seem to be a step in between EMI nursing and specialist MH provision. An example was provided of a client at Neville Court who requires male staff and a higher level of care than is provided at EMI, and is unable to move from specialist provision. If he were to move to EMI he would also require additional 1:1 support. Provision that bridged that gap would be useful and would avoid having to utilise expensive specialist provision especially when clients have settled and no longer require that level of input. It would also mean that clients would not have to be moved unnecessarily as their needs could be responded to in a more flexible but less costly way. However, we were unable to identify more than a one-off need in this area.

6. The changes needed to fill the gaps and meet needs

What service or system improvements are needed

Information and advice

- Improved information and advice for both service users and staff working with people with mental health problems
- Clarify the future role of the Housing Resettlement worker in the EIT so that they can play a broader advice role, in particular to the other specialist teams and ward staff at Kendray Hospital and working more closely with the Housing Options, Advice and Prevention Service to find solutions to meet the housing needs of people with mental health problems

Data collection

- Ensure that the accommodation and housing elements are completed in the SWYFT and Council client record databases for people with mental health problems

Pathways

- Reinstate the mental health housing pathway
- Develop clearer pathways out of residential care to ensure that people who could move on do not end up in a permanent residential care placement

Accommodation and support

- There is a need to rebalance the accommodation system away from the use of care and nursing homes and towards community based housing and support options
- These needs overlap with those for homeless people and include:
  - Development of direct access, short-term and respite accommodation, using existing schemes such as Jubilee Gardens and the High Street and developing new services, in particular a stickable support service for people with dual diagnosis and complex needs (a service which sticks with people irrespective of where they are living)
  - A more flexible commissioning model for floating support services that allows the provider to flex hours up and down, to meet client need, increase capacity and achieve better value for money for the commissioner
  - Low level support 1-2 hours per week
  - Invest to save preventative approach to reduce level of tenancy breakdown
- A more intensive navigator type support service targeted at people with dual diagnosis and complex needs including mental health/ASB/substance misuse

7. Predicting future demand and future supply

Future demand

Data from PANSI (Figures 35 and 36) only shows low predicted increases in numbers of people with mental health problems up to 2030, though the numbers of people with early onset dementia are predicted to rise at a faster rate, though still under 10% for both men and women.

Figure 35: Number of People in Barnsley Predicted to have a Mental Health Disorder, 2014-2030

Age and Type of Mental Health Disorder	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
People aged 18-64 predicted to have a common mental disorder	23,082	23,132	23,333	23,289	23,171	89	0.4
People aged 18-64 predicted to have a borderline personality disorder	645	647	652	650	647	2	0.3
People aged 18-64 predicted to have an antisocial personality disorder	501	503	507	510	509	8	1.6
People aged 18-64 predicted to have psychotic disorder	574	575	580	579	576	2	0.3
People aged 18-64 predicted to have two or more psychiatric disorders	10,319	10,346	10,433	10,430	10,385	66	0.6

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 36: Number of People aged 30-64 in Barnsley Predicted to have Early Onset Dementia, 2014-2030

Gender and Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
Males aged 30-39	1	1	1	1	1	0	0
Males aged 40-49	4	4	3	3	3	-1	-25
Males aged 50-59	19	20	22	21	19	0	0
Males aged 60-64	14	14	15	17	18	4	28.6
Total males aged 30-64	**38**	**38**	**41**	**42**	**41**	**3**	**7.9**
Females aged 30-39	1	1	1	1	1	0	0
Females aged 40-49	4	4	4	3	4	0	0
Females aged 50-59	12	13	14	13	12	0	0
Females aged 60-64	8	8	9	10	11	3	37.5
Total females aged 30-64	**26**	**26**	**28**	**28**	**27**	**1**	**3.8**

Source: PANSI (Projecting Adult Needs and Service Information)

Summary of additional future supply or re-provision needed up to 2030

Extra 100 places in extra care housing for people aged 55+ with mental health problems who will move into older age (Nos. are included in supply figures under older people)

Emergency/respite - immediately available housing:

- **Immediately available accommodation needed for 1-5 people a month** to avoid hospital admission in particular for people with dual diagnosis
- Need for short-term accommodation to avoid homelessness from family breakdown ï mainly using existing provision (e.g.Jubilee Gardens) ï **2-3 people a month**

Note: these figures are included in the single homelessness gap analysis figures for immediately available housing to avoid homelessness, rough sleeping, and hospital admission, and to avoid homelessness on discharge from hospital and prison.

8. Recommendations

The current use of institutional care and accommodation is unbalanced and the system needs rebalancing away from use of care and nursing homes. A clear pathway is needed to move people out of institutional care

The mental health housing pathway developed in 2010, which has lapsed, needs to be updated and reinstated, and improved information is needed for staff about housing options for people with mental health problems and dual diagnosis.

The role of the Housing Resettlement Worker in the EIT should be retained, and the potential of the post providing wider accommodation advice to both hospital ward staff at Kendray Hospital and the other specialist mental health teams should be clarified. There needs to be closer working with the HOAPS service to jointly resolve housing needs of people with mental health needs and dual diagnosis.

Action to find accommodation solutions to avoid admissions to Kendray Hospital for primarily housing and homelessness reasons should be addressed as a priority. The main priority is people with dual diagnosis and complex needs. The potential of Jubilee Gardens and The High Street to provide emergency and short-term respite accommodation as part of their future role should be considered. If the focus is on avoiding hospital admissions then a joint funding approach should be developed between SWYFT and Barnsley Council. A further option might be to use short-term Shared Lives placements.

Other accommodation priorities are for younger people who need respite from the family home.

More flexible models of commissioning floating support would increase capacity in the system.

Annex B - Appendices

Introduction

The Appendices for Annex B follow the same order as the Annex:

1. Learning Disability (pages 48 - 63)
2. PDSI (pages 64 ï 69)
3. Mental Health (pages 70 ï 87)

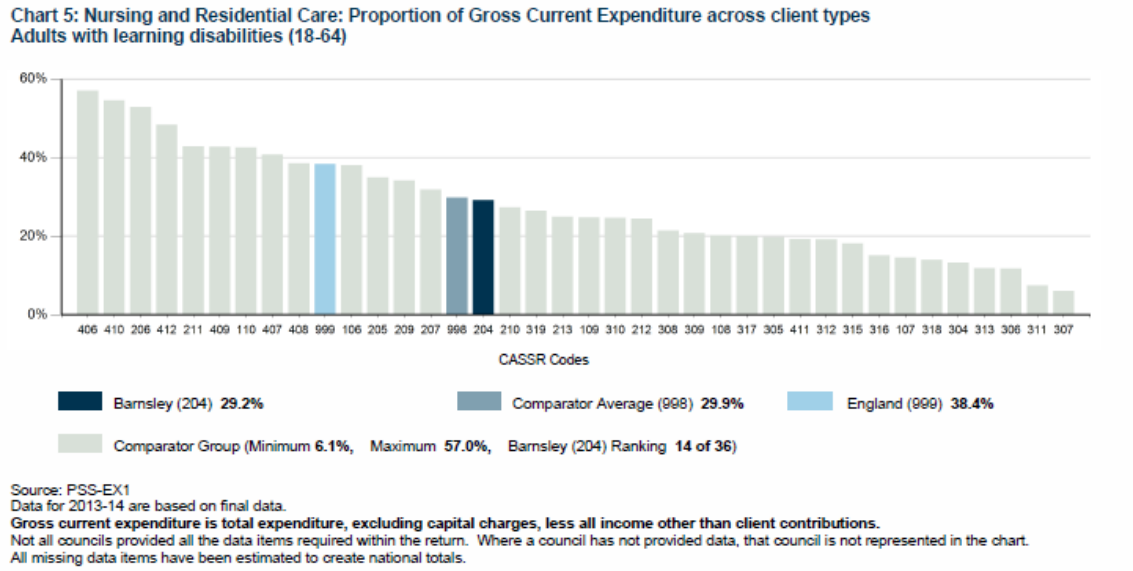
Appendix B1: Learning Disability

Adult Social Care performance data and care management data on older people – links to section 3 of the learning disability part of Annex B

Social Care Barnsley Department of Health NASCIS data

Department of Health NASCIS data for adult social care shows that Barnsley has a lower spend on residential care for adults with learning disabilities than the England average and a slightly lower spend than its comparator group average, as shown in Figure 1.

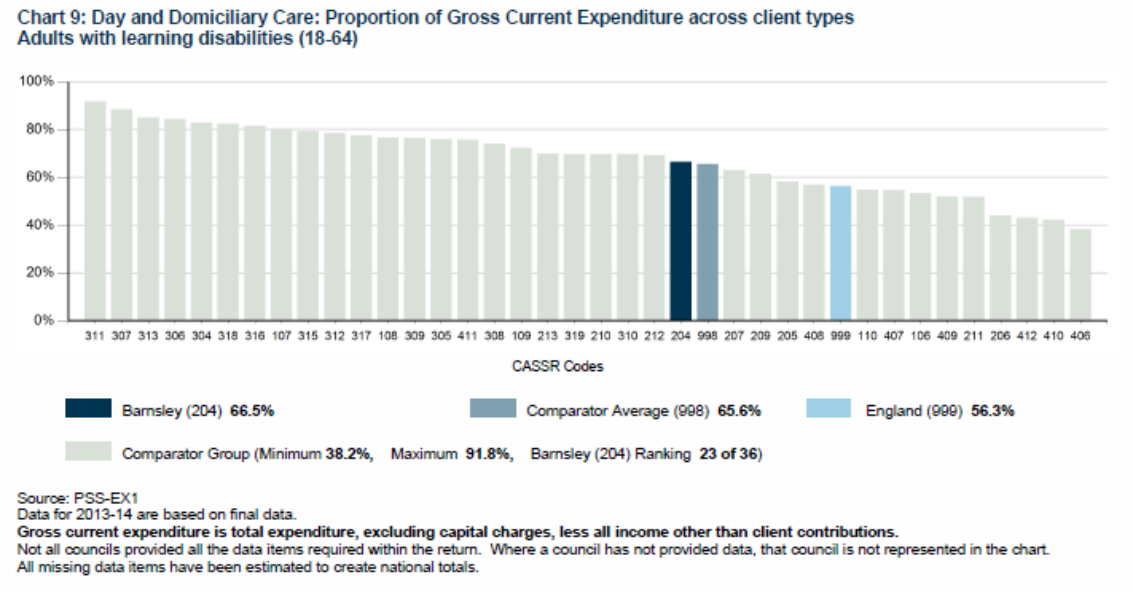
Figure 1: Spend on nursing and residential care for People with a learning disability in Barnsley compared with comparator group and England averages



Source: PSS-EX1
Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
All missing data items have been estimated to create national totals.

NASCIS data in Figure 2 also shows that Barnsley has a slightly higher spend than its comparator group and a much higher spend than the England average on day care and domiciliary care for people with a learning disability.

Figure 2: Spend on day and domiciliary care for People with a learning disability in Barnsley compared with comparator group and England averages



Social Care client data on people with a learning disability in Barnsley

Social care client group data was provided to us for people in Barnsley who were being supported in the community and also people in care and nursing home placements.

Community data

Figure 3 shows that 518 people are being supported by adult social care in the community.

Figure 3: Number of people with a learning disability supported in the community

Client Group	Number
Learning Disability	518

Figures 4-7 set out the age spread of people supported in the community. There is a relatively even spread across all ages, including a significant number of older people ï 77 people (14.9%) aged 55-64 and 49 people (9.5%) aged 65+. 90.5% are aged under 65

Figure 4: Age of people with a learning disability supported in the community

Age of Client with Learning Disability	Number	Percentage
Under 20 years	21	4.1%
20-24 years	80	15.4%
25-34 years	97	18.7%
35-44 years	90	17.4%
45-54 years	104	20.1%
55-64 years	77	14.9%
65-74 years	45	8.7%
75+ years	4	0.8%
TOTAL	518	

Figure 5: numbers of people with a learning disability over and under 65 supported in the community

Age of Client with Learning Disability	Number	Percentage
Adults (under 65 years)	469	90.5%
Older People (65+)	49	9.5%
TOTAL	518	

Figure 6 provides information on the type of accommodation occupied by people with a learning disability who are living and supported by the Council within the community. The highest number (126) live in supported living accommodation, with 92 owner occupiers, 79 social housing tenants and 20 private sector tenants. However for 173 people this data is not recorded.

Figure 6: Type of accommodation that people with a learning disability live in

Accommodation Type for people with a Learning Disability	Number
Not recorded	173
Acute/long stay health care	2
Adult placement	26
Housing Association	20
Owner Occupied	92
Supported Accommodation	126
Tenant ï Local Authority	59
Tenant ï Private Landlord	20
TOTAL	518

Figure 7 shows the tenure that people with a learning disability live in. For nearly two thirds of people (327 people) this data is not recorded.

Figure 7: Tenure of people with a learning disability living in the community

Tenure of people with a Learning Disability	Number	Percentage
Housing Association	20	3.9%
Owner Occupied	92	17.8%
Tenant ï Local Authority	59	11.4%
Tenant ï Private Landlord	20	3.9%
Not recorded	327	63.1%
TOTAL	518	

Figures 8 show that only 40 people (7.7%) with a learning disability in the community and receiving services from the Council are living alone

Figure 8: Numbers of people with a learning disability living in the community living alone

Client Group	Living Alone No.	Living Alone %	Not living alone No.	Not living alone %	TOTAL
Learning Disability	40	7.7%	478	92.3%	518

Figure 9: Number of people receiving day care, direct payments and home care

Service type	Receiving service	Not receiving service
Day Care	183	335
Direct Payments	170	348
Home Care	189	329

Care and nursing home placements data

Figures 10 shows that 115 people with a learning disability are in a care or nursing home placement, as compared with 518 people receiving community based services.

Figure 10: Number of people with a learning disability in a care or nursing home

Client Group	Number
Learning Disability	115

Of these people Figure 11 shows that over 90% are living in a care home and less than 10% in a nursing home

Figure 11: Proportion of people with a learning disability in a home in residential or nursing care

Client Group	Nursing	Residential
Learning Disability	9.6%	90.4%

Figure 12 shows that three quarters of people with a learning disability in Barnsley in a care home are under 65 and Figure 13 provides a breakdown by age. 9.5% are under 25 and there is then a reasonable age spread across the 25-64 age groups.

Figure 12: Proportion of people with a learning disability in a care home who are under or over 65

Client Group	Adult (under 65)	Older person (65+)
Learning Disability	74.8%	25.2%

Figure 13: Age breakdown of people with a learning disability in a care home

Age of Client with Learning Disability	Percentage
Under 20 years	1.7%
20-24 years	7.8%
25-34 years	20%
35-44 years	13.9%
45-54 years	22.6%
55-64 years	10.4%
65-74 years	15.7%
75+ years	7.8%

Figure 14 shows the number of years since admission to a care home. Nearly a third have been in for 1-3 years and a further third for 4-6 years. 15.7% have been in for over 10 years

Figure 14: Years since admission to a care home

Years since admission of Client with Learning Disability	Percentage
Less than 1 year	7.0%
1-3 years	32.2%
4-6 years	32.2%
7-9 years	13.0%
10-12 years	8.7%
13+ years	7.0%

Support services

Other housing related support data about clients entering support services (supported accommodation and floating support services) in Figure 15 showed that only a small number of clients in HRS funded services have a primary or secondary vulnerability categorised as learning disability.

Figure 15: Client data of proportion of people receiving HRS have learning disability

Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Primary learning disabilities	6	1.2%	1	0.2%	2	0.6%
Secondary learning disabilities	8	1.6%	16	3.5%	6	1.9%
Total clients in support services each year / % with learning disabilities	490	2.8%	458	3.7%	312	2.5%

What is in place to meet demand (supply of accommodation, floating support and other services) – links to section 4 of the learning disability part of Annex B

Figure 17: Residential care and nursing home places for Adults with learning disabilities

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Dorothy House	Residential		x			x	16
The Brambles	Nursing		x	x			6
Central – Kingstone							
Shaftsbury House	Residential		x				10
Central – Stairfoot							
Park Cottages	Residential		x				9
Central – Worsbrough							
Highfield Farm	Residential		x				11
Oak House	Residential		x	x		x	4
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Ivy Mead	Residential	x	x	x		x	19
Penistone – Penistone East							
Hoylands House	Residential		x				11
South – Darfield							
Havenfield Lodge	Nursing		x	x			46
Pennine View	Residential		x				2
Rosglen Residential Home	Residential		x				9
South – Wombwell							
36 West Street	Residential		x				6
TOTAL							**162**

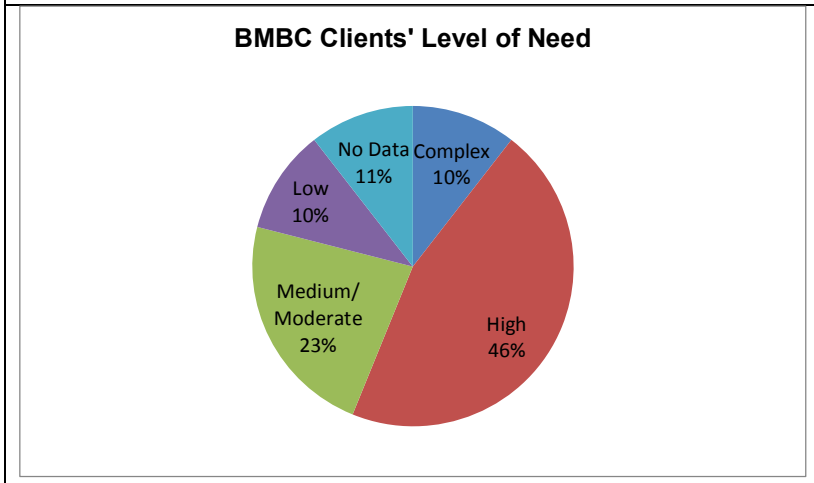
Figure 18: Anonymised data from adult social care about people living in council managed and independent sector managed supported living

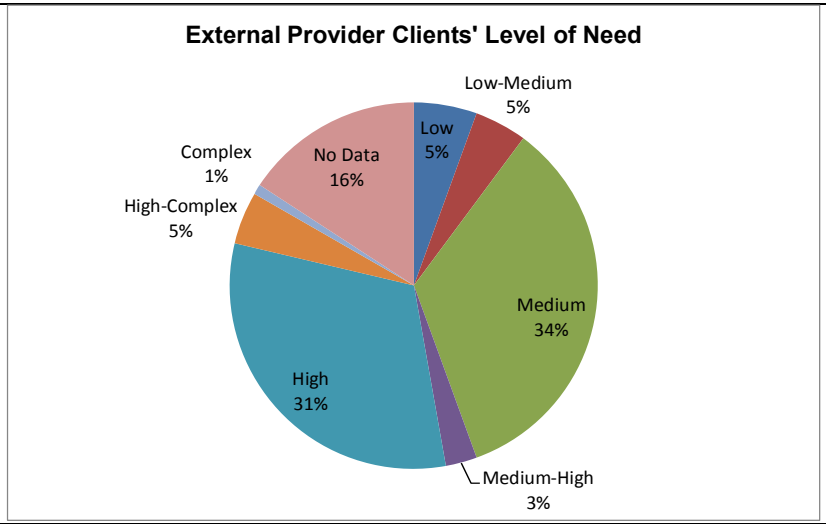
BMBC
Level of LD
Level of Need

Level of Need	No.	%
Complex	6	10.5
High	26	45.6
Medium/ Moderate	13	22.8
Low	6	10.5
No Data	6	10.5

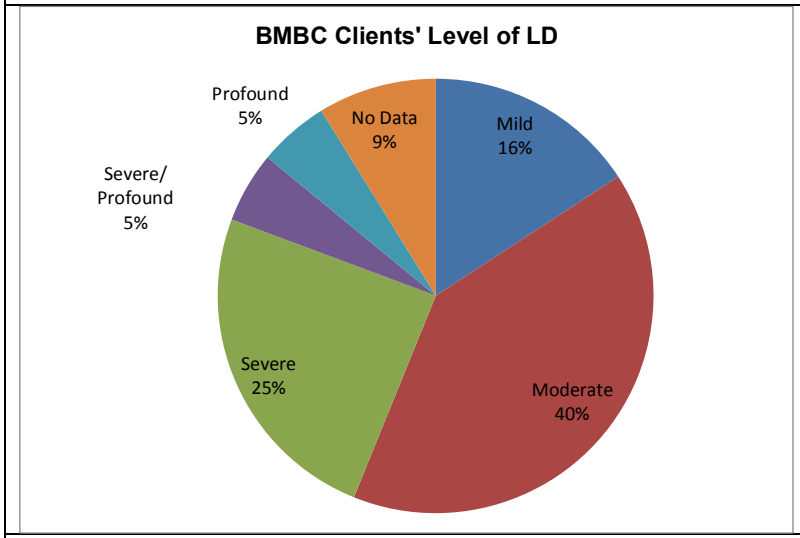
External Providers
Level of Need

Level of Need	No.	%
Low	6	5.6
Low-Medium	5	4.6
Medium	37	34.3
Medium-High	3	2.8
High	34	31.5
High-Complex	5	4.6
Complex	1	0.9
No Data	17	15.7

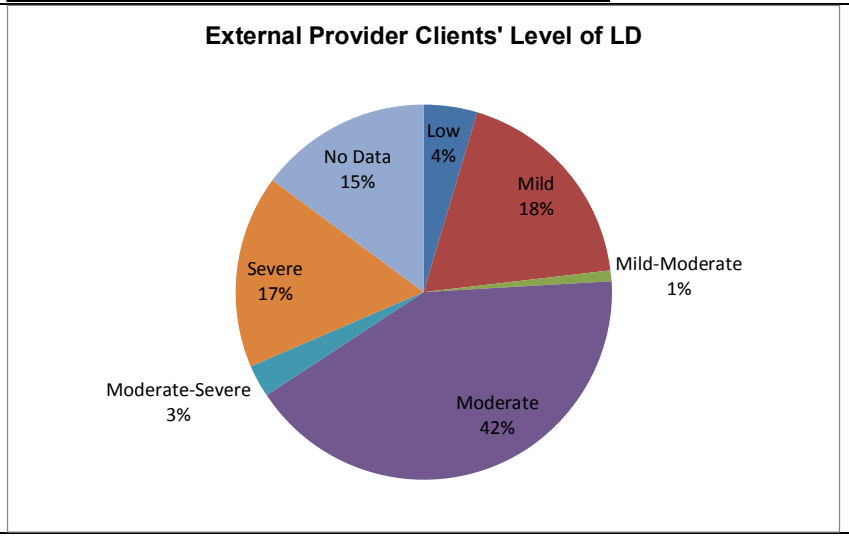




Level of LD	No.	%
Mild	9	15.8
Moderate	23	40.4
Severe	14	24.6
Severe/ Profound	3	5.3
Profound	3	5.3
No Data	5	8.8



Level of LD	No.	%
Low	5	4.6
Mild	20	18.5
Mild-Moderate	1	0.9
Moderate	45	41.7
Moderate-Severe	3	2.8
Severe	18	16.7
No Data	16	14.8



Complexity of Support

Number of Complexities of Support	No.	%
0	11	19.3
1	6	10.5
2	22	38.6
3	18	31.6

Complexity

Number of Complexities	No	%
0	34	31.5
1	23	21.3
2	24	22.2
3	27	25.0

Complexity of Support 1	No.	%
Autism	2	3.5
Behaviour	12	21.1
Behaviour OCD	1	1.8
Communication	1	1.8
Dementia	4	7.0
Epilepsy	4	7.0
Forensic Issues	2	3.5
Health	3	5.3
Mental Health	6	10.5
Mobility	1	1.8
Non Verbal LD	3	5.3
Physical Disability	2	3.5
Physical Health	1	1.8
Risk Behaviour	1	1.8
Sensory	3	5.3
Blank	11	19.3

Complexity of Support 1	No.	%
Autism	3	2.8
Behaviour	21	19.4
Behaviour/ Communication	1	0.9
Cognitive Decline	2	1.9
Communication	1	0.9
Complex	1	0.9
Dementia	2	1.9
Epilepsy	3	2.8
Health	7	6.5
Mental Health	7	6.5
Mobility	8	7.4
Non Verbal LD	5	4.6
Personal Care	3	2.8
Physical Disability	4	3.7
Risk Management	1	0.9
Sensory	1	0.9
Sight Impaired	2	1.9
Tourette's Syndrome	1	0.9
Vulnerability	1	0.9
Blank	34	31.5

Complexity of Support 2	No.	%
Autism	3	5.3
Behaviour	8	14.0
Communication	1	1.8
Dementia	2	3.5
Diabetes	1	1.8
Epilepsy	1	1.8
Health	4	7.0
Mental Health	1	1.8
Mobility	4	7.0
Non Verbal LD	6	10.5
Physical Disability	5	8.8
Risk Management	2	3.5
Sensory	1	1.8
Substance Misuse	1	1.8
Blank	17	29.8

Complexity of Support 2	No.	%
Epilepsy	1	0.9
ADL Support	1	0.9
Behaviour	4	3.7
Behaviour/Autism	1	0.9
Cognitive Decline	1	0.9
Cognitive Decline / Dementia	1	0.9
Communication	2	1.9
Dementia	1	0.9
Epilepsy	5	4.6
Health	4	3.7
Hearing Impairment	1	0.9
Mental Health	3	2.8
Mobility	8	7.4
Non Verbal LD	4	3.7
Personal Care	6	5.6
Physical Health (Diabetes)	1	0.9
Risk Management	7	6.5
Blank	57	52.8

Complexity of Support 3	No.	%
Autism	2	3.5
Health	3	5.3
Health / Sensory	1	1.8
Mobility	5	8.8
Non Verbal LD	2	3.5
Physical Disability	1	1.8
Physical Health	3	5.3
Sensory	1	1.8
Blank	39	68.4

Complexity of Support 2	No.	%
Epilepsy	1	0.9
ADL Support	1	0.9
Behaviour	4	3.7
Behaviour/Autism	1	0.9
Cognitive Decline	1	0.9
Cognitive Decline / Dementia	1	0.9
Communication	2	1.9
Dementia	1	0.9
Epilepsy	5	4.6
Health	4	3.7
Hearing Impairment	1	0.9
Mental Health	3	2.8
Mobility	8	7.4
Non Verbal LD	4	3.7
Personal Care	6	5.6
Physical Health (Diabetes)	1	0.9
Risk Management	7	6.5
Blank	57	52.8

Support Hours

Existing Support Hours Grouped	No.	%
4 to 16	13	22.8
17-39	11	19.3
40-65	15	26.3
66-105	11	19.3
Blank	7	12.3

Support Hours

In receipt of Individual Budget	24
% Total	22.2

Existing Support Hours Comments	No.	%
Shared sleep in	21	36.8
Shared sleep in & WN staff	4	7.0
Shared WN	4	7.0
Sleep in x 7	5	8.8
Sleep in x 7 (Section 117)	2	3.5
WN	1	1.8
Blank	20	35.1

Support Hrs Weekly	No.	%
10	4	3.7
18	1	0.9
20	2	1.9
21	1	0.9
25	4	3.7
25.6	1	0.9
29	1	0.9
29.5	1	0.9
30	1	0.9
30.25	2	1.9
35	1	0.9
40	1	0.9
64	2	1.9
Not Recorded	86	79.6

Accommodation Requirements

Accommodation Requirements further detail 1	No.	%
Core and Cluster	4	7.0
Extra Care with wrap around support	1	1.8
Floating Support	3	5.3
Key Ring	3	5.3
Residential	6	10.5
Residential - Dementia	1	1.8
Residential - LD Specific	9	15.8
Shared Lives Placement	1	1.8
Sheltered Accommodation	4	7.0
Sheltered/Extra Care	6	10.5
Blank	19	33.3

Accommodation requirements

Accommodation Requirements	No.	%
Core and Cluster Model / or Clustered Accommodation	1	0.9
Explore possibility of Sheltered/Extra Care	1	0.9
Ground Floor / Level Access	1	0.9
Individual Occupancy may suit Key Ring scheme with additional support	1	0.9
Individual or Shared Accommodation	1	0.9
Individual or shared occupancy. May suit sheltered/ extra care in the future	1	0.9
Residential Placement or may suit Extra Care but would require significant additio	1	0.9
Shared Accommodation	11	10.2
Shared accommodation & family support	1	0.9
Shared Accommodation or Core and Cluster	1	0.9
Shared Accommodation with compatible other(s) and sleep in support overnight	4	3.7
Shared Accommodation with compatible others	2	1.9
Shared Accommodation with sleep in support	29	26.9
Shared Accommodation with sleep in support or consider Extra Care scheme with	1	0.9
Shared Accommodation with well matched others . Sleep in support	1	0.9
Shared accommodation. Sleep in support overnight.	1	0.9
Shared Lives	1	0.9
Shared or Single Occupancy Accommodation	1	0.9
Sheltered/Extra Care	5	4.6
Single Occupancy	16	14.8
Single Occupancy Accommodation with sleep in	1	0.9
Blank	26	24.1

Accommodation Requirements further detail 2	No.	%
Core and Cluster	1	1.8
Residential - older persons	1	1.8
Shared Lives Placement	1	1.8
Blank	54	94.7

Accommodation Requirements Extra Detail	No.	%
Clustered Accommodation	10	9.
Core and Cluster	6	5.
Core and Cluster or Clustered Accommodation	2	1.
Extra care (shared) with wrap around support	1	0.
Extra Care Accommodation	2	1.
Extra Care with wrap around support	2	1.
Key Ring Scheme	1	0.
May suit Core and Cluster with appropriate risk management	2	1.
Residential - LD Specific	4	3.
Residential Care	3	2.
Residential Placement or Extra Care	1	0.
Shared Lives Placement	2	1.
Sheltered Housing/Extra Care	7	6.
Sheltered Housing/Extra Care	1	0.
Sleep in support	1	0.
Blank	63	58.

Adaptations

Adaptations	No.	%
Environmental adaptations to meet personal care and mobility needs	4	7.0
Level access facilities	24	42.1
Level access facilities and environmental adaptations	1	1.8
Blank	28	49.1

Adaptations

Adaptations	No.	%
Environmental adaptations to maximise independence	1	0.9
Ground Floor Level Access Accommodation and Facilities	4	3.7
Level Access Accommodation and Facilities	33	30.6
Level access facilities. Environmental adaptation to meet sens	1	0.9
Blank	69	63.9

Assistive Technology/ Telecare	No.	%
Door and Window Sensors	1	1.8
Door Sensors	1	1.8
Safe and Secure at Home & Alarm Pendant	4	7.0
Safe and Secure at Home Package	14	24.6
Blank	37	64.9

Assistive Technology/ Telecare	No.	%
Assess for suitability for use of Telecare	1	0.9
Assess for Telecare 'falls risk'	1	0.9
Central Call	3	2.8
Central Call, Assessment for use of Telecare	1	0.9
Central Call, Safe and Secure at Home	10	9.3
Potential to use Assistive Technology	2	1.9
Potential to use Central Call, Safe and Secure at Home package	1	0.9
Safe and Secure at Home package	7	6.5
Blank	82	75.9

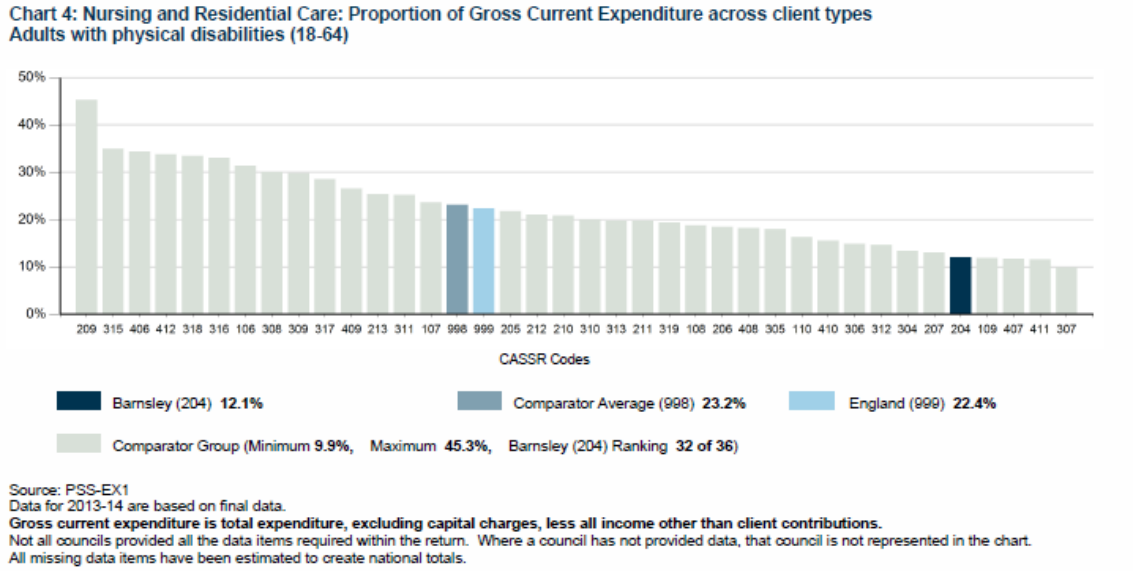
Appendix B2: PDSI

Adult Social Care performance data and care management data on older people – links to section 3 of PDSI part of Annex B

Social Care Barnsley Department of Health NASCIS data

Figure 1 below from Department of Health NASCIS data for adult social care shows that Barnsley is a low user of nursing and residential care for people with a physical disability compared with both its comparator group and the England average.

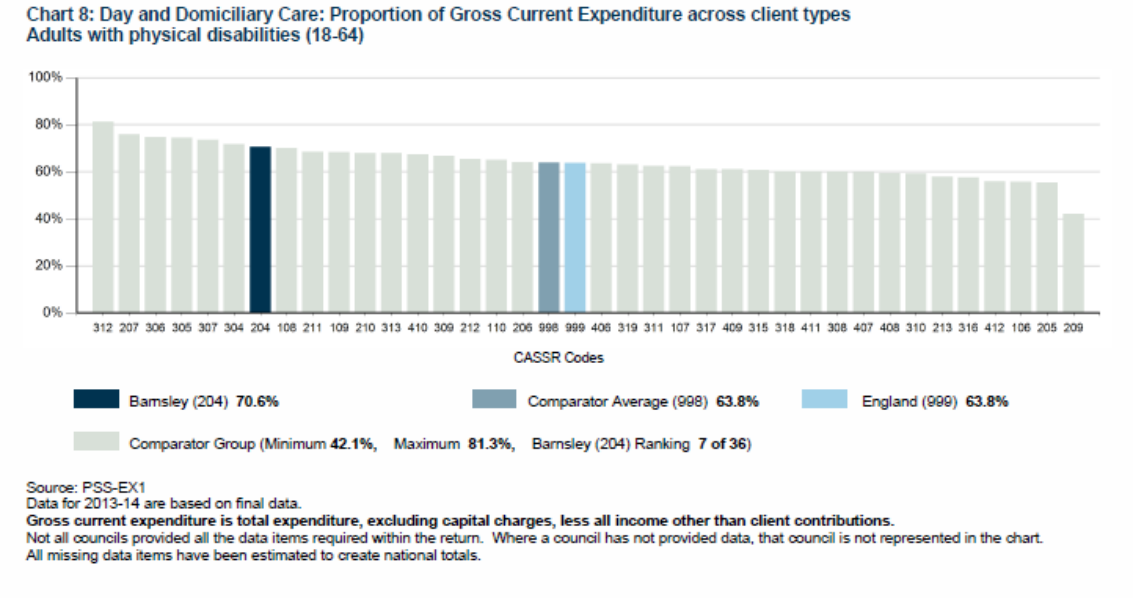
Figure 1: expenditure on nursing and residential care for adults with PDSI



Source: PSS-EX1
Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
All missing data items have been estimated to create national totals.

Figure 2 shows that in contrast Barnsley spends a much higher proportion of its budget than the England and comparator average on day and domiciliary care.

Figure 2: expenditure on day and domiciliary care for adults with PDSI



Social Care client data on people with PDSI in Barnsley

Anonymised data was provided from the Councilôs adult social care client database on adults and older people with PDSI.

Care and nursing home placements

This NASCIS data on low use of residential and nursing home care is confirmed by data on care home placements from Barnsleyôs adult social care database.

The data in Figure 3 below shows that, of the 947 people with a physical disability or visual impairment who were in a residential care or nursing home in April 2015, only 2.7% (26) were under 65. 1.6% were aged 55-64 and 1.1% aged between 35 and 54. There were no adults with physical disability in care home placements under the age of 35.

Figure 3: Adults under 65 with PDSI as %age of all care home placements

Age of adults under 65 with a physical disability as a %age of total placements for all ages	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.4%
45-54 years	0.7%
55-64 years	1.6%
65+	97.3%%

We were told by the Council that there are currently only 9 people with PDSI who are in long-term residential care or nursing homes, and that 30 people have been moved on to more independent settings. We assume therefore that the remainder of the 26 people logged on the adult social care client database as being in long-term care are in short-term or respite placements.

Community placements

Figure 4 below provides information on the breakdown of impairment type for the 1,277 adults and older people with PDSI who are living in the community with support from adult social care. Of those recorded, 1,048 were physically frail, 81 with visual impairment and 17 with hearing impairment.

Figure 4: Disability and impairment type

Client Sub Group	Number
Dual Sensory Loss	3
Hearing Impairment	17
Physically Frail/ Temporarily Ill	1,048
Visual Impairment	81
Not recorded	128
TOTAL	1,277

The data from the adult social care database on people with a physical disability living in the community shows in Figure 5 that 227 (17.8%) are under 65. It shows that a much higher number of people with PDSI under 65 are being supported in the community (227) rather than in long-term care (26)

Figure 5: Number and %age of PDSI clients who are under or over 65

Age of Client with a Physical Disability	Number	Percentage
Adults (under 65 years)	227	17.8%
Older People (65+)	1050	82.2%
TOTAL	1277	100%

A more detailed age breakdown is provided in Figure 6 below.

Figure 6: Age breakdown of people with PDSI receiving community based services

Age of Client with a Physical Disability	Number	Percentage
Under 20 years	1	0.1%
20-24 years	6	0.5%
25-34 years	21	1.6%
35-44 years	32	2.5%
45-54 years	70	5.5%
55-64 years	97	7.6%
65-74 years	190	14.9%
75+ years	860	67.3%
TOTAL	1277	100%

Figure 7 shows the accommodation type of people of all ages with PDSI living in the community.

Figure 7: Accommodation type of people with PDSI

Accommodation Type for people with a Physical Disability	Number
Not recorded	135
Acute/long stay health care	0
Adult placement	1
Housing Association	111
Owner Occupied	580
Supported Accommodation	0
Tenant ï Local Authority	416
Tenant ï Private Landlord	34
TOTAL	1277

Figures 8-10 show the tenure breakdown, firstly across all ages (Figure 8) and then for people under 65 (Figure 9) and people aged 65+ (Figure 10).

For people under 65 the largest tenure group is social and private renting, whereas for people aged 65+ a higher proportion own their own homes (47.8%) rather than rent

Figure 8: Tenure of people with PDSI (all ages of adults)

Tenure of people with a Physical Disability	Number	Percentage
Housing Association	111	8.7%
Owner Occupied	580	45.4%
Tenant ï Local Authority	416	32.6%
Tenant ï Private Landlord	34	2.7%
Not recorded	136	10.6%
TOTAL	1277	100%

Figure 9: Tenure of people with PDSI under 65

Tenure	No.	% of that age group
Adult Placement	1	0.4%
Housing Association	27	11.9%
Owner Occupied	78	34.4%
Tenant Local Authority	87	38.3%
Tenant Private Landlord	14	6.2%
Not Recorded	20	8.8%
Total	227	100.0%

Figure 10: Tenure of people with PDSI aged 65+

Tenure	No.	% of that age group
Housing Association	84	8.0%
Owner Occupied	502	47.8%
Tenant Local Authority	329	31.3%
Tenant Private Landlord	20	1.9%
Not Recorded	115	11.0%
Total	1050	100.0%

Figure 11 shows that 34.4% of people with PDSI aged under 65 live alone, whereas this figure increases to 53.9% of people aged 65+

Figure 11: %age of people with PDSI under 65 and 65+ Living Alone

Age Group	No.	% of that age group
Under 65	78	34.4%
65+	566	53.9%

Figure 12 shows that only 3 people with PDSI aged under 65 receive day care.

Figure 12: %age of people with PDSI under 65 and 65+ receiving day care

Age Group	No.	% of that age group
Under 65	3	1.3%
65+	22	2.1%

Figure 13 shows that a much higher %age of people with PDSI aged under 65 (41.9%) are on direct payments than people aged 65+ (18.2%)

Figure 13: %age of people with PDSI under 65 and 65+ on direct payments

Age Group	No.	% of that age group
Under 65	95	41.9%
65+	191	18.2%

Figure 14 shows that receipt of home care is consistent across adults and older people: 50.7% of people under 65 and 57.7% of people aged 65+.

Figure 14: %age of people with PDSI under 65 and 65+ receiving home care

Age Group	No.	% of that age group
Under 65	115	50.7%
65+	606	57.7%

What is in place to meet demand (supply of accommodation, floating support and other services) – links to section 4 of PDSI part of Annex B

Residential care accommodation and placements

Figure 15: Residential care and nursing home places for Adults with Physical disability or sensory impairment

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Dorothy House	Residential		x			x	16
The Brambles	Nursing		x	x			6
Central – Stairfoot							
Neville Court	Nursing	x		x			20
Oak House	Residential		x	x		x	4
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Cherry Trees Care Home	Nursing & Residential	x		x			89
Ivy Mead	Residential	x	x	x		x	19
The Grange and Elm Court	Residential	x		x	x		43
North East – North East							
Dearnevale	Nursing	x		x			40
South – Darfield							
Havenfield Lodge	Nursing		x	x			46
TOTAL							**296**

Appendix B3: Mental health

NHS and Adult Social Care performance data and care management data on older people – links to section 3 of the mental health part of Annex B

This Appendix provides health and social care client data on people with mental Health problems on Barnsley and their housing situation:

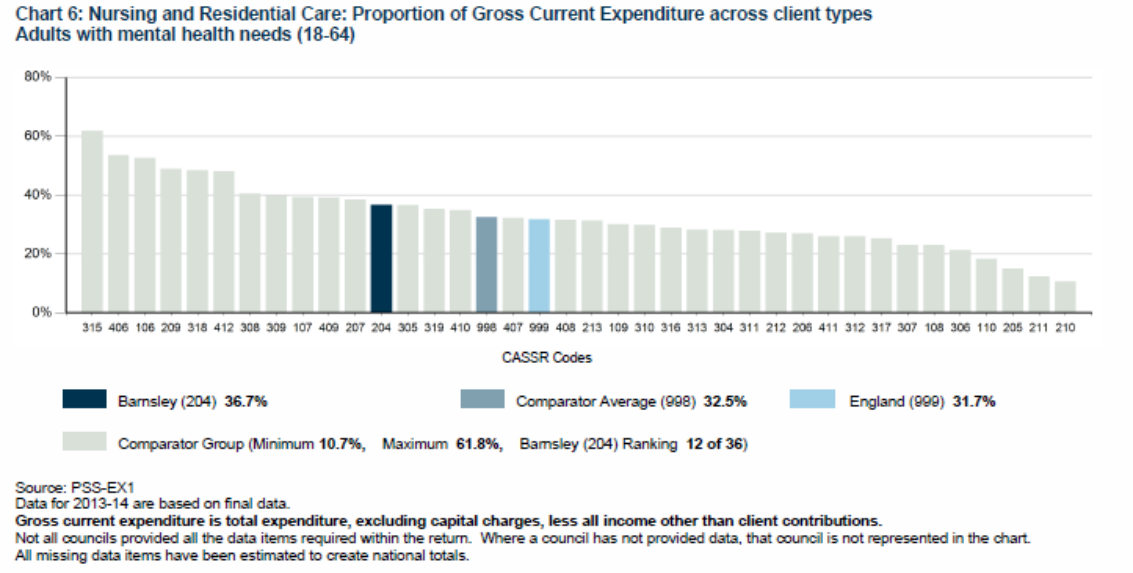
- Department of Health NASCIS data for adult social care for people with mental health problems
- Mental health client data from RIO (the SWYFT database on mental clients in Barnsley)
- Adult Social care data mental health client data

Department of Health NASCIS data

Adult social care outcome measures for people with mental health problems

Department of Health NASCIS data for adult social care shows that Barnsley is a higher than average user of residential care for adults with mental health problems, as is shown in Figure 1 below.

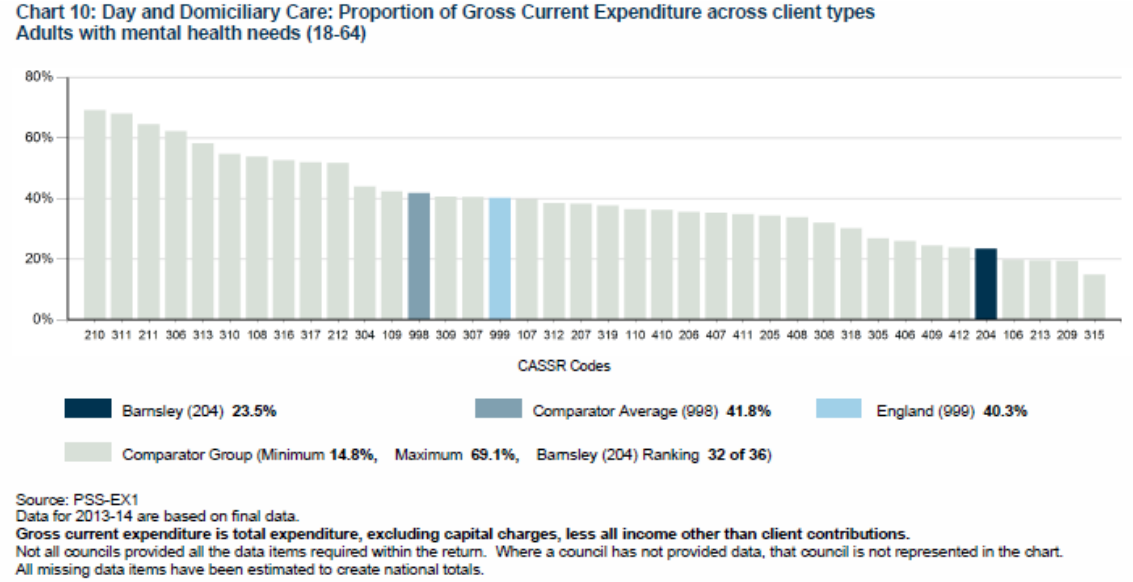
Figure 1: Use of nursing and residential care for people with mental health problems compared with comparator group and England averages



Source: PSS-EX1
Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
All missing data items have been estimated to create national totals.

NASCIS data also shows that Barnsley is a much lower than average user of day and domiciliary care provision for adults with mental health problems, as is shown in the Figure 2 below

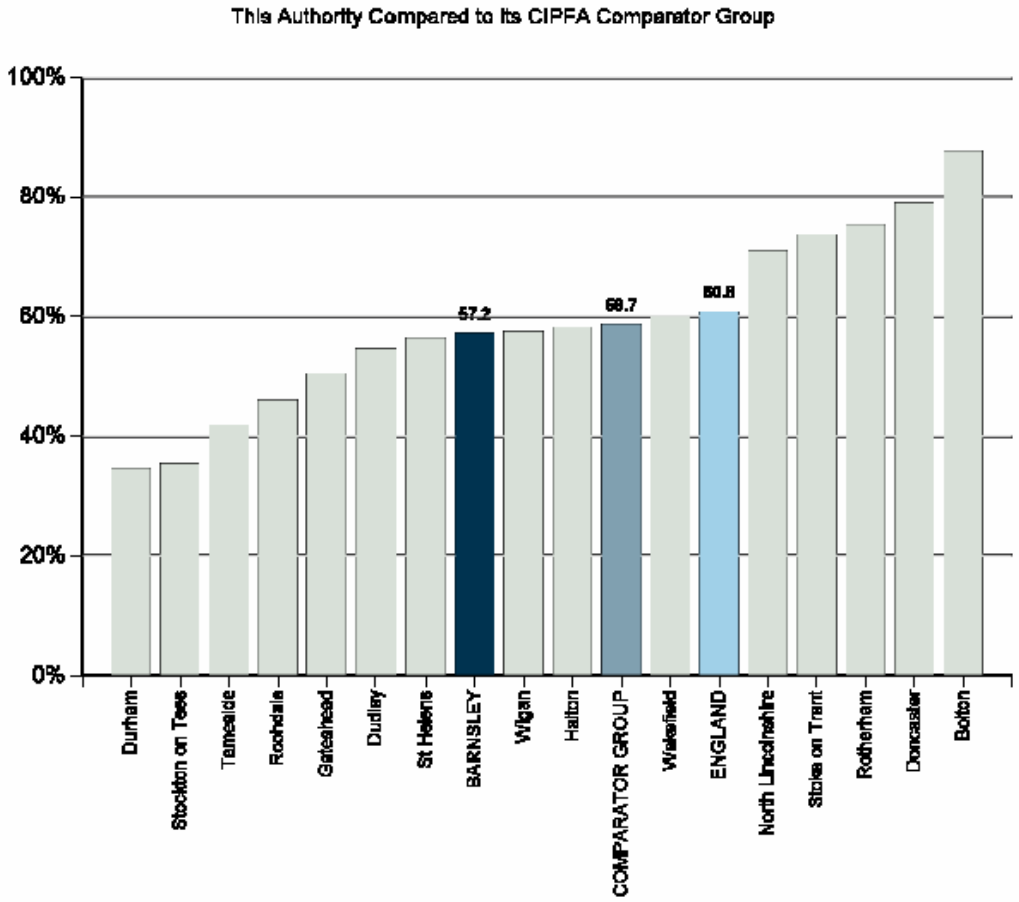
Figure 2: Use of day and domiciliary care for people with mental health problems compared with comparator group and England averages



A further NASCIS indicator looks at the proportion of adults in contact with secondary mental health services living independently living with or without support. As the Figure 3 below shows Barnsley scores lower than both its comparator group and the England average. This indicator links closely with the NHS indicator above on the low proportion of people in Barnsley with mental health problems living in settled accommodation.

Figure 3: Proportion of adults with mental health problems living independently

1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2013-14



Stable and appropriate accommodation is closely linked to improving safety and reducing the risk of social exclusion.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources - Numerator and denominator: MHMDS.

Please note: National totals are not the exact sum of every councils data. In some instances it is not possible to attribute a service user to a council but these service users still form part of the national total.

Data for 2013-14 is based on final data.

Health client data from SWYFT

SWYFT has provided data on people with mental health problems in Barnsley. The tables below cover:

Figures 4-8: ALL clients on the database:

- Clients grouped under the different mental health cluster names
- Accommodation status where known
- Whether or not in settled accommodation
- Age profile

Figures 9-14: ONLY the 24.8% of the clients on the database that are allocated a cluster name. They exclude: people whose cluster was unallocated; and people whose accommodation status was ónot elsewhere classifiedô, ónot knownôor ónot specifiedô Settled and unsettled tables are sub-sets of this group.

- Accommodation status of people in settled accommodation
- Accommodation status of people in non settled accommodation
- Accommodation status (both settled and not settled) by 4 age categories ï under 18, 18-25, 25-65, 65+

The accommodation status tables state whether a particular category of accommodation status is counted as:

- Settled (S)
- Not settled (NonS)

Figure 4 provides information on the number of people in each mental health cluster group for the allocated cases, which represent 24.8% of total cases. 75.2% of cases (11514 cases) were not allocated a designated mental health cluster. The highest proportion of allocated cases relate to:

- Cognitive impairment
- Non psychotic disorders
- Psychoses

Figure 4: Client status by mental health cluster group

Cluster Name	No.	%
0 Variance	26	0.2
1 Common MH prob (Low severity)	8	0.1
10 First Episode Psychosis	146	1.0
11 Ongoing Recurrent Psych (Low symp)	207	1.4
12 Ongoing/Recurrent Psych (High dis)	182	1.2
13 Ongoing/Recurrent Psych High symp/Dis	97	0.6
14 Psychotic Crisis	31	0.2
15 Severe Psychotic Depression	13	0.1
16 Dual Diagnosis	37	0.2
17 Psychosis and Affective Disorder	87	0.6
18 Cognitive Impairment (Low need)	865	5.7
19 Cog Impairment or Dementia(Mod need)	608	4.0
2 Common MH prob (Low sev greater need)	32	0.2
20 Cog Impairment or Dementia(High need)	116	0.8
21 Cog Impairment/Dem (High Phy or Eng)	25	0.2
3 Non-Psychotic (Moderate severity)	214	1.4
4 Non-Psychotic (Severe)	268	1.8
5 Non-Psychotic Disorders (Very severe)	118	0.8
6 Non-Psych Disorder of Over-valued Idea	97	0.6
7 Endure Non-Psych Disorders (High dis)	450	2.9
8 Non-Psych Chaotic/Challenging Disorder	165	1.1
99 Unallocated	11514	75.2

Figure 5 sets out the accommodation status for all cases. In 70.8% of cases the accommodation status is unknown. Of the 29.2% of cases where the accommodation status is known:

People in settled accommodation

The highest proportion were:

- Home owners (10.6%), followed by
- Tenants with a social landlord (7.2%)
- Private sector tenants (2.8%)
- Settled housing with family/friends (2.8%)
- Supported housing (0.2%)
- Sheltered housing (0.1%)

People not in settled accommodation

The highest proportion were people living in different designations of care or nursing home

- People in a non mental health registered care home (1.5%), followed by
- Nursing home for older people (1.3%)
- Mental health registered care home (0.8%)

Smaller numbers of people were not in short or long-term institutional care but were in an unsettled housing situation. For example:

- Staying with family or friends short-term (47 people - 0.3%)
- Sofa surfing (20 people - 0.1%)
- Other homeless (9 people)
- Rough sleeper (4 people)
- Temporary accommodation such as B & B (4 people)
- Refuge (3 people)

Figure 5: Accommodation status of all cases

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.0
Bail/Probation hostel (S)	2	0.0
Extra care sheltered housing (S)	4	0.0
Independent hospital/clinic (Non-S)	4	0.0
MH Registered Care Home (Non-S)	119	0.8
Mobile accom (Gypsy/Roma) (S)	1	0.0
NHS acute psychiatric ward (Non-S)	6	0.0
Non-MH Registered Care Home (Non-S)	225	1.5
Not elsewhere classified	3	0.0
Not known	12	0.1
Not specified	3	0.0
Nursing Home older persons (Non-S)	203	1.3
Other accom care/supp (not spec MH) (S)	8	0.1
Other accom criminal justice supp (S)	1	0.0
Other accom with MH care and support (S)	17	0.1
Other homeless (Non-S)	9	0.1
Other mainstream housing (S)	14	0.1
Other NHS facilities/hospital (Non-S)	1	0.0
Other sheltered housing (S)	6	0.0
Owner/Occupier (S)	1617	10.6
Prison (Non-S)	3	0.0
Refuge (Non-S)	3	0.0
Rough sleeper (Non-S)	4	0.0
Secure psychiatric unit (Non-S)	12	0.1
Settled housing with family/friends (S)	432	2.8
Shared ownership scheme (S)	5	0.0
Sheltered housing for older persons (S)	17	0.1
Sofa surfin-dif friend each night(Non-S)	20	0.1
Specialist rehabilitation/recvry (Non-S)	7	0.0
Squatting (Non-S)	1	0.0
Staying family/friends short term(Non-S)	47	0.3
Supported accommodation (S)	33	0.2
Supported group home (S)	5	0.0
Supported lodgings (S)	1	0.0
Temp LA accom eg B&B (Non-S)	4	0.0
Tenant - Housing Association (S)	424	2.8
Tenant - private landlord (S)	378	2.5
Tenant -LA/Managmnt Org/Reg Landlord (S)	819	5.4
Unknown	10834	70.8

Figure 6 shows that 24.7% of all cases are in settled accommodation, and 4.5% cases are in non settled accommodation. However, for 70.8% of cases the situation is unknown.

Figures 7 and 8 show the age breakdown of cases. Over half are aged 25-65. 23.7% of cases are 25 or under, with nearly half of these under 18. A further 23% are aged 65+

Figure 6: Number and %age of people in settled accommodation

Settled Accommodation	No.	%
Yes	3784	24.7
No	688	4.5
Unknown	10834	70.8

Figure 7: Age Group of people in settled accommodation

Age Group	No.	%
Under 18	1747	11.4
18-25	1889	12.3
25-65	8164	53.3
65+	3506	22.9

Figure 8: Age Profile of people in settled accommodation

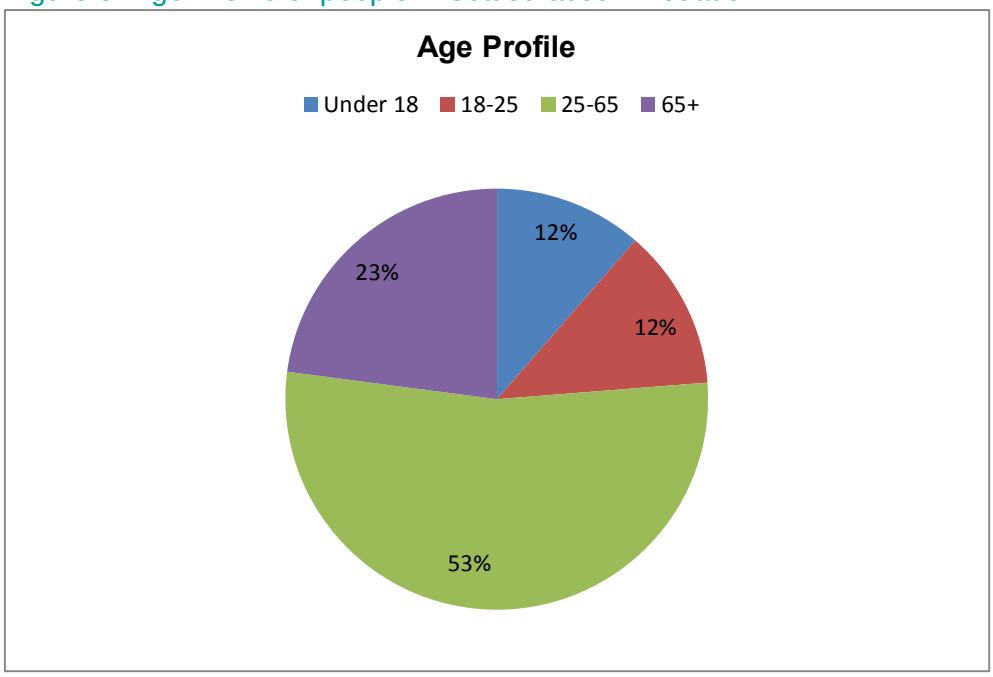


Figure 9 focuses on the 3784 (24.7%) of people who are in settled accommodation. 42.7% are owner occupiers, 32.8% social housing tenants, 10% private sector tenants, 11.4% settled with family or friends. Much smaller numbers are living in some form of specialist housing,

Figure 9: Settled accommodation

Accommodation Status	No.	%
Bail/Probation hostel (S)	2	0.1
Extra care sheltered housing (S)	4	0.1
Mobile accom (Gypsy/Roma) (S)	1	0.0
Other accom care/supp (not spec MH) (S)	8	0.2
Other accom criminal justice supp (S)	1	0.0
Other accom with MH care and support (S)	17	0.4
Other mainstream housing (S)	14	0.4
Other sheltered housing (S)	6	0.2
Owner/Occupier (S)	1617	42.7
Settled housing with family/friends (S)	432	11.4
Shared ownership scheme (S)	5	0.1
Sheltered housing for older persons (S)	17	0.4
Supported accommodation (S)	33	0.9
Supported group home (S)	5	0.1
Supported lodgings (S)	1	0.0
Tenant - Housing Association (S)	424	11.2
Tenant - private landlord (S)	378	10.0
Tenant -LA/Managmnt Org/Reg Landlord (S)	819	21.6

Figure 10 looks at the 688 (4.5%) of people who are not living in settled accommodation. 33.6% are living in a non mental health registered care home, 30.3% in a nursing home for older people, 17% (119people) in a mental health registered care home.

Nearly 12% are in short-term or unsettled accommodation, including: either staying with family or friends on a temporary basis (7%), 3% are sofa surfing; 0.6% rough sleeping and a further 0.6% in temporary accommodation such as B&Bs.

Figure 10: Non-settled accommodation

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.3
Independent hospital/clinic (Non-S)	4	0.6
MH Registered Care Home (Non-S)	119	17.8
NHS acute psychiatric ward (Non-S)	6	0.9
Non-MH Registered Care Home (Non-S)	225	33.6
Nursing Home older persons (Non-S)	203	30.3
Other homeless (Non-S)	9	1.3
Other NHS facilities/hospital (Non-S)	1	0.1
Prison (Non-S)	3	0.4
Refuge (Non-S)	3	0.4
Rough sleeper (Non-S)	4	0.6
Secure psychiatric unit (Non-S)	12	1.8
Sofa surfin-dif friend each night(Non-S)	20	3.0
Specialist rehabilitation/recvry (Non-S)	7	1.0
Squatting (Non-S)	1	0.1
Staying family/friends short term(Non-S)	47	7.0
Temp LA accom eg B&B (Non-S)	4	0.6

Figures 11-14 break the data of accommodation status for different age groups, showing numbers and %ages in both settled and unsettled accommodation.

Under 18

Figure 11 shows that most people aged under 18 who have an allocated cluster group are in settled accommodation

Figure 11: Accommodation status for people under 18

Accommodation Status	No.	%
Other accom care/supp (not spec MH) (S)	1	5.6
Owner/Occupier (S)	1	5.6
Settled housing with family/friends (S)	14	77.8
Staying family/friends short term(Non-S)	1	5.6
Tenant - private landlord (S)	1	5.6

18-25

Figure 12 shows that most people aged 18-25 who have an allocated cluster group are in settled accommodation. However, 8 (2.1%) are sofa surfing, one is homeless, and 1 is squatting

Figure 12: Accommodation status for people aged 18-25

Accommodation Status	No.	%
Bail/Probation hostel (S)	1	0.3
NHS acute psychiatric ward (Non-S)	2	0.5
Other accom care/supp (not spec MH) (S)	1	0.3
Other accom with MH care and support (S)	1	0.3
Other homeless (Non-S)	1	0.3
Other mainstream housing (S)	2	0.5
Owner/Occupier (S)	11	2.9
Prison (Non-S)	2	0.5
Secure psychiatric unit (Non-S)	1	0.3
Settled housing with family/friends (S)	189	50.1
Sofa surfin-dif friend each night(Non-S)	8	2.1
Specialist rehabilitation/recvry (Non-S)	1	0.3
Squatting (Non-S)	1	0.3
Staying family/friends short term(Non-S)	19	5.0
Supported accommodation (S)	5	1.3
Supported group home (S)	2	0.5
Supported lodgings (S)	1	0.3
Tenant - Housing Association (S)	28	7.4
Tenant - private landlord (S)	61	16.2
Tenant -LA/Managmnt Org/Reg Landlord (S)	40	10.6

25-65

Figure 13 shows that most people are in settled accommodation. However, of those not in settled accommodation, 25 are staying with family and friends on a short-term basis, 12 are sofa surfing, 8 are homeless, 4 are rough sleeping, 3 are living in a refuge, and 3 in B&Bs or other temporary accommodation.

Figure 13: Accommodation status for people aged 25-65

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.1
Bail/Probation hostel (S)	1	0.1
Extra care sheltered housing (S)	2	0.1
Independent hospital/clinic (Non-S)	4	0.2
MH Registered Care Home (Non-S)	13	0.7
NHS acute psychiatric ward (Non-S)	1	0.1
Non-MH Registered Care Home (Non-S)	4	0.2
Nursing Home older persons (Non-S)	5	0.3
Other accom care/supp (not spec MH) (S)	4	0.2
Other accom criminal justice supp (S)	1	0.1
Other accom with MH care and support (S)	11	0.6
Other homeless (Non-S)	8	0.4
Other mainstream housing (S)	11	0.6
Other sheltered housing (S)	2	0.1
Owner/Occupier (S)	554	29.8
Prison (Non-S)	1	0.1
Refuge (Non-S)	3	0.2
Rough sleeper (Non-S)	4	0.2
Secure psychiatric unit (Non-S)	10	0.5
Settled housing with family/friends (S)	193	10.4
Shared ownership scheme (S)	4	0.2
Sofa surfin-dif friend each night(Non-S)	12	0.6
Specialist rehabilitation/recvry (Non-S)	5	0.3
Staying family/friends short term(Non-S)	25	1.3
Supported accommodation (S)	21	1.1
Supported group home (S)	1	0.1
Temp LA accom eg B&B (Non-S)	3	0.2
Tenant - Housing Association (S)	237	12.7
Tenant - private landlord (S)	269	14.5
Tenant -LA/Managmnt Org/Reg Landlord (S)	449	24.1

65+

Figure 14 shows that most people aged 65+ who have an allocated cluster group are in settled accommodation. Very few are in temporary housing, with 2 staying with family and friends short-term and 1 in B&B.

Figure 14: Accommodation status for people aged 65+

Accommodation Status	No.	%
Extra care sheltered housing (S)	2	0.1
MH Registered Care Home (Non-S)	106	4.8
Mobile accom (Gypsy/Roma) (S)	1	0.0
NHS acute psychiatric ward (Non-S)	3	0.1
Non-MH Registered Care Home (Non-S)	221	10.1
Nursing Home older persons (Non-S)	198	9.0
Other accom care/supp (not spec MH) (S)	2	0.1
Other accom with MH care and support (S)	5	0.2
Other mainstream housing (S)	1	0.0
Other NHS facilities/hospital (Non-S)	1	0.0
Other sheltered housing (S)	4	0.2
Owner/Occupier (S)	1051	47.8
Secure psychiatric unit (Non-S)	1	0.0
Settled housing with family/friends (S)	36	1.6
Shared ownership scheme (S)	1	0.0
Sheltered housing for older persons (S)	17	0.8
Specialist rehabilitation/recvry (Non-S)	1	0.0
Staying family/friends short term(Non-S)	2	0.1
Supported accommodation (S)	7	0.3
Supported group home (S)	2	0.1
Temp LA accom eg B&B (Non-S)	1	0.0
Tenant - Housing Association (S)	159	7.2
Tenant - private landlord (S)	47	2.1
Tenant -LA/Managmnt Org/Reg Landlord (S)	330	15.0

Adult social care client data for people with mental health problems

Adult social care data is provided below for people living in community settings and people in care homes. Most people recorded in both sets of data are aged 65+, and there is therefore an overlap with the older peopleŝ Annex in this report. However, the data is reproduced in full for comparison purposes.

The numbers are much smaller than in the SWYFT mental health client data base as most mental health services in Barnsley are provided via SWYFT, with the adult social care role confined to financial support where appropriate.

People with mental health problems living in community settings.

Figure 15 shows that 223 people with mental health problems on the adult social care client database are living in community settings

Figure 15: Number in a community setting

Client Group	Number
Mental Illness	223

Figure 16 shows that of the client sub group 125 people have dementia and for 98 people the client sub group is not recorded

Figure 16: Client sub group

Client Sub Group	Number
Dementia	125
Not recorded	98

Figures 17 and 18 provides the age breakdown, with 77.6% aged 65+ (with most aged 75+), and 22.4% aged under 65. Only 6.7% are aged under 45.

Figure 17: Age breakdown

Age of Client with Mental Illness	Number	Percentage
Under 20 years	0	0%
20-24 years	1	0.4%
25-34 years	8	3.6%
35-44 years	6	2.7%
45-54 years	16	7.2%
55-64 years	19	8.5%
65-74 years	33	14.8%
75+ years	140	62.8%
TOTAL	223	100%

Figure 18: Age breakdown, over or under 65+

Age of Client with Mental Illness	Number	Percentage
Adults (under 65 years)	50	22.4%
Older People (65+)	173	77.6%
TOTAL	223	100%

Figure 19 details the accommodation type, with most being owner occupiers or social renting. However, the accommodation type for over one third (82 people) is not recorded.

Figure 19: Accommodation type

Accommodation Type for people with Mental Illness	Number
Not recorded	82
Acute/long stay health care	0
Adult placement	0
Housing Association	12
Owner Occupied	75
Supported Accommodation	0
Tenant ï Local Authority	50
Tenant ï Private Landlord	4
TOTAL	**223**

Figures 20 and 21 set out the tenure breakdown for people under and over 65. This is not recorded for two thirds of people under 65. Of those for whom it is recorded most are social housing tenants. For people aged 65+ there is a higher level of recording, with the highest proportion being owner occupiers.

Figure 20: Tenure of under 65s

Tenure	No.	% of that age group
Housing Association	2	4.0
Owner Occupied	5	10.0
Tenant Local Authority	7	14.0
Tenant Private Landlord	1	2.0
Not Recorded	35	70.0
Total	50	100.0

Figure 21: Tenure of 65+

Tenure	No.	% of that age group
Housing Association	10	5.8
Owner Occupied	70	40.5
Tenant Local Authority	43	24.9
Tenant Private Landlord	3	1.7
Not Recorded	47	27.2
Total	173	100.0

Figure 22 shows that only 8% of people under the age of 65 are living along, though this rises to 38.7% for people aged 65+

Figure 22: Living Alone

Age Group	No.	% of that age group
Under 65	4	8.0
65+	67	38.7

Figures 23 shows that no-one aged under 65 is receiving day care and 5.8% of people aged 65+ are receiving day care.

Figure 23: Day Care

Age Group	No.	% of that age group
Under 65	0	0.0
65+	10	5.8

Figure 24 shows that 12% of people aged under 65 and 17.9% of people aged 65+ are receiving direct payments.

Figure 24: Direct Payments

Age Group	No.	% of that age group
Under 65	6	12.0
65+	31	17.9

Figure 25 shows that the main service being received is home care with 66% of people aged under 65 and 59% of people over 65 receiving home care.

Figure 25: Home Care

Age Group	No.	% of that age group
Under 65	33	66.0
65+	102	59.0

People with mental health problems living in care or nursing home placements

Figure 26 shows that there are 347 people on the adult social care data base with mental problems who are in a care or nursing home. This is a higher number than those people in community settings (223)

Figure 26: People with mental health problems in care home placements

Client Group	Number
Mental Health	347

Figure 27 shows that of the client sub group 62% people have dementia and for 38% the client sub group is not recorded

Figure 27: Client sub group

Client Group	Dementia	Not recorded
Mental Health	62%	38%

Figure 28 shows that three quarters are in a care home and a quarter in a nursing home.

Figure 28: %age in care or nursing home

Client Group	Nursing	Residential
Mental Health	24.8%	75.2%

Figure 29 and 30 provide an age breakdown of people in a care or nursing home placement. Figure 26 shows that a very high proportion (92.8%) are people aged 65+, with only 7.2% aged under 65. This compares with the community placements where 22.4% are under 65. Figure 27 shows that no-one under 35 is in a care home, and only 2% are aged between 35 and 54.

Figure 29: Age breakdown - %age under 65 and aged 65+

Client Group	Adult (under 65)	Older person (65+)
Mental Health	7.2%	92.8%

Figure 30: Age breakdown

Age of Client with Mental Health	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.6%
45-54 years	1.4%
55-64 years	5.2%
65-74 years	11.5%
75+ years	81.3%

Figure 31 shows the length of time in a care home placement, with 51% between 1 and 3 years, and a further 23.1% 4-6 years. 4.6% had been in a home for 10 or more years.

Figure 31: Years since admission

Years since admission of Client with Mental Health	Percentage
Less than 1 year	17.6%
1-3 years	51.0%
4-6 years	23.1%
7-9 years	3.7%
10-12 years	3.2%
13+ years	1.4%

Figure 32: Residential care and nursing home places for Adults with mental health problems

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Central							
Rosebery House	Residential	x					6
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Central – Kingstone							
Derby House	Residential	x					3
Central – Stairfoot							
Neville Court	Nursing	x		x			20
North – St Helen's							
Bridge House	Residential	x					9
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Cherry Trees Care Home	Nursing & Residential	x		x			89
Ivy Mead	Residential	x	x	x		x	19
The Grange and Elm Court	Residential	x		x	x		43
North East – North East							
Dearnevale	Nursing	x		x			40
TOTAL							**242**