Market position statement

Accommodation with care and support for people with mental health and/or substance misuse needs

A market position statement is a document that:
- Provides a summary of supply and demand
- Presents data to help providers plan future business
- Provides a current market overview and gaps in the market
- Tells people commissioners’ plans

Why focus on accommodation with care and support?
- Having safe and appropriate accommodation is fundamental for wellbeing
- It can support and enable recovery
- It can prevent crises
- Most people with a mental health and/or substance misuse problem will be living independently and will be supported by family and friends, primary care, the voluntary sector and/or specialist services in the community
- A smaller number of people will be in need of specialist accommodation with care and support services: that is the focus of this market position statement

Commissioners* of accommodation with care and support in Surrey for people with a mental health and/or substance misuse need have worked together to develop a market position statement.

*Adult Social Care, Surrey and Borders Partnership NHS Foundation Trust, Clinical Commissioning Groups, Public Health
Introduction and context

The diagram below demonstrates the range of accommodation with care and support services currently commissioned by multiple agencies, in order to meet the needs of people with mental health and/or substance misuse problems. The scope and intensity of support varies, and whilst most people will be well enough to live in their own homes, those with high needs may need to be accommodated in a hospital or secure setting. People who have an enduring mental health problem may find the level of care and support they require will vary over time, and this can present a challenge to commissioners and providers.

‘People’s needs are not static’
Demand: as at March 2017

In March 2017, all mental health and substance misuse commissioners in Surrey collected data to get an overall Surrey picture of needs and demand around accommodation with care and support.

505 people were being funded for accommodation with care and support services

15% had an autism spectrum condition
Demand: as at March 2017

- 13% had other needs which impacted on their accommodation and support need e.g. physical health needs
- 18% had both a mental health and substance misuse issue
- Most people lived in supported housing/living
- Where reported, approximately half of the sample were on a s117 of the Mental Health Act (249 people)
Demand: people who are in placements that are not in Surrey (March 2017)

- 174 people are living out of county
- Most (87%) had a primary support need of mental health only
  - 103 had a psychotic disorder such as schizophrenia
  - 37 people had a personality disorder
- The accommodation types people are in broadly reflect those people living in Surrey

Living in a local authority bordering Surrey: 25% (121)
Living in a local authority not bordering Surrey: 11% (53)
The number of people in treatment for substance misuse issues is anticipated to remain stable.

The number of people on GP registers projected data for 2020 represents an increase across Surrey of 9.1% for people with depression and 7.2% for people with other serious mental health problems.

From the March 2017 cohort, 66 people were reported as requiring more appropriate accommodation.

Reasons given for accommodation not being appropriate include:
- Level of support too high - step down support required
- Level of support too low - more support being sought
- Current placement is temporary
- Specialist support is required
- Location of accommodation is too far from family and friends
Market overview

In Surrey a mix of Housing Associations and large registered companies such as residential/nursing care establishments, and charitable organisations provide facilities and services.

Funding from the public sector is estimated to contribute 70% of industry revenue and encompasses spending by local authorities and government spending via the NHS.

Industry providers face minimal competition from sources external to the sector but providers face competition from other care providers for funding allocation.

The barriers to entering the industry include costs of acquiring land, building and maintaining the residential facilities, staff recruitment and retention, and meeting government minimum standards.

New ventures need to attract a critical mass of service users before profitability is a realistic prospect. Incumbents have a competition advantage as they have established reputations that make it difficult for new entrants to acquire market share.

The evidence shows that there are challenges in recruiting to the mental health sector, across both qualified and unqualified staff.

<table>
<thead>
<tr>
<th>Provider service type</th>
<th>Total overall service capacity</th>
<th>Number of providers in Surrey being commissioned as of March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>209</td>
<td>4</td>
</tr>
<tr>
<td>Nursing home</td>
<td>714</td>
<td>14</td>
</tr>
<tr>
<td>Residential dementia</td>
<td>91</td>
<td>2</td>
</tr>
<tr>
<td>Residential home</td>
<td>351</td>
<td>22</td>
</tr>
<tr>
<td>Supported housing/living</td>
<td>286</td>
<td>17</td>
</tr>
<tr>
<td>(Housing related support)</td>
<td>333</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1651</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

The data above reflects the number of in-county individual mental health and substance misuse service providers being commissioned for services during a snapshot period of March 2017.

Success factors for providers:
- Provision of appropriate facilities
- Access to a multi skilled and flexible workforce
- Access to secure revenues
- Compliance with government regulations
- Optimum capacity utilisation
Market overview
Data was provided for 318 people in our snapshot of the data.

This diagram illustrates where people originated and where they have subsequently moved to.

The lines show the flow and the thicker the line indicates more people e.g. there were 26 people who originally lived in Guildford who now live outside Surrey.

Using this data alongside our market overview map, we can conclude that there are gaps in appropriate provision in all boroughs, particularly in the north and mid of the county for this cohort of people.
## Our future plans: working together to develop future accommodation with care and support options

<table>
<thead>
<tr>
<th>Service users and carers tell us what good looks like</th>
<th>What the local evidence is telling us</th>
<th>Bringing the evidence together and proposing solutions</th>
</tr>
</thead>
</table>
| A person centred, personalised approach with a range of different support available | There is more complexity of needs  
- Mental health and autism  
- Mental health and substance misuse  
- Mental health and health issues associated with ageing  
- A small group of people will require very long term care  
- Young people with mental health needs and autism | Crisis overnight support services which provides short term support when required  
Flexibility and collaboration between commissioners across the health and care system, including district and borough councils  
Development and use of individualised packages of support |
<p>| Flexible support that encourages independence is respectful of choice and autonomy | People have other needs and circumstances which impact on the type of accommodation and support they require e.g. being a parent | Explore new ways of working and types of accommodation which can also provide flexible care and support, linking in with voluntary sector provision |
| Stability and permanence of tenancy | There are over a third of people currently living out of county. Numbers of people with mental health needs are expected to rise | A larger quantity and range of accommodation with care and support is required in Surrey across all accommodation types: more step down from hospital supported settings required. Involve providers in discharge planning. |
| Preference for independent living in ordinary housing in a safe and supportive community | More people aspire to live independently than currently do | Working with district and borough councils, using mental health protocol, to ensure appropriate support is available to support people to set up and maintain their tenancies and ongoing community support is available. |</p>
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<tbody>
<tr>
<td>Some want to be with others with mental health needs, others want to be integrated with mainstream housing</td>
<td>Strategy and provision for this group of people should recognise that the care pathway may not be “linear” and should reflect individuals changing and often complex needs, including those associated with gender issues and life stages</td>
<td>Explore new ways of working and types of accommodation which can also provide flexible care and support</td>
</tr>
<tr>
<td>A building that is homely and fully accessible for people with physical disabilities, including wheelchair users, as well as meeting the needs of people with mental health problems</td>
<td>As well as gaps around specific accommodation type, there are also geographical gaps e.g. Spelthorne</td>
<td>Buildings need to be designed/adapted so as to accommodate people with mental health and/or substance misuse problems as they develop needs associated with ageing. Focus new developments in areas where there is a lack of provision when compared with need</td>
</tr>
<tr>
<td>Staff who are polite and non-judgemental</td>
<td>There are challenges recruiting to the sector</td>
<td>Working as a commissioner/provider system, explore ways to attract staff. Enable and encourage provide networks and consortia.</td>
</tr>
</tbody>
</table>
Our future plans: working together to develop future accommodation with care and support options

Current linear pathway

- High level support (e.g. hospital)
- Crisis support (e.g. crisis overnight service)
- Wellness and recovery (e.g. supported living)
- Community support (e.g. own home)

SABP  SABP  CCGs/SCC  SCC

What we want:

- For individuals to have access to appropriate specialist accommodation that supports their recovery and promotes their independence and integration into the community
- For individuals to be accommodated in Surrey and within their own communities and networks
- To ensure there is a range of suitable accommodation in Surrey that will meet the needs of people with severe and enduring mental health and/or substance misuse needs

Future vision

Support to come in and out as required

Family, friends, community

High level support

Crisis support

Supported living, own home

‘A small minority of people may require very long term care. Little recognition that they are a distinctive group with particular needs which might be better met in a different type of setting’
<table>
<thead>
<tr>
<th>What we need</th>
<th>What this could look like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step down from hospital supported accommodation</td>
<td>Short term accommodation with support to enable continuation of recovery journey</td>
</tr>
<tr>
<td>Short term crisis services</td>
<td>Residential care/supported living provider has ‘guest suite’ available for people in crisis as a short term option (72 hours)</td>
</tr>
<tr>
<td>Supported living</td>
<td>Accessible accommodation, with flexible support to meet people’s changing needs, required in all parts of Surrey, especially north and mid/east Surrey</td>
</tr>
<tr>
<td>Specialist support for people with complex and/or additional needs: autism, substance misuse, long term health conditions, physical impairments, personality disorder</td>
<td>Small developments of accessible self-contained units with 24 hour support available for people</td>
</tr>
<tr>
<td>Working with commissioners around new support models and options, in line with our vision</td>
<td>Providers and commissioners work together, developing realistic options and providers becoming strategic suppliers across health and social care</td>
</tr>
</tbody>
</table>