# Housing with care
# Market Position Statement

SOUTHAMPTON CITY COUNCIL 2022

SOUTHAMPTON
CITY COUNCIL

# Contents


| Section | | Page |
|---|---|---|
| Foreword | | 3 |
| 1 | Introduction to the MPS and to Southampton | 4 |
| 2 | Our vision for people in Southampton | 5 |
| 3 | What do we mean by housing with care? | 6 |
| 4 | Current housing with care provision | 7 |
| 5 | Forecasts of future needs | 9 |
| 6 | Market analysis and opportunities | 12 |
| 7 | How to contact us | 13 |
| Appendix 1: Case study examples of good practice and gaps in provision | | 14 |
| Appendix 2: Extra care Housing Needs Assessment | | 17 |
| Appendix 3: Learning disability Housing Needs Assessment | | 23 |
| Appendix 4: Mental health Housing Needs Assessment | | 32 |

# Foreword

**I am pleased to introduce Southampton's new Market Position Statement (MPS) with a focus on the city's housing for people with care and support needs.**

We know from the 450 people who currently live locally in a housing with care scheme that doing so plays an essential role in helping them to maintain their wellbeing and levels of independence; whether this be an older person in an extra care flat with on-site care, an individual with a learning disability in a specially adapted supported living scheme, or a person with a mental health condition in a supported living setting with staff who can empower them to continue their recovery. Whilst the types of settings and range of services offered can vary significantly, they all have in common the principle that people with care and support needs should be able to live in the community, in a place they can truly call home, and have choice about how their care and support needs are met.

The development of more housing with care in Southampton is an important part of our vision and strategy for improving health and social outcomes for the city's residents. Our ambition is to grow the local supply of local housing with care options by a further 1,000 homes by 2030. This will require collaborative and sustained work between commissioners, care providers and housing developers as well as innovative approaches to provision which take account of the latest research, feedback from current and prospective residents, and making best use of the latest advances in care technology.

We encourage any organisation interested in working with us to consider the needs and gaps identified in this MPS, and we welcome contact from prospective developers at an early stage to make sure that all new schemes are fit for purpose and will support residents of Southampton with care needs to live positive, independent lives.

**Terry Clark**
Director of Commissioning – Integrated Health & Care
Hampshire and Isle of Wight Integrated Care Board & Southampton City Council

# 1 Introduction to the MPS and to Southampton

**The purpose of this Market Position Statement (MPS) is to set out the housing with care provision needed within Southampton now and into the future. We have developed and are looking to continue to develop a diverse range of housing with care provision for older people as well as those with mental health needs, learning disabilities and associated conditions. Usually, this would be in the form of extra care or supported living.**

This document sets out the current local housing with care provision, forecasts future levels of need and describes what opportunities there may be in the future for further developments to meet these needs. Providers involved in housing with care such as housing developers, housing associations and care providers can use this document to plan for the future by understanding the direction that the local authority is taking. This MPS can be used by providers to make informed business decisions including investment in capital or personnel and encouraging innovative responses to emerging needs.

Given the long-term nature of housing development, this document aims to influence and facilitate development of provision for at least the next 10 years.

## Introduction to Southampton

Southampton is a vibrant, historic waterfront city with a diverse population, a strong growing economy and high-quality health and care services. Despite this, health and wellbeing outcomes are not as good for some of our residents as they could be.

Southampton is ranked the 55th most deprived local authority area in England (out of 317) and 13% of neighbourhoods in the city fall within the 10% most deprived nationally (IMD 2019).

People living in the most deprived areas of the city have poorer health outcomes than those living in the least deprived areas of the city. This means that the right of our residents to the highest standard of health and wellbeing is not being enjoyed equally across Southampton.

In 2018, the resident population of Southampton was estimated to be 256,459. We are a diverse city with around 78% of people defining themselves as White British, and 22% as Non-White British (the largest groups being White Other at 7.4%, a significant majority coming from Eastern Europe, and Asian/Asian British at 8.4%). Local care services need to reflect and be able to support this diverse population.

# 2 Our vision for people in Southampton

**The Southampton Health and Wellbeing Strategy 2017-25 sets out a vision "Southampton has a culture and environment that promotes and supports health and wellbeing for all."**

The Southampton Health & Care Strategy 2020-25 is a subset of the aforementioned Health & Wellbeing Strategy and describes in more detail how all local health and care partners, including the council and NHS will work together to achieve this vision.

One key element of the Health & Care Strategy is to:

"Support adults to live independently through appropriate and accessible housing options with varying levels of flexible support."

Making best use of existing housing with care as well as development of new provision is an important part of moving towards achieving this part of the strategy and this specifically mentions provision for both older people and adults with learning disabilities.

It is acknowledged that a key part of designing and developing services to meet local needs is to involve people who might use those services in planning and gaining feedback. Whilst this happens regularly in some cases, for example in the development of learning disability provision, it is not yet well established for all types of provision. Therefore, we intend to engage with individuals that might use the different services referred to in this document and their families and carers to get feedback which will inform current and future service development.

# 3 What do we mean by housing with care?

**We define housing with care as individuals having their own tenancy, ownership, or other legal rights to accommodation as well as access to care provision on-site to meet their needs. There can be staff on site 24 hours per day to provide support services and personal care or for individuals with lower needs, support may be just at particular times during the week. Housing with care should enable residents to maintain as much independence as possible while providing easy access to the care provision they need to maintain their health and wellbeing.**

In contrast to residential care, the property itself is not registered with CQC. It is the home care provider who are registered and will deliver support at a housing with care scheme under their CQC registration as a domiciliary care provider.

Housing with care provision should have a clear differentiation between the 'housing' and 'care' functions. In most circumstances these should be delivered by different organisations with no risk to a person's tenancy if they choose a different care provider.

For older people, housing with care tends to take the form of 'extra care'. This is specifically designed for residents needs and can include help with washing, dressing, going to the toilet and taking medication. Domestic help, such as shopping and laundry, and meals may also be provided. Housing related support also forms an important part of the offer of extra care.

For individuals with learning disabilities or mental health needs, housing with care tends to take the form of 'Supported Living'. This accommodation tends to be smaller than extra care and can consist of shared accommodation in a house or a complex of flats. Care can be increased or decreased, depending on the needs of the person.

Supported living properties are not significantly different from any general needs house; from the outside there should be no obvious signs that it is supported living. Internally most supported living properties are not much different from a typical home however some will have significant adaptations for example installing wet rooms, larger room sizes to accommodate wheelchairs, hoisting facilities and rooms for support staff to 'sleep-in'.

# 4 Current housing with care provision

**Overall, in Southampton, around 440 people live in housing with care with care costs totalling about £13.5Million per year. This is funded by the council or Clinical Commissioning Group (CCG) which is part of the Integrated Care System (ICS).**

The rest of this section provides current information about each type of housing with care provision.

## Extra care

The Council currently has direct involvement with six extra care schemes in Southampton with a total of 245 flats. Most of the schemes have age criteria (e.g. aged 65+) however newer developments have relaxed or removed these requirements completely so that younger individuals with care needs can live there where appropriate. Careful consideration must be given within the allocation process for our extra care schemes to ensure the compatibility of residents with different care needs and to maintain the overall integrity of the scheme's operating model.

Some schemes include two-bed flats in which people can live with their spouse or partner, even if their partner does not have care and support needs themselves.

Five of the schemes are owned and have housing managed by the council with private care providers delivering the on-site care provision. These schemes are used exclusively by individuals referred by the council's adult social care teams.

The council currently funds around £2.6 million of care in extra care schemes.

We acknowledge that there is a lack of intelligence about the needs of people who self-fund their own care. In particular, this means we have limited information about the need for private purchase or shared ownership options in the city. This will be addressed in the 'Fair Cost of Care' exercise we will be completing by September 2022. We intend to include this in future versions of this document.

## Supported Living – Learning Disabilities

Please note that there is an existing ***Learning Disability Service Market Position Statement 2018-2023.*** Providers may want to read this document to obtain an overall understanding of service provision. This Housing MPS builds on information from that document to give more specific details about what supported living provision is needed.

Within the city there are currently 59 supported living properties. These have a total capacity for 171 people with learning disabilities. There is a wide variety in the types of supported living properties within the portfolio, including shared houses of between two and seven people, a number of single person schemes and complexes of flats. The majority of current provision is within shared houses which works well for some people but can be difficult to manage and ensure an appropriate resident mix, therefore a gradual move towards more self-contained accommodation is planned for the future. The council and CCG spend around £9.1 million per year on supported living services for adults with learning disabilities.

Most properties are owned by a range of voluntary sector and private landlords. Some were set up with capital funding from the NHS and have associated capital charges.

Properties set up more recently (within the past five years) have tended to be with housing investment companies who then lease the property to a housing association.

## Increasing Housing Need – Mental Health

Supported Living provision for adults with mental health needs is a developing need within the city. The existing provision has been developed by providers independently of commissioners and at risk. Since 2018, the number of individuals in this type of provision has increased by an average of 9 new placements per year.

Based on S117 funding data in November 2021, the council and CCG funded long term or supported living placements for 37 individuals costing around £1.8 million per year.

There are also a range of existing short and medium-term accommodation options available from housing related support providers as well as hostels which in part provide for this cohort. There is a need for accommodation within housing related support settings dedicated specifically for mental health needs.

Some mental health settings may be registered to provide care and accommodation within a recovery model and/or offering step-up/step-down provision from hospital. Although CQC-registered residential provision is not the focus of this MPS, it is recognised that integrated housing and care services delivered by the same provider can sometimes deliver the most efficient and effective benefits for individuals with mental health needs.

# 5 Forecasts of future needs

**In addition to the details below, several case studies are given under Appendix 1 to illustrate some of the benefits of housing with care and current gaps in provision. Copies of the individual needs assessments for older person's extra care, learning disability and mental health housing are also embedded within Appendices 2, 3 & 4 which provide further details.**

## Older Person's extra care

An extra care needs assessment completed in late 2021 identified that there is a clear need for additional extra care capacity to manage population growth demands as well as supporting individuals to access the most appropriate provision to promote their independence.

The majority of existing extra care provision is already fully utilised with new capacity only becoming available when an existing resident passes away or moves to a different setting.

The recent needs assessment forecast that the following extra provision will be needed:

- By 2025 – 117 extra flats
- By 2030 – 186 extra flats
- By 2040 – 254 extra flats

Assuming an average scheme of 60 flats, this means two new schemes are needed by 2025, three new schemes by 2030 and four new schemes by 2040. Sixty flats is an example and any new scheme could be bigger or smaller.

Five extra care schemes are in the west of the city, with just one relatively small scheme in the east of the city and no schemes in the city centre. Therefore, future development should focus on the east and centre of Southampton

Although extra care is primarily aimed at and utilised by older people, in some circumstances it would be beneficial for younger people too. Therefore, the council would expect new developments to allow some flexibility in terms of age ranges so as not to exclude people who may have similar needs but are too young.

The council is working with NHS colleagues on plans to make best use of the land and buildings at the Royal South Hants hospital site near the city centre. Current plans are for this to include up to two new extra care schemes as well as a specialist nursing home. This will go some way to meeting future needs however other developments will be needed, specifically in the east of the city.

## Learning Disability Housing

Based on a needs assessment completed in 2019 and updated in 2021, over the next 10 years around 300 new supported living placements are needed. This need is driven by several factors, including, an increase in the number of people with a Learning Disability, younger people coming through transition with learning disabilities, people living with parents and needing or choosing to leave the family home, individuals living in out of city residential placements moving back into Southampton and an increasing complexity of need.

The specific groups of people with learning disabilities where there are gaps in provision are:

1. Those with a moderate learning disability who may only need occasional brief support through the week
2. Those with a learning disability as well as autism and behaviour that challenges.
3. Older people with a learning disability who may have deteriorating mobility and/or development of dementia
4. Those with a profound and multiple learning disability and complex health needs, who require highly bespoke housing with significant adaptations

A mixed portfolio of accommodation is needed to suit a wide variety of needs, in particular complexes of flats for 4-10 people. Shared accommodation may be needed in some situations although this is not considered to be an area of growth. Where this is developed it should be for around 4-6 people.

Additional specialist requirements for individuals with more complex needs could include (but is not limited to):

- Wheelchair accessible properties as well as properties suitable for people with reduced mobility (i.e. either ground floor or with a lift)
- Enhanced fire prevention such as high-spec fire doors and sprinkler/misting systems
- Care technology enabled properties
- Provision in which people have their own front door but also have the opportunity to socialise in communal areas and reduce the risk caused by loneliness and isolation.
- Multiple exits point for each room and any staff space should include an exit on to the gardens
- Wet rooms
- Hoists
- Recessed lighting and plumbing
- Underfloor heating
- Height-adjustable worktops
- Induction Hobs (which can lower the risk of fire and/or burns)

Several new supported living schemes are already in the planning or development stages. These will go some way to meeting the future forecast need but further developments will be needed.

## Mental Health

A mental health housing needs assessment was completed in early 2022 and estimated that over the next 10 years, provision would be needed for at least 159 people who have mental health eligible support needs so that we can best meet their housing and recovery needs.

Housing for people with mental health needs should range from support to individuals to step-up and step-down from inpatient or care provision, longer term provision with small amounts of support, to long term provision with up to 24/7 care provision for those with the most complex needs.

As with all housing with care provision, safety requirements are paramount. There is a requirement that housing and care providers will meet all relevant safeguarding, safety and quality standards.

A mixed portfolio of accommodation is needed to suit a wide variety of needs, in particular:

- Shared houses for 4-6 people
- Complexes of flats for 4-10 people

The need for variety stems from the fact that shared houses may be inappropriate for certain people, such as those with high-risk behaviours who are unable to share, but flats may be inappropriate for other individuals who may suffer from isolation and benefit from skills development and sharing with others.

Many of the specialist requirements for housing adaptations described in the learning disability section may apply to provision for adults with mental health needs. In addition, care teams and housing officers will need appropriate training to support particular mental health needs such as for individuals with multiple severe and complex mental health disorders and the unique interplay these will have to reduce the deterioration of individuals, resulting in eviction, homelessness and/or an admission for psychiatric inpatient care.

# 6 Market analysis and opportunities

**It is clear from the need's forecasts in the previous section that there is a significant growth potential for housing with care in Southampton. The council wants to work with housing developers, housing associations and care providers to develop new provision. We would expect that providers make contact with commissioners at an early stage of planning and before making any firm decisions or commitments. This will be in the interests of both the council and the provider to ensure that services fit local needs and are viable for the long term.**

We understand and recognise that housing with care development is complex, time-consuming, and expensive. Commissioners have significant experience in working with internal and external colleagues to develop new provision and welcome collaborative working with housing developers and providers who can bring their own expertise in this area to ensure that services are fit for purpose and for the long-term.

In order to assist providers in the process of developing accommodation the council may be able to help with:

- Direction and guidance about specific needs or bespoke adaptations that will make a new development fully fit for purpose
- Potential land availability and buildings
- Support for planning applications
- Other sources of capital funds (e.g NHS funding for Learning Disability Supported Living services) and how these can be accessed

Until now, many developments have been ad hoc with opportunities arising as/when land becomes available or contact is made with developers. To effectively plan for future growth, the council needs a more consistent, transparent, and equitable vehicle to work with the market and therefore is at the early stages of planning a procurement *including* housing with care. Engagement with stakeholders is planned in early 2022 to inform the design of this procurement. Any providers interested in taking part in this work can contact us using the details below.

# 7 How to contact us

**We welcome contact from existing or prospective providers of housing with care services and encourage early engagement before providers commit to new developments or apply for planning permission.**

Please use the email inbox below to make initial contact and a member of the commissioning team will reply to you as soon as possible.

**market.development@southampton.gov.uk**

From time to time we will reach out to the market to gain information or ask questions of providers, please contact us at the email inbox above if you would like to be involved with this.

# Appendix 1 – Case studies

*These case studies give examples of good practice in housing with care or gaps in current provision. The names and personal details included do not reflect any actual individuals.*

## Learning Disability Provision

### High Level Needs

Thomas is 27 years old and has been living in his current residential placement for a number of years. This was an emergency placement following the breakdown of a previous supported living placement. Thomas has significant accommodation requirements as he has a large staff team supporting him (3:1 in the day and 2:1 at night). Any property will need to be able to accommodate his team which need to include access to a toilet, and kitchenette for food preparation and storage.

Thomas has behaviours that challenge, these are minimised by the support of his team but still occur. Properties require multiple exits point for each room and any staff space should include an exit on to the gardens.

Thomas also has epilepsy. His property should include a wet room and all plumbing must be concealed to minimise burns risks. Ideally the accommodation should be ground floor to minimise the risk of falls relating to stairs.

The property requires a separate entrance as Thomas has been triggered by others accessing 'his space'.

Access to secure outside space is essential that can be easily accessed from the house.

### Profound and Multiple Learning Disability

Rebecca has been at residential college for a number of years and requires supported living when she finishes. Rebecca has specific mobility and health related needs.

All properties need to be built with sufficient spaces to accommodate a wheelchair user. This will include adaptation to bathrooms including a speciality bath and/or wet room. If the accommodation is within a shared build a 3:1 individuals to bathroom/wet rooms should be considered because of the intensity of personal care regimes.

Bedrooms and bathroom will require ceiling track hoist to be installed to accommodate safe transfers.

Rebecca likes to be involved in her food preparation and loves to bake. A specialist kitchen with height changeable work top and inductions stoves are recommended.

Access to any outside space is important and level access should be in place throughout the building.

## Extra care

### Extra care Case Study 1

Sarah is in her 70s and lives alone with support from a carer twice per day. Her mobility has been deteriorating and she has had several visits to hospital following falls. She and her family are concerned about whether it is safe for her to remain living at home, but she is reluctant to go into a residential home as she prefers having her own living space and wants to retain as much choice as possible.

Extra care is suggested as an alternate option by a social worker and Sarah visits several extra care schemes with her family to look around. She understands that she will have her own flat with tenancy rights and can make her own choices about things like cooking, cleaning and having visitors. There are on site care staff throughout the day and night so she can still have two carer visits every day but can also call on extra support if and when needed. The scheme has several communal activity areas including a café so she can choose to spend time with others living there if she wants and invite friends or family for a meal.

### Extra care Case Study 2

Mr and Mrs Y are in their 60s and own their own home. Mr Y had a stroke several years ago which significantly affected his mobility. Mrs Y has taken on the main caring role for her husband since then but has several health conditions herself which are making her caring role more difficult. They both want to retain ownership of a home as well as remaining living together so start to look into buying an apartment in an extra care scheme. They learn that to begin with they can move in before their care needs increase so may not need carer support straight away but over time this can be introduced and flexibly increased or decreased depending on their health.

## Mental Health

### Younger male, substance use, recovery support, previous evictions

Adnan is 32 and has been a patient in a male acute mental health inpatient ward for the past three months. He has a diagnosis of Bipolar Disorder and a history of homelessness and substance use disorder. Adnan can sometimes exhibit chaotic behaviour which is not socially positive, and this has led to him having difficulty in maintaining tenancies and being evicted from a number of different housing settings.

Adnan requires support to gain independent living skills, manage his mental health and substance use issues, explore training and employment opportunities and support him maintain a tenancy with a view to finding more independent housing after a period of stability and recovery. He requires time-limited recovery focussed residential provision and support which offers office hours staffing presence and overnight support.

## Older male with forensic and physical health needs

Brian is a 58 year old male with a significant history of longer stays as a mental health inpatient and a forensic background. He has been diagnosed with Schizophrenia and has physical health needs associated with a long-term physical health condition which means he needs ground floor accessible accommodation. Brian is eligible for Section aftercare 117 funding.

Brian's current stay in hospital has been for nine months and he is medically fit for discharge. Brian requires his own space, not shared accommodation, with 10 hours per week of visiting support to maintain his recovery, support with his independent living skills and maintain his tenancy. Brian is looking for a long-term housing with support solution.

## Younger female with complex emotional needs

Clara is a 22-year-old female with Emotionally Unstable Personality Disorder. She has been a patient on an acute mental health ward for four months. Clara has experienced significant trauma in her life and needs intensive recovery support with 24-hour staffing. While Clara is engaging in psychological support, she exhibits risky behaviour, can self-harm and is vulnerable to exploitation by others.

# Appendix 2: Extra care Housing Needs Assessment

**Needs Assessment for extra care Provision in Southampton, November 2021**

**This document provides an estimate of the future need for extra care provision for older people in Southampton.**

## 1. Context

In order to face the future challenges of an expanding population, need to support people's independence and to manage financial challenges, Southampton City Council needs to manage and adapt local extra care provision.

Southampton's Integrated Commissioning Unit (ICU), produced a Market Position Statement (MPS) in 2019 which set out the approach to commissioning extra care provision up to 2022. A key issue identified in the MPS was a significant under-supply of 'housing with care' service models (i.e. extra care, supported living).

A Market Impact Statement was developed in late 2020 to update on actions from the MPS as well as reflect on changes to the market due to the pandemic.

Whilst these two documents provide a good basis for future commissioning arrangements and decisions, it has been recognised that more specific figures need to be put against client needs and longer term demographic pressures considered, hence why this needs assessment has been written.

### Scope of Needs Assessment

This needs assessment primarily considers the care and accommodation needs of older people aged 65+ living in Southampton who are eligible for local authority funding to meet their needs under the Care Act 2014.

It will consider the needs of older people who self-fund their care as well as those whose care is funded by the council or the NHS.

The assessment will consider potential needs over the next 20 years up to 2040 but recognising that within that time there are many different factors which are likely to affect need levels (and which cannot currently be quantified).

## 2. Summary of Service Types & Current Provision

### 2.1 Extra care

Extra care housing is a type of 'housing with care' in which residents live in their own accommodation within a block of flats with care provision on site and individual care packages delivered to meet their needs. Residents have their own tenancy and there is a clear separation between the care and accommodation functions (i.e. they are delivered by different organisations).

There are currently six extra care schemes in Southampton, all with 24-hour staffing and a total of 245 flats. Extra care schemes have traditionally had age criteria (e.g. aged 55+) however newer developments have relaxed or removed these requirements completely so that younger individuals with care needs can live there.

The aim of extra care schemes is for people to live autonomously in their own homes while being able to access care and support as needed. There are also several two-bed flats

in which people can live with their spouse or partner, even if their partner does not have care and support needs themselves.

Extra care schemes often include community activities and shared communal areas such as restaurants or leisure areas.

**The table below gives more information about the current extra care schemes.**

| Property | No. SCC EC Units | Landlord | Care Provider | Demographics |
|---|---|---|---|---|
| **Erskine Court** | 54 | SCC | Allied | 50+ |
| **Graylings** | 8 | SCC | Apex | 60+ with dementia (within larger complex) |
| **Manston Court** | 63 | SCC | Allied | 60+ |
| **Rosebrook Court** | 23 | Saxon Weald | AQS | 60+ (+10 shared equity flats) |
| **Rozel Court** | 14 | SCC | Allied | 60+ (Within larger complex) |
| **Potters Court** | 83 | SCC | Apex | 55+ (Exceptions can be made) |

Data from the past two years suggests that there are around 25 extra care flat vacancies per year. There are currently (October 2021) nine vacancies, excluding those at Potters Court which only recently opened.

The number of nursing homes in Southampton has not changed for many years. Nursing homes tend to be larger than residential homes and within Southampton they range in size from 44 to 101 beds with an average of 67 beds each.

## 3. Commissioning Arrangements and Demographics

Whilst the data given above provides an overview of the extra care provision it does not differentiate between who is commissioning it and how this is being done. This is important to understand as it enables commissioners to better fulfil their market management responsibilities under the Care Act and support the market to remain sustainable and adapt for the future.

### 3.1 Extra care – SCC Commissioning

SCC is the commissioner responsible for funding placements for almost all of the extra care provision in the city. All five of the SCC-owned schemes, with a total of 222 flats are exclusively used by SCC adult social care. The one externally owned scheme has 23 flats notionally available to SCC as well as 10 shared ownership flats for which SCC does not make referrals.

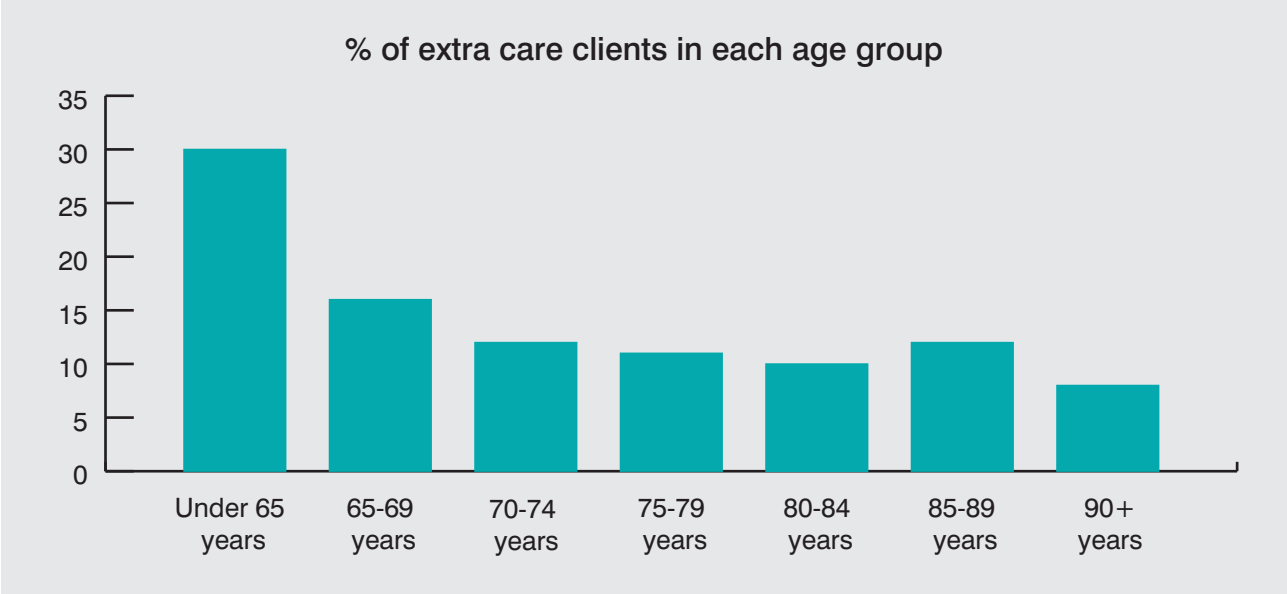
This information shows that SCC has direct influence and control over 97% of the current extra care market in Southampton.

Current adult social care data shows 154 clients living in extra care schemes with a package of care, this represents 63% of available flats although is artificially reduced due to Potters Court not yet being fully occupied. Once Potters Court is full, around 75% of available flats across all six extra care schemes will be occupied by clients

with packages of care. The remaining flats are occupied by individuals with no current package of care or will be vacant flats.

Across all six schemes, the average care package size is 11 hours per week (excluding any communal or overnight shared support).

The average (mean) age of extra care residents with a care package is 72 years. The split between different age groups is shown in the graph below.




56% of all extra care residents with a care package are women and 44% are men.

## 4. Future Needs Forecast

### 4.1 Population Growth

A key factor influencing the demand for care is demography. In an ageing society, it is reasonable to expect that demand for care will increase. In Southampton it is anticipated that the over 65 years population will increase by 21.6% between 2020 and 2040, representing an additional 12,900 people in that age group over the next twenty years.

The table below shows the expected population increase of people aged 65 and over.

| Year | 2020 | 2025 | 2030 | 2040 |
|---|---|---|---|---|
| % Increase in Population (compared to 2020 baseline) | 0% | 8.4% | 20.9% | 36.8% |
| Total Population | 34,500 | 37,400 | 41,700 | 47,200 |

The majority of older people will not require adult social care support however the minority that will need support still represent a significant figure.

More specific age groups within the 65+ population are forecast to undergo very different changes, for example the 65-59 population is forecast to increase by 21% by 2040 whilst the 90+ population is forecast to increase by 89%.

Based on the figures below there will be a need for an additional 75 places within extra care by 2040

## 4.2 Other Factors

Whilst population growth is the main driver for future need other factors will also play a key part, in particular:

**A.** Changes in eligibility for local authority funded care

**B.** Increase in complexity of needs (which is already being seen)

**C.** Policy drivers which aim to divert individuals towards or away from certain types of provision

Each of these factors is considered in more detail below

### A. Changes in eligibility for local authority funded care

The government recently announced the introduction of a cap on care costs from 2023 which is likely to mean SCC will become responsible for the funding of a greater proportion of placements over time. This is unlikely to affect the overall level of need in the market however further modelling will be needed when there is more guidance on how the cap will be implemented.

For the purposes of this need's assessment, given the lack of data around how this will be implemented in practice and the dependencies this produces, this factor will not be considered within the needs forecast.

### B. Increase in complexity of needs

There is clear evidence that as the population continues to age, there is an increasing complexity of need. This is likely to continue into the future and for providers to remain viable and meet local needs they will have to adapt their service offer to be able to support people with higher levels of need. In particular, this will mean more people with dementia (including behaviour that challenges) and with multiple long-term conditions.

A more short term and artificially created increase in complexity of need has been created through the 'Medically Optimised For Discharge' (MOFD) process within hospitals in which people are being discharged at an earlier point than before the pandemic and therefore have higher needs upon discharge. This is likely to become a permanent process which will require providers to adapt processes and their ability to support people with more complex needs especially in the first few days and weeks after hospital discharge. A focus on reablement will be key to success with the local authority and CCG continuing to promote and enhance opportunities for people to live as independently as possible in their own homes and only utilising care homes where this is no longer possible.

The key need descriptors for 'Complex needs' include:

- A dementia diagnosis and/or behaviour that challenges which presents in the form of physical challenge and requires multiple highly trained staff to support appropriately
- Individuals with nursing needs who also have a learning disability, autistic spectrum condition or Acquired Brain Injury
- Need for specialised equipment for an individual to maintain and improve their wellbeing along with staff who are competent and confident with this. Examples include oxygen/other breathing equipment, pressure mattresses or bariatric equipment.

Most of these factors are predicted to increase alongside population growth so they will not be factored into the needs forecast in their own right. However, they will be considered as

factors affecting the type of provision needed and the training required of care staff.

### C. Policy Drivers

The key policy driver which will affect the level of need for different types of provision is the move to support people in the most independent provision possible for their needs. This means that more people will be supported to remain living in their own home for longer with home care provision. It also means that extra care will be favoured over care home provision wherever possible. Of course there will remain a need for residential and nursing provision, however this may reduce (or at least not grow at the forecast pace) particularly if extra care provision can be developed which supports individuals with more complex needs but maintains the sense of community associated with extra care.

Estimates will be made to account for this factor within the final needs analysis.

## 4.3 Overall Needs Forecast

Taking into account current local provision, occupancy, SCC utilisation, population growth and policy drivers, this section will attempt to estimate future need levels for extra care.

### 4.3.1 Extra care

The impact on extra care provision of population growth has been explored in previous sections. This will now be brought together with the additional upward driving factor of supporting more clients in extra care as opposed to residential care.

The table below summarises the different factors and their overall impact on forecast needs.

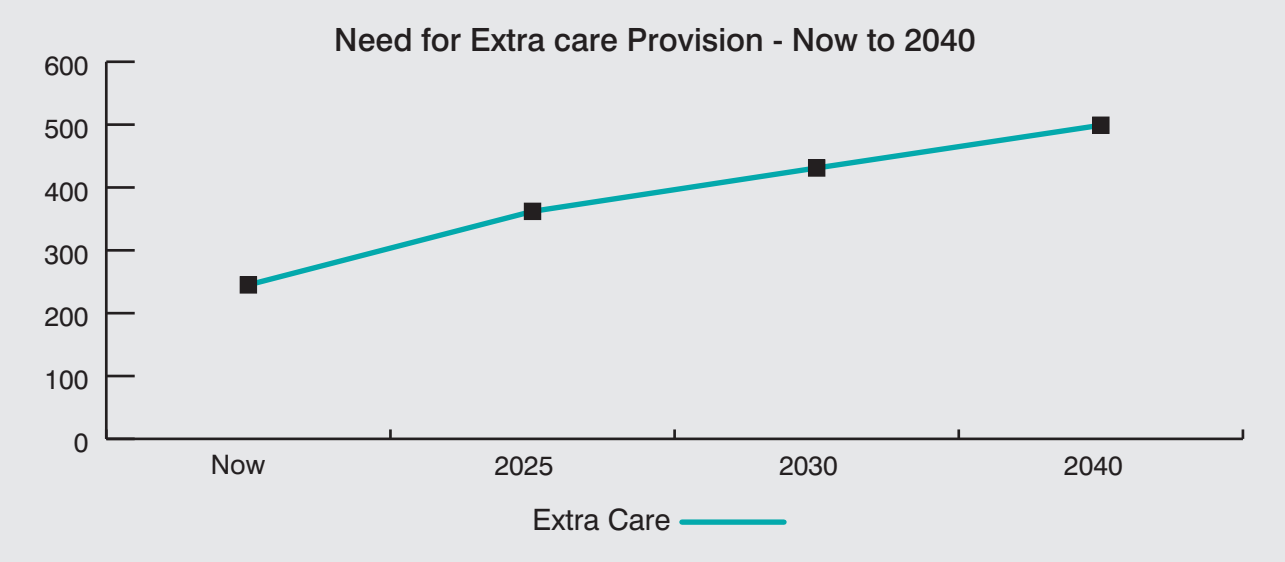
| **Impact on need level by…** | | | |
|---|---|---|---|
| **Factor** | **2025** | **2030** | **2040** |
| Current Placements (2021) | 245 clients | 245 clients | 245 clients |
| Forecast population increase | + 18 clients | +38 clients | +75 clients |
| Increase from diverting low level residential needs | + 99 clients | +148 clients | 60+ clients |
| **Net Effect on Need** | **362 clients (117 more than now)** | **431 clients (186 more than now)** | **499 clients (254 more than now)** |

Data sources and detail of each calculation are given below:

| **Factor** | **Source** |
|---|---|
| Current Placements | Current extra care provision – 245 flats |
| Forecast over 65 population increase | Southampton Data Observatory: forecast increase in population by 2025, 2030 and 2040. |
| Increase from diverting low level residential needs | Current placements data report: for 2025 - number of placements within 10% of the current published residential rate (indicating a relatively low level of need which likely could be met within extra care). For 2030 – number of placements within 20% of current published residential rate For 2040 – number of placements within 30% of current published residential rate. |

## 5. Summary

The graph below shows the forecast change in levels of need for extra care provision between now and 2040 taking into account all of the factors described in the previous section.




### 5.1.1 Extra care

The data presented in previous sections shows that there is a clear need for additional extra care capacity to manage population growth demands as well as supporting the move for individuals to access the most appropriate provision to promote their independence.

The existing extra care provision is almost fully utilised with new capacity only tending to become available when an existing resident passes away or moves to a different setting.

The forecast indicates that the following extra provision will be needed:

- By 2025 – 117 extra flats
- By 2030 – 186 extra flats
- By 2040 – 254 extra flats

Assuming an average scheme of 60 flats, this means two new schemes are needed by 2025, three new schemes by 2030 and four new schemes by 2040. This is just given as an example and new schemes might have more or less than 60 beds each.

## 6. Recommendations

**For now to 2025:**

A. Develop around 120 additional extra care flats (e.g. two extra schemes of 60 flats each)

**For 2025 to 2040:**

A. Develop around an additional 120 extra care flats

# Appendix 3: Learning disability Housing Needs Assessment

**Housing for people with Learning Disabilities – Housing Needs Assessment, August 2021**

**This document provides a summary of the housing needs of people with learning disabilities and forecasts for the number of new supported living schemes that will be needed over the next 10 years.**

## Context

Southampton City Council (SCC) has a statutory duty to assess the care and support needs of people with learning disabilities living in the city and to arrange suitable services to meet those needs. Southampton City Clinical Commissioning Group (CCG) has similar duties for those eligible for Continuing Health Care (CHC) funding.

Around 800 adults with learning disabilities are currently known to SCC or the CCG and around 650 have a funded package of support. Collectively SCC and the CCG spend around £30 million per year on individual packages of support for adults with learning disabilities, the SCC element of this represents close to one third of the whole adult social care budget.

A significant proportion of the spend is on accommodation based services, namely residential placements, supported living and shared lives.

## Supported Living – What is it?

In very simple terms supported living is where a person has a tenancy for a bedroom/flat in a property and a home care provider comes in to support the person with their care needs.

The purpose of supported living is for people to live as independently as possible, enabling them to enjoy the same rights and responsibilities as any other person in their day to day life whilst still ensuring that they are safe and well supported. People who live in supported living tend to stay there for many years – it is their long term home.

Supported living properties are not significantly different from any general needs house - from the outside there should be no obvious signs that it is supported living. Internally most supported living properties are no different from a typical home however others will have significant adaptations for example installing wet rooms, larger room sizes to accommodate wheelchairs, hoisting facilities and rooms for support staff to 'sleep-in'.

In contrast to residential care, the supported living property itself is not registered with CQC. It is the home care provider themselves who are registered and will deliver support at multiple supported living schemes under their registration.

Supported Living is preferred to residential care because:

- The supported living model is more suited to delivery of personalised care and support which enables a person to achieve their maximum level of independence.
- The majority of supported living schemes are within the city allowing people to live close to their families and remain part of their community. This is in contrast to residential care where the majority of placements are outside of the city.

- In supported living an individual has a tenancy agreement with a landlord and therefore has stronger legal rights about where they live and what they can expect from their landlord
- In most cases the landlord and home care support agency are different providers. This means if there are issues with the quality of support provided, the person can stay where they are living and a new provider brought in. A similar situation in residential care usually means that the person themselves has to move out into another placements as the housing and care functions are not separate.
- Within supported living, individuals are entitled to a wider range of benefits.
- Supported living is generally less expensive than residential care. This varies for each person but on average, supported living is £200 - £300 per week less expensive than a broadly equivalent residential placement.

**What LD supported living accommodation do we currently have?**

There are currently 59 supported living properties in the city with a total capacity for 171 people with learning disabilities. 24 hour support is provided in the majority of these homes with 36 having sleep-in support at night and 14 a waking night support worker.

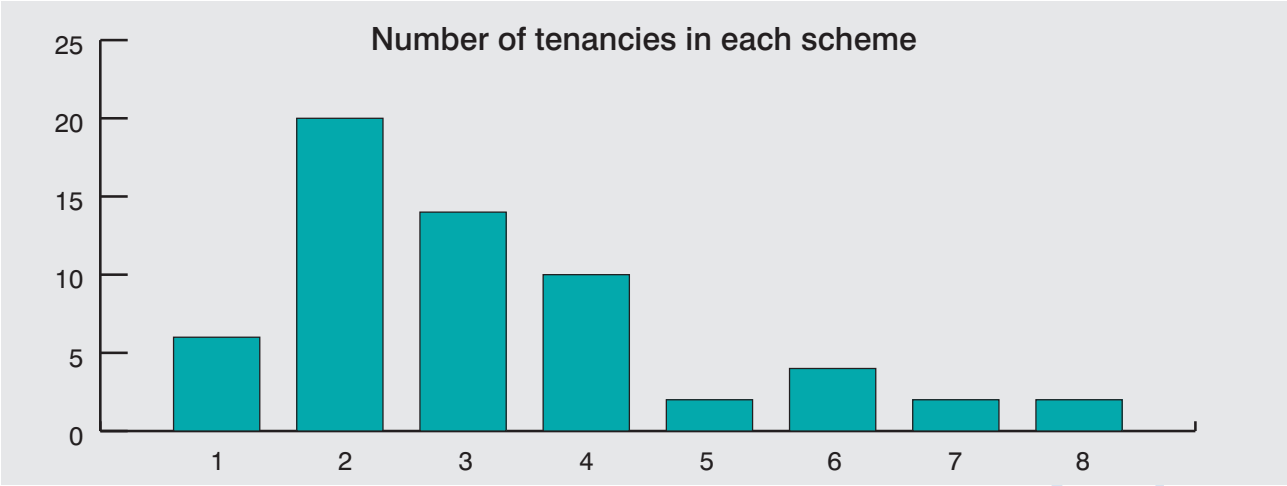
In total around 8,800 hours per week of shared and 1:1 support are commissioned for individuals living in these properties.

Supported living properties vary enormously in structure with the portfolio including shared homes for between two and seven people, complexes of flats and a number of single person schemes.

Most properties are owned by a range of voluntary sector and private landlords. Some were set up with capital funding from the NHS and have associated capital charges. Properties set up more recently (within the past 5 years) have tended to be with housing investment companies who then lease the property to a housing association.

Some properties have been used for supported living for decades, in many cases with the same people living there. As those people are getting older their needs are changing (e.g. reduced mobility) and properties which were once suitable for them are becoming less so. In particular there is a group of people who moved from long term hospital placements around 20 years ago into around 15 different properties, they all have high needs and some are reaching an age where the accommodation is no longer suitable.

The graph below shows the number of bedrooms/flats in each current supported living scheme.



### Where do people with learning disabilities currently live?

Exact figures of people living in each different accommodation type are not available however the following figures are known (this covers those with support funded by SCC or the CCG):

- Residential care: 145 people
- Supported Living: 162 people
- Shared Lives: 43 people
- Total: 350 people

The Learning Disability Joint Strategic Needs Assessment (JSNA) estimated that around 365 people with learning disabilities live with a parent or other family member.

Taking the figures above together accounts for 715 people. It is a reasonable assumption that the other 85 people are living in either their own property or renting individually from SCC, a housing association or private landlord.

### Why do we need more local LD accommodation?

The main drivers behind increasing the amount of local supported living accommodation are:

- An increasing number of people with learning disabilities
- Increasing complexity of needs which require more bespoke accommodation
- Younger people coming through transition are wanting to be more independent and move from the family home
- Increasing numbers of people living with elderly parents or carers who need long term accommodation plans
- There are still a large number of people living in out of city residential placements who we believe could be better supported locally
- Individuals for whom their current supported living accommodation is no longer suitable

Each of these drivers is described in more detail below.

### Increasing Number of People with Learning Disabilities

The JSNA estimates that the number of people with a moderate or severe learning disability will increase by around 10% over the next 20 years. In particular the under 18 - 25 years group will increase by 17% and the 65+ age group will increase by 35% over that period.

Applying that forecast to the current LD team caseload means that 70-80 more people with learning disabilities will require support in 20 years' time. The majority of this increase will be in the under 25 years or over 65 years age groups.

### Increasing Complexity of Needs

The JSNA noted that whilst the life expectancy for people with learning disabilities is increasing it still remains significantly lower than the general population (13-20 years less for men, 20-26 years less for women). These health inequalities often start early in life and result, to an extent, from barriers people face in accessing timely, appropriate and effective health care.

Compared to the general population people with learning disabilities have a significantly higher likelihood of having a number of health conditions including epilepsy, asthma, diabetes and mental health needs.

As people with learning disabilities are on average living longer they are more likely to develop dementia. In particular people with Down's syndrome are at a higher risk of developing dementia at an earlier point in life (2% will develop dementia in their 30's and this rises to over 50% when a person reaches 60 years).

The impact on housing needs of an older population and one with more complex needs is that there will need to be more adapted accommodation which enables people to maintain independence whilst reducing the risks associated with reduced mobility or more intensive health care needs. On a practical level this means having more properties with wet rooms, downstairs accommodation, level access and hoisting facilities.

### Younger People through Transition

Children and young people with learning disabilities moving into adulthood quite rightly have high aspirations for their future and for many this will mean moving out of their family home. The right moment to do this will be different for each person however it needs to be planned for in advance so that the right accommodation is available.

Around 15-20 young people transition into the adult LD social care team every year. Many remain living with their families but some want or need to move out quite soon after turning 18 years old (estimated at 25%).

### People Living with Elderly Carers

The JSNA estimated that 365 adults with learning disabilities currently live with their parents or other family members. It forecast that they were of the following ages:

| **Age group in years** | **No. people** | **% of people living with parents** | **% of age group with LD** (number of people in that age group living with parents as a % of all people in that age group) |
|---|---|---|---|
| Age 20-24 | 125 | 34% | 88% |
| Age 25-34 | 119 | 33% | 55% |
| Age 35-44 | 76 | 21% | 84% |
| Age 45-54 | 34 | 9% | 28% |
| Age 55-64 | 11 | 3% | 11% |

These estimates show that although the majority of people living with parents are younger (under 35), there is still around 120 people aged 35 and over living with parents. This means that their parents will be aged 50+ with some in their 70s and 80s.

### Out of City Residential Placements

There are just over 100 people with learning disabilities living in residential care outside of Southampton. The majority of these placements are in Hampshire however around 25 are outside of Hampshire. Some of these people will have been living where they are for many years and will rightly think of it as their home even though the responsibility for funding still sits with SCC or the CCG. Those who are settled and well supported will be reluctant to return back to the city without a very attractive local offer of housing and support, family members are likely to also share this reluctance.

Therefore although it is right to have the aspiration that everyone from Southampton should be able to live and be supported locally, many long standing placements are likely to continue. An estimated 25% of this group could be supported to live more locally and willing to proceed with this.

A cohort for whom there is more likely to be acceptance of returning to the city is those young people in residential education placements. They are aged 18-25 years and the residential placement tends to be linked to their schooling. Therefore when their education ends, a new placement will be needed and this presents an opportunity for them to return to live locally. There are around 12 young people in this cohort.

### Current supported living no longer suitable

There are 24 people with learning disabilities aged 65+ currently living in supported living and a further 23 people aged 55-64 years. Some will be in placements which are already adapted and/or suitable for their likely long term needs however others (estimated to be 50%) will require either significant adaptations or a new placement due to unsuitable stairs or locations of properties.

### What type of LD accommodation do we need?

A mixed portfolio of accommodation is needed to suit a wide variety of needs, in particular:

- Shared houses for 4-6 people
- Complexes of flats for 4-10 people

The general requirements of supported living are:

- Shared communal areas
- Room for support staff including sleep-in room
- Close to transport links

Additional specialist requirements for individuals with more complex needs are:

- Wet rooms
- Hoists
- Ground floor accommodation

The specific groups of people who require different housing are:

1. Moderate LD
2. Autism & challenging behaviour
3. Older people
4. PMLD & complex health needs

The appendix contains more detailed description of the housing required for each of these groups.

## Summary

The table below brings together the supported living needs data to produce an estimate of the number of new tenancies required.

| Driver | Forecast number over next 10 years |
|---|---|
| **Increasing numbers of people with LD** | 70 – 80 people |
| **Younger people through transition** | 38 – 50 people |
| **People living with parents** | 120 people |
| **Out of city residential placements** | 42 people |
| **Increasing complexity of need** | 24 people |
| **Total** | 294 – 316 people |

As a rough estimate therefore, around 30 new supported living tenancies will be required per year over the next 10 years.

| **1. Moderate LD (including forensic client group)** | |
|---|---|
| **1.1** | **Brief description of the client group:** |
| | This client group will have a moderate LD and are likely to be vulnerable due to their poor assessment of social risks. The support will be very much about increasing their independence and social skills, as well as offering them mental and social support. The right housing can greatly improve the quality of life and outcomes of these individuals as they respond to the right support and can flourish if the environment is right. They would benefit from accommodation close to amenities and on a bus route, so that they can enjoy going out, volunteering and work as well as having rich and fulfilling lives at the heart of the community.<br><br>Forensic:<br>The accommodation brief for the forensic client group is very similar, except for a couple of additional requirements detailed below. This client group is likely to or have engaged with some criminal activity, and can be a risk to themselves and others (fire fascination is common). |
| **1.2** | **Brief description of the accommodation specification:** |
| | Ordinary accommodation with some staff support (in most cases but not always this will be 24/7). No adaptations required, unless a client will have a specific needs.<br><br>Additional requirements:<br>CCTV and secure entry system<br>Monitored front-door<br>Safe and residential area (not to be placed in crime hot spots)<br>Self-contained flats or shared houses<br>On a bus route<br>Communal space for people to socialise would be a positive addition<br>Staff sleep-in too<br><br>FOR FORENSIC GROUP ONLY:<br>• Fore-court or electric gates<br>• Sprinklers across accommodation |

| 2. Autism and Challenging Behaviour | |
|---|---|
| **2.1** | **Brief description of the client group:** |
| | People with autistic spectrum conditions and/or people who display behaviour that challenges. They benefit from tranquil and low-stimulus environment. The behaviours, if escalated, could cause distress to other tenants and/or injury to themselves or support staff. This group does not tend to have mobility issues. The right environment can make a significant difference to their behaviours and can significantly reduce the number of incidents they have, offering a more settled lifestyle and reducing the harm done to self and others. |
| **2.2** | **Brief description of the accommodation specification:** |
| | Detached, large and light accommodation offering the feeling of spaciousness, and resistant to damage. The accommodation would need to be secure and preferably isolated (not on a main road), with large outside spaces (garden of about 100 x 50 feet) and plenty of communal areas. Car parking required for at least three cars to enable safe drop-off.<br><br>We are seeking two models of accommodation for this client group and require a mix of self-contained and shared accommodation:<br>• Self-contained block of flats (4-6 would be ideal number of units but they can be considered as a part of the larger development)<br>• Would require communal spaces for the whole scheme<br>• Ideal model would entail central courtyard with flats around it – but other arrangements are also possible<br>• Shared accommodation – this would be a large house for ideally four or five individuals with plenty of communal spaces. Shared housing for this client group would require:<br>• Toilets and bathrooms around the scheme (one bathroom and one wet room and additional toilet facilities across the scheme )<br>• Bedrooms of good size (at least double bedrooms) – as people need to be able to take time out<br>• Two living room areas<br>• Bedroom for a staff member with office facility (en-suite)<br>• Kitchens with induction hobs<br>• Annex would be ideal to offer additional self-contained facility<br><br>Other requirements:<br>• Flow-through environment – so that people can move around easily<br>• Two exit points required in all rooms<br>• Gated and well-fenced<br>• Low-stimulating environment<br>• Laundrette with strong industrial washing machines and dryers<br>• Heavy-duty staircases<br>• Sound-proofed walls<br>• Solid structures and furniture, which cannot be easily destroyed<br>• Possible other complex and technical adaptations – best fitted at the point of refurbishment |

| 3. Older People | |
|---|---|
| **3.1** | **Brief description of the client group:** |
| | People with LD are  morelikely to start seeing changes relating to old age much sooner in their lives – so are likely to become less mobile and have dementia earlier in their lives than the rest of the population.  An environment in which they can age well even as their needs change would help them in achieving the continuity of support and having a 'home for life'. |
| **3.2** | **Brief description of the accommodation specification:** |
| | People would benefit from the well-adapted environment for older people, especially where needs such as dementia and mobility issues are catered to. Additional facilities may be required to accommodate some specialist equipment such as ceiling track hoists.<br><br>Ideal size of 6-8 individuals but schemes as large as 12-16 can be considered in a mini extra-care type model.<br><br>Both self-contained and shared accommodation can be considered for this client group with similar characteristics:<br>• Ground floor accommodation (or wheel-chair accessible flats)<br>• Wheel-chair accessible throughout<br>• Strong ceilings to enable the installation of ceiling hoist tracks<br>• Reasonable bathroom size – wet rooms required<br>• Kitchen – half-half adaptations<br>• Communal areas for all to socialise<br>• Space for mobility cars |

| 4. Profound & Multiple LD and Complex health Needs | |
|---|---|
| **4.1** | **Brief description of the client group:** |
| | This client group will have very complex physical and health needs and will require 24/7 care to support them. They will have physical disabilities and their mobility will be greatly compromised. A positive, welcoming and homely environment where they can relax and feel comfortable will be required to meet their needs. |
| **4.2** | **Brief description of the accommodation specification:** |
| | We require large, wheel-chair accessible accommodation on a level plot. Shared housing is preferred due to the complexity of needs.<br><br>Ideal size – 4-6 bedrooms plus staff room<br><br>Easy-access lounge space (can be open plan with the kitchen space)<br>Need to be able to accommodate people using large wheelchairs<br>Double bedrooms<br>Storage space for wheelchairs or large enough bedrooms to place the wheelchairs there at night<br>Strong ceilings to support ceiling track hoists<br>Two large bathrooms (1 x specialist bath and 1 x wet room)<br>Level plot<br>2 x Disabled parking spaces<br>Large, wheelchair accessible garden able to accommodate a few people with wheelchairs at any one time (patio area)<br>Shaded space in the garden<br>Level access front and the back of the house<br>Utility room<br>Sprinklers to extend time of evacuation |

# Appendix 4: Mental health Housing Needs Assessment

**Housing for People with Mental Health Needs Needs Assessment, December 2021**

**This document provides a summary of the housing needs of people with mental health needs and forecasts for the number of new supported living schemes that will be needed over the next 10 years.**

## 1. Context

Southampton City Council (SCC) has a statutory duty to assess the eligible care and support needs of people with mental health needs living in the city and to arrange suitable services to meet those needs. Hampshire, Southampton & Isle of Wight Clinical Commissioning Group (HSICCG) has similar duties for those eligible for Continuing Health Care (CHC) funding.

Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and social services commissioners to provide aftercare services for people that have previously been sectioned under the treatment sections of the Mental Health Act, i.e., Sections 3, 37, 45A, 47 and 48. The duty to provide aftercare services begins at the point that someone leaves hospital and lasts for as long as the person requires the services. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital and reduce the likelihood of the person being re-admitted to hospital.

The Care Act 2014 defines after-care services. After-care services must have both the purposes of meeting a need arising from or related to a person's mental health disorder and reducing the risk of a deterioration of the person's mental health condition and so reducing the risk of a person requiring re-admission for treatment for mental disorder, this could include the provision of specialist or supported accommodation. In February 2022 around 2,700 working age[1] adults with mental health needs were on the caseload of the community mental health teams in Southampton. There were slightly more women than men open to the teams (53% women, 47% men). Roughly equal proportions were open to the East and West teams, but a larger number (43%) were open to the Central team. This number will not include people that are eligible for support, but who are not engaging and who face difficult housing circumstances as a result of their mental health needs not being met.

SCC currently spends around £5.57M per year on individual packages of support for adults with mental health needs. The CCG spends around £6.56M (this figure includes all mental health work streams covered by the CHC team) per year. These figures do not include any expenditure on block contracted provision such as Housing Related Support, extra care Housing or Homelessness temporary accommodation.

A significant proportion of SCC spend is on a limited range of accommodation-based services, namely residential placements and supported living. For the CCG spend also includes a number of high-cost specialist placements providing therapeutic programmes of rehabilitation in secure settings.

[1] excludes clients open to OPMH teams

## 2. Types of Mental Health Housing

Different types of housing provision are needed for different need profiles and for different time periods; the table below provides a summary.

| | Type of Need | Type of Housing Provision |
|---|---|---|
| **Short Stay (0-8 weeks)** | The client may be medically fit for discharge from an inpatient setting and have their own accommodation but be unable to move there for a range of reasons (deep clean, care package required, repairs required).<br><br>Alternative accommodation is needed for a short period of time until the person's own accommodation is suitable. | The person's own home with a short-term care package or flexible support from the Housing Related Support service |
| **0-16 weeks max)** | The client may be medically fit for discharge from an inpatient setting but does not have their own accommodation.<br><br>The client may be medically fit for discharge from an inpatient setting but requires a short period of rehabilitation to regain independent daily living skills (not residential based) but may not have suitable accommodation for this to be delivered. Alternative accommodation is needed to support recovery | Short term accommodation which provides a safe environment with intensive Mental Health support from the community outreach rehabilitation team, moving to longer term mainstream accommodation or back to own home or previous housing once rehabilitation episode complete |
| **Medium term (up to two years)** | The client needs a period of time and support to stabilise their lives and develop the necessary skills to live independently. Move on to their own independent accommodation usually takes place between six months and two years. | Accommodation within Housing Related Support contract, with additional Mental Health floating support, or care package<br><br>Hostel Accommodation for homeless population |
| **Long term (no limit)** | These clients are in the minority, and this should not become the default option for most people who experience mental health issues.<br><br>The client may require high levels of mental health support over the long term, this could be 24/7 provision in some cases. Or they may need less intensive support such as occasional drop-in support from a care worker. | Residential provision<br><br>Supported Living |

## 3. Supported Living – What is it?

In very simple terms supported living is where a person has a tenancy for a bedroom/flat in a property and a home care provider comes in to support the person with their care needs.

The purpose of supported living is for people to live as independently as possible, enabling them to enjoy the same rights and responsibilities as any other person in their day-to-day life whilst still ensuring that they are safe and well supported. People who live in supported living tend to stay there for many years – it is their long-term home.

Supported living properties are not significantly different from any general needs house - from the outside there should be no obvious signs that it is supported living. Internally most supported living properties are no different from a typical home however others will have significant adaptations to support individual's mobility needs (e.g., wet rooms, larger room sizes to accommodate wheelchairs, hoisting facilities and rooms for support staff to 'sleep-in'). The amount of support individuals receive within supported living can range from a few hours per week up to 24/7 provision depending on their needs.

In contrast to residential care, the supported living property itself is not registered with CQC. It is the home care provider themselves who are registered and will deliver support at multiple supported living schemes under their registration.

Supported Living is preferred to residential care because:

- The supported living model is more suited to delivery of personalised care and support which enables a person to achieve their maximum level of independence.
- The majority of supported living schemes are within the city allowing people to live close to their families and remain part of their community.
- In supported living an individual has a tenancy agreement with a landlord and therefore has stronger legal rights about where they live, what they can expect from their landlord and the expectations on the individual in order to maintain their tenancy
- In most cases the landlord and home care support agency are different providers. This means if there are issues with the quality of support provided, the person can stay where they are living and a new provider brought in. A similar situation in residential care usually means that the person themselves has to move out into another placement as the housing and care functions are not separate.
- Within supported living, individuals are entitled to a wider range of benefits.
- Supported living is generally less expensive than residential care. This varies for each person but on average, supported living is £200 - £300 per week less expensive than a broadly equivalent residential placement.

## 4. Housing Needs arising from Inpatient Discharges

One of the most crucial, but complex determinants of mental health housing needs is the discharge of individuals from mental health inpatient settings. In Southampton this will mainly be discharges from Antelope House, run by Southern Health NHS Foundation Trust. Feedback indicates that a significant number of discharges from Antelope House are delayed due to housing issues, namely either a need to identify housing for an individual and/or need for adaptations/support provision to be in place for when someone is discharged back into their home.

The table below summarises the main discharge destinations and shows the complexity of potential options depending in each person's needs.

| Name | Description | Length of Stay | Mental Health Specific Accommodation |
|---|---|---|---|
| Own Homes | The person returning to the accommodation where they lived before becoming an inpatient | No limit | No |
| Natalie House | 10 bed CQC registered care home providing residential recovery and rehabilitation to maximise independence and move-on | 8 - 9 months* | Yes |
| Crowlin House | 18 bed CQC registered care home for medium term support and move-on to maximise independence | 24 months* | Yes |
| Forest Lodge | 18 bed NHS residential inpatient rehabilitation service | 18 months* | Yes |
| Hostel Accommodation | There are four hostels commissioned via the Housing Related Support contract with around 150 units of accommodation. | 6 months - 2 years | No (high numbers of individuals living in this setting with Mental Health needs) |
| Flexible Support in own tenancy | Support within one of 147 designated supported housing units with own tenancy or licence.<br><br>The floating support service provides Housing Related Support into an individual's own accommodation (not linked to the support) | Up to 2 years<br><br>6 -12 months | No (high numbers of individuals living in this setting with Mental Health needs) |
| Supported Living | Tenancy agreement with a landlord with support provided by CQC registered (if carrying out Regulated Activities) home care provider which specialise in supporting individuals with mental health needs | No | Yes |
| Residential Homes | Other CQC registered residential homes which specialise in supporting individuals with mental health needs | No limit | Yes |

* These are the actual average lengths of stay for residents over the past 6 years.

As a principle, individuals should be supported to move to the housing option which offers them the most independence. For some this may mean moving to independent living straight away or very quickly after discharge but for others this process may need to be more gradual and take place over a period of years.

Data from the services in the table above shows that the occupancy levels are relatively high but that the average times for people to move on are higher than desired. This restricts the flow through of people and contributes to the delays in discharge from Antelope House.

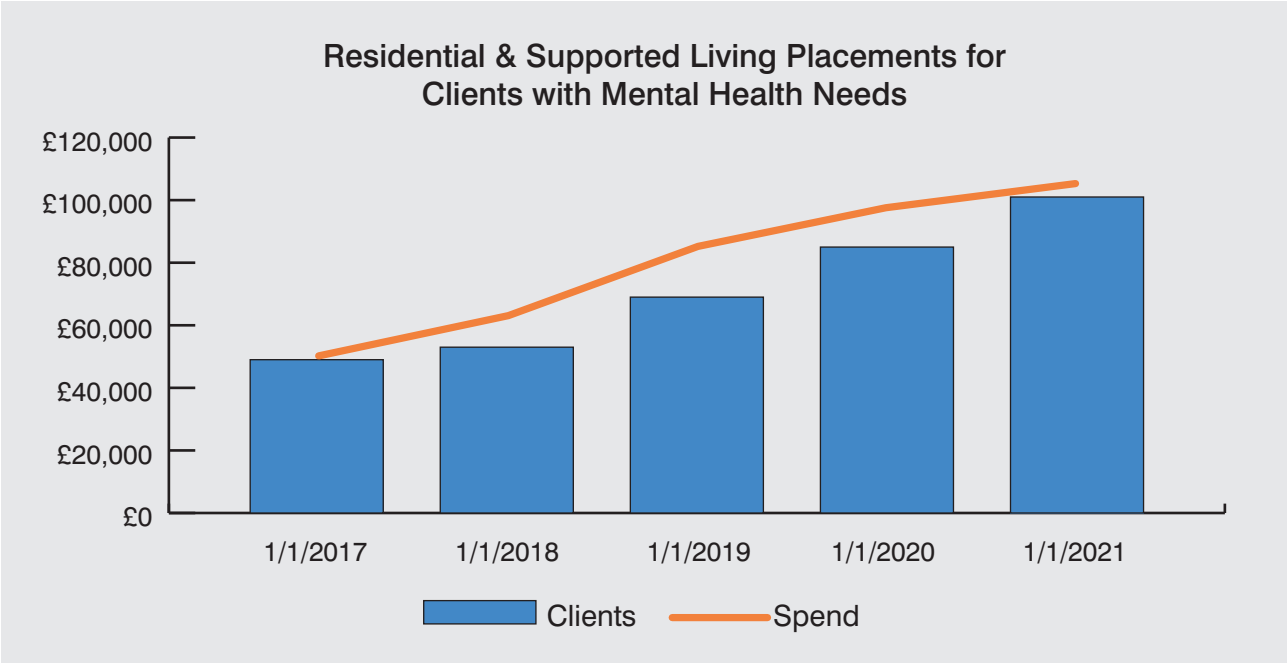
## 5. What Long term mental health accommodation do we currently have?

All data in this section relates to clients from Southampton with mental health needs aged 18-64 years and so excludes those aged 65+ (categorised as 'OPMH'). It is based on SCC client data so may not include clients for whom the CCG funds their whole care package.

The table below summarises the current (June 2021) residential and supported living accommodation which is used by clients from Southampton with mental health needs.

| | No. of Clients | Total Spend (per week) | Average cost (per week) |
|---|---|---|---|
| **Residential** | 64 | £60,577 | £947 |
| **Supported Living** | 37 | £26,300 | £711 |

For both residential and supported living provision, there has been a significant increase in the number of clients and total spend over the past few years. This is shown by the graph below and illustrates that the number of clients and total spend (per week) has more than doubled in the past four years. Although both types of provision have increased, growth in residential mental health placements has been slower than in supported living.



Supported Living provision for adults with mental health needs is a relatively recent concept within the city. Since 2018, the number of clients in this type of provision has increased from 10 to 37, an average of nine new placements per year. The mental health supported living market is composed of three main care providers who have developed their own provision with minimal commissioner input.

Residential Provision for people with mental health needs is much more diversified. The table below shows the current number of clients, number of homes and average cost for placements inside and outside of Southampton.

| | No. of Clients | No. of Homes | Average cost (per week) |
|---|---|---|---|
| **Inside Southampton** | 34 | 14 | £843 |
| **Outside Southampton** | 30 | 26 | £1,060 |
| **Total** | 64 | 40 | £947 |

Currently just over half of clients (53%) with mental health needs living in residential homes are located within Southampton. This has increased in the past four years from 44%.

This analysis doesn't account for likely differences in client needs meaning that individuals with higher needs are placed in more specialist (and costly) placements outside of the city as there is a lack of provision within the city.

There are six residential homes within Southampton which are registered with CQC specifically to support individuals with mental health needs. These homes have 54 beds in total of which 46 are currently occupied (as of 26/07/21). Beyond these six homes there are others which although not registered specifically for mental health provision are able to support individuals with those needs on an ad hoc basis.

Access to Housing Related Support settings designated to mental health needs was incorporated into a wider housing related support offer, up to this point the service provided an individual with access to housing related support and this was targeted and specific for individuals with mental health issues as an integral part of their stay in the accommodation as well as ensuring basic tenancy skills were maintained. There have been small seedlings of growth in recent years by voluntary sector providers to reinstate a more dedicated offer. Further work is needed to understand the suitability of dedicated mental health Housing Related Support services and the relationship between the increase in residential placements and the decommissioning of dedicated mental health provision in Housing Related Support.

### S117 Data Analysis

Section 117 data has been obtained to compare with the above SCC only data. The benefit of this data is that is includes individuals whose care packages are funded by SCC and/or the CCG. Similar to above it only includes those aged under 65 years. Those individuals under S117 but without a current package of care (490 people) are not included in the data below.

This table shows the total number of people under S117 with a package of care along with the spend as well as the numbers with residential or supported living care packages.

| | No. clients | Weekly Spend | Average weekly cost |
|---|---|---|---|
| **Total** | 207 | £166,144 | £803 |
| **Residential** | 58 | £84,861 | £1,498 |
| **Supported Living** | 28 | £34,271 | £1,223 |

This data gives slightly lower figures than the SCC data (6 less residential placements for example), this is likely to be because the SCC data will include people with 'Mental Health' as a primary support need, but they may not necessarily be under S117. The average costs come out higher using the S117 data, this is likely to be because CCG funded costs are included in this data.

It is therefore recommended that the SCC data is used for the number of clients but the S117 data is used for average costs.

## 6. Where do people with mental health needs currently live?

Data from Southern Health Community Mental Health teams provides useful information about the living status of individuals known to those teams.

| Living Status | No. of people | % of total (where status was known) |
|---|---|---|
| **Rental (with a housing association, local authority or private landlord)** | 859 | 56% |
| **Owner occupier** | 124 | 8% |
| **Living with family or friends** | 213 | 14% |
| **Supported Accommodation** | 127 | 8% |
| **Residential Home** | 30 | 2% |
| **Homeless** | 14 | 1% |
| **Psychiatric ward** | 24 | 2% |

Living status was unknown for around a third of the 2,700 individuals and not all categories have been included above so numbers will not total.
Comparing this data with that under section 5 may not be an exact like-for-like comparison due to differing definitions (supported accommodation covers a broader range than supported living for example). In addition, living status may not always be updated immediately when there is a change.

## 7. Why do we need more local mental health accommodation?

The main drivers behind increasing the amount of local mental health accommodation are:

- An increasing number of people with mental health needs
- Increasing complexity of needs which require more bespoke accommodation with care
- A year-on-year increase in residential placements for client with mental health needs, particularly where these are outside of the city (a lack of alternative to residential provision may artificially increase these numbers)
- Delays to discharge from inpatient settings caused by lack of suitable housing to support recovery (and sometimes care)

Each of these drivers is described in more detail below:

### a) Increasing Number of People with Mental Health Needs (Population Growth)

The 2019 Mental Health JSNA estimated that the number of people aged 18-64 with a mental health condition would increase by 1.2% from 2020 to 2025 and by 2.7% from 2025 – 2030. Overall in this ten year period the forecast was for an increase of 4.0% in the population (this was based just on ONS general population projections).

All other factors being equal, this increase would result in an additional:

- 30 clients needing support from the community mental health teams by 2025 compared to 2020
- An extra 70 clients needing support by 2030 compared to 2025
- Overall, this would represent an increase of 100 clients between 2020 and 2030

In practice, a range of other factors are likely to significantly affect these figures, namely changes in awareness and referrals rates, eligibility criteria changes and change in treatments. Nonetheless, it is important to consider population increase as this is one of the only factors which can be reliably forecasted a long way into the future.

Given there are currently 101 residential or supported living placements for individuals with mental health needs applying the population projections only over the next 10 years would result in an additional four placements.

### b) Increasing complexity of needs which require more bespoke accommodation and care

There is a lack of firm data to evidence increase in complexity of needs however there is recognition that a wider range of accommodation is needed to meet differing needs. In particular this may mean:

- Wheelchair accessible properties as well properties suitable for people with reduced mobility (i.e., either ground floor or with a lift)
- Enhanced fire prevention such as high-spec fire doors and sprinkler/misting systems
- Care technology enabled properties

- Provision in which people have their own front door but also have the opportunity to socialise in communal areas and reduce the risk caused by loneliness and isolation
- Ground floor accommodation
- Longer term transition accommodation, where currently clients are required to move on very swiftly back into the community when they are not always ready

In addition to a wider range of accommodation, the care provision within some of these properties also needs to be able to support people with more complex mental health needs to reduce the deterioration of individuals that may result in eviction, homelessness and /or admission to acute inpatient psychiatric care.

This means staff teams will need appropriate training to support particular mental health needs such as for clients with multiple severe mental health disorders and the unique interplay these will have.

The Mental Health Core Skills Education & Training Framework describe three tiers of training and may be a good starting point to audit current provision and set expectations for future developments[2].

**Impact of Pandemic**

The Covid-19 Market Impact Statement published in March 2021 set out the impact of the pandemic on current service provision as well as potential future changes to need.

In relation to mental health provision, the Market Impact Statement noted:

*"It is too early to say whether mental health services will see a significant long-term change in service demand as a result of the pandemic, and while there was a reduction in people seeking support through Steps to Wellbeing talking therapies in the first quarter of financial year 2020/21, this has now recovered and surpassed pre-Covid-19 activity levels.*

*Early national modelling indicates a varying range of %'s in potential surge in demand for all mental health services across the broad spectrum of need ranging from common mental illness (depression, anxiety and stress related disorders) through to severe and enduring mental illnesses (schizophrenia, bipolar or other affective disorders) due to the impact of COVID-19."*

**Meeting needs with alternative housing and care**

There are 64 people with mental health needs living in residential care funded by SCC, 30 outside of Southampton. Some of these people will have been living where they are for many years and will rightly think of it as their home even though the responsibility for funding still sits with SCC. Those who are settled and well supported may be reluctant to return back to the city some family members are also likely to share this reluctance.

Therefore, although it is right to have the aspiration that everyone from Southampton should be able to live and be supported locally; it may transpire many long-standing placements will continue.

[2]Mental Health CSTF.pdf (skillsforhealth.org.uk)

Out of the 64 placements, about 40% (26) cost less than £700 per week. This indicates that the clients need a relatively low level of support (unlikely to be 24/7) and so with the right accommodation could live more independently (e.g., supported living). Given the caveats above about client choice, and the responsibility to fund appropriate levels of care it would be prudent to assume that not all 30 people would want to move, therefore an estimate of 50% will be applied.

Over the past five years there has been a net increase of 5 new residential placements per year. Further analysis is needed to identify the exact needs of these individuals and why residential is being sought however there should be an aspiration to meet needs better and more appropriately with alternative housing and care options which may result in a reduction in the number of mental health residential placements overall.

### c) Delays to Inpatient Discharge

Data from Antelope House suggests there are often significant delays to discharge arising from lack of suitable housing. The complexity of the discharge process and lack of trend data (other than a single snapshot from 2018-19) mean that conclusions about housing need should be treated cautiously.

Broadly speaking discharge pathways from Antelope House (or any other inpatient setting) are to:

- The person's existing home (i.e., no housing need but may be need for care and support)
- Forest Lodge, Crowlin House and Natalie House step down (or step up) residential recovery and rehabilitation facilities with a move on to permanent housing expected after varying periods of time, depending on client need and available move on housing
- Housing Related Support settings with a move on to permanent housing expected after 1-2 years, noting Housing Related Support does not have dedicated mental health provision
- Hostels, noting this does not have dedicated mental health provision
- Residential provision
- Supported living (although this is not currently a common occurrence)
- Housing management move requests as a result of an individual being unable to return to their accommodation due to safeguarding concerns

## 8. Summary

The table below brings together the needs data to produce an estimate of the number of new tenancies required.

| Driver | Forecast number over next 10 years with housing need |
|---|---|
| Population growth | 4 people |
| Increasing complexity of Need | Data not available to give a firm number however this does feed into the types of accommodation and care needed |
| Avoiding further residential placements | 50 people |
| Continued increase in supported living | 90 people |
| **Meeting needs with alternative housing and care** | 15 people |
| Discharge Delays | Unknown |
| **Total** | 159 people |

It isn't possible, due to the limited data available on projected need, to make definite recommendations for the number of units needed over the next ten years, however what can be advised is to develop further housing provision as we can estimate the demand will be for at least 159 people over the next ten years (around 16 people per year) and this is likely to be an underestimate.

This provision should range from short term provision to support individuals who need a short period of support to retain independent living skills through longer term provision with small amounts of support up to long term provision with 24/7 care provision for those with the most complex needs.

There are several examples of good practice which can be followed in the commissioning of further housing for clients with Mental Health needs. For example, Hampshire County Council has a successful framework for housing and support, which provides supported living and extra care mental health housing, with buildings often recycled rather than purpose built. This meets their need sufficiently and provides them with the right variety of housing needed for their cohorts. Extra care schemes for clients with mental health as their primary need are particularly successful, so SCC may wish to consider this as an option when developing more extra care units in the city aligned to its own identified population needs.

## 9. What type of mental health accommodation do we need?

A mixed portfolio of accommodation is likely needed to suit a wide variety of needs, that may be supported living schemes or housing related support settings dedicated to mental health needs; in particular:

- Shared houses for 4-6 people
- Complexes of flats for 4-10 people

These types of accommodation suit clients in various situations and the need for variety stems from the fact that shared houses may be inappropriate for certain client types, such as those with high risk behaviours who are unable to share, but flats may be inappropriate for other clients who may suffer from isolation and benefit from skills development and sharing with others.

The general requirements of supported living are:

- Shared communal areas
- Room for support staff which may include sleep-in room (where 24/7 support is in place)

Additional specialist requirements for individuals with more complex needs are:

- Wet rooms
- Hoists
- Ground floor accommodation