

**Cabinet Member for Housing, Planning, Economic  
Development and Regeneration  
with the  
Cabinet Member for Health and Adult Care**

**Agenda**

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**Date:** Thursday, 13th February, 2014  
**Time:** 9.00 am  
**Venue:** The Kim Ryley Room - Westfields, Middlewich Road Sandbach

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

**PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relating to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

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For requests for further information

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4. **The Vulnerable Persons Housing Strategy** (Pages 1 - 156)

To consider the draft Vulnerable Persons Housing Strategy and to approve it for consultation.

# CHESHIRE EAST COUNCIL

## REPORT TO: Portfolio Holder

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**Date of Meeting:** 13 February 2014  
**Report of:** Strategic Housing Manager  
**Subject/Title:** Vulnerable Persons Housing Strategy  
**Portfolio Holder:** Councillor Don Stockton: Portfolio Holder for Housing, Planning, Economic Development, and Regeneration; Councillor Janet Clowes: Portfolio Holder for Health and Adult Social Care

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### 1 Report Summary

**1.1** Work is underway to construct a Vulnerable Persons Housing Strategy for Cheshire East Borough Council to ensure an appropriate landscape of accommodation with care is engendered in the local area. This report summarises the findings of the draft Strategy and requests portfolio holder approval to progress the draft Strategy for public consultation to ensure that the Strategy is representative and reflexive of the views of affected constituents and other stakeholders.

**1.2** The Strategy surveys a wide range of evidence and research to determine the accommodation needs of vulnerable people, before recommending strategic priorities to address these needs. The Strategy stratifies vulnerable people into the following eight primary groups:

- Older people
- Learning disabilities
- Mental health issues
- Cared for children/care leavers
- Drug and alcohol issues
- Physical and sensory disabilities
- Domestic abuse
- Homelessness

**1.3** The Strategy assumes a central role in Cheshire East's strategic forward planning: it is one of the two major change programmes (5.2) designed to deliver on Priority 5 of the Council's Three Year Plan: *Securing housing that is locally-led, community-based, and meets local needs*. This priority is, in turn,

a crucial policy in realising Outcome 5 of the Plan: *People Live Well and for Longer*.

**1.4** Extension research and consultation has been conducted across Council services and wider partners, resulting in the production of the draft Strategy. This draft highlights a variety of strategic priorities for each client group, contained within the Strategy. There a number of key emerging priorities from the draft Strategy that cut across all client groups, captured in the Strategy's policy framework. This is summarised below:

- Outcome 1: 'Deliver services to enable vulnerable people to live in their homes independently for longer.' This will be achieved by:
  - Continuing to review and improve care and support services to ensure that independent living and reablement is achievable and promoted to as many vulnerable people as possible.
  - Promoting the use of assistive technologies and home adaptations to ensure that homes are amenable and accessible for vulnerable people across the spectrum of needs.
  - Building links with the local community to draw upon untapped support for vulnerable people, maximising autonomy, limiting social isolation, and minimising care costs.
- Outcome 2: 'Deliver an improved offer of specialist, supported accommodation within the Borough, tailored to the needs of vulnerable people.' This will be achieved by:
  - Continuing to refine and appropriately expand the menu of specialist and supported housing that caters for vulnerable client groups, looking to create synergies across groups where appropriate.
  - Working with partners to develop new housing models for vulnerable people, prioritising sheltered and extra care housing as a means of promoting independent living.
  - Mapping specialist accommodation provision to the stages of each client group's treatment or recovery journey, creating a 'stepped' model of accommodation integrated into client pathways.
- Outcome 3: 'Improve access to services and the quality of information available to vulnerable people and commissioners, so both can make informed choices about accommodation, care, and support.' This will be achieved by:

- Working to achieve comprehensive and consistent intelligence on vulnerable groups to best inform service commissioning and decision-making.
- Ensuring that the contact points for accommodation services and advice is accessible and the information clear for all user groups, whilst promoting future planning and proactive service engagement.
- Utilising the Vulnerable Persons Housing Strategy as a flagship strategy to unite and shape the approach to vulnerable person's accommodation Council services and partner organisations.

## **2 Recommendations**

**2.1** It is recommended that:

**2.1.1** The draft Vulnerable Persons Housing Strategy and its preliminary findings are noted.

**2.1.2** Officers are approved to publically consult on the attached strategy draft, before incorporating the responses into the finalised strategy.

## **3 Reasons for Recommendations**

**3.1** Finalising the Vulnerable Persons Housing Strategy will be the catalyst enabling the Council to:

**3.1.1** Map the current picture of accommodation supply and demand by client group to baseline a picture of vulnerable persons housing within the Borough.

**3.1.2** Use this information as a basis for developing an optimal model of accommodation and support provision across all vulnerable client groups to inform Cheshire East's commissioning cycle and development priorities.

**3.1.3** Integrate effective and appropriate housing into a multi-disciplinary and cross-agency approach for improving well-being for vulnerable people.

**3.1.4** Provide and incite an evolving evidence base to inform planning decisions and emergent policies.

**3.1.5** Realise Outcome 5 of the Council's Three Year Plan: *People Live Well and For Longer*.

**3.1.6** Realise Priority 5 of the Council's Three Year Plan: *Securing housing that is locally-led, community-based, and meets local needs*. The Vulnerable Persons Housing Strategy is one of the two major change programmes to deliver on this priority, and therefore assumes a critical role in the Council's Three-Year Plan.

**3.2** Public consultation is required to:

**3.2.1** Ensure that the findings and priorities identified within the Strategy are representative of the views of affected constituents and wider stakeholders.

**3.2.2** Ensure that the Council is transparent and participatory in the formation of its strategic direction.

## **4 Wards Affected**

**4.1** All

## **5 Local Ward Members**

**5.1** All

## **6 Policy Implications**

**6.1** The Vulnerable Persons Housing Strategy is prioritised with the Council's Three Year Plan framework:

- Outcome 5: *People Live Well and for Longer*
  - Priority 5: *Securing housing that is locally-led, community-based, and meets local needs*.
    - § Change Programme 5.2: *Deliver an accommodation strategy for vulnerable adults and those with learning disabilities*.

**6.2** The accommodation of vulnerable people by virtue concerns a host of Council services that collectively work towards improving prospects and well-being for affected client groups. As such, the emergent Strategy champions a holistic and integrated approach, aspiring to catalyse and unite Council services,

community partners, and providers in a concerted direction. In its construction extensive liaison has taken place across adults' services, children's services, public health, housing, and planning to ensure that the Strategy reflects the priorities and initiatives of these services. For instance, the Strategy channels the emergent strategic commissioning intentions, has fed into the lifecourse work surrounding learning disabilities, and reflects the drug and alcohol service recommissioning.

- 6.3** Principally, the Strategy corroborates and augments the Council's commitment to enabling independence, reablement, and recovery through the appropriate provision of accommodation and support services. Such an approach is increasingly enshrined throughout the Council's commissioning wings, and the Vulnerable Persons Housing Strategy supports this by advocating the provision of accommodation models that foster independence and reablement - such as supported accommodation, sheltered housing, and extra care schemes as an alternative to institutional care.
- 6.4** Initial findings suggest that such an approach is required to manage the well-documented demographic pressures caused by longer life expectancy and advances in medical and social care. The Council can expect a rise in the number of vulnerable people in need of specialist accommodation, and an opportunity exists to consider the accommodation landscape within the Borough and engineer it so that more vulnerable people are supported to live fulfilling, independent lives within the community.
- 6.5** As such, the Strategy will set the direction of travel and accommodation priorities, which will inform future service commissioning work and planning policies to realise the determined approach through provider management and future development.

## **7 Financial Implications**

- 7.1** Full business cases which consider all financing options (both internal and external) and any potential risks to the Council will be developed for any major projects or developments that arise as a result of the Strategy's priorities. These will be prepared and assessed on a project-by-project basis at the appropriate time. Such business cases will follow the established route for ratification including gateway approvals at the appropriate points in accordance with the Council's project management protocols.
- 7.2** The exploratory and on-going actions recommended in the Strategy will be met from within existing resources.

- 7.3** Similarly, the Strategic Housing team will continue to lead and dedicate existing resource to the project-management of the Strategy's construction, including the progression to public consultation and the incorporation of consultation feedback into the final Strategy iteration.

## **8 Legal Implications**

- 8.1** The Strategy is the girding by which Cheshire East will provide increasingly appropriate specialist accommodation for vulnerable people that drives superior outcomes. It is the first, agenda-setting stage of the commissioning cycle that will ultimately ensure that vulnerable people are optimally cared for and enabled to live independent and vibrant lives in housing tailored to their needs and supportive of their specific issues.
- 8.2** In doing so, the Strategy supports the Council in fulfilling its duties to vulnerable people as delineated under legislation including: the Children Act (1989), the Children Act (2004), Children Leaving Care Act (2000), Mental Health Act (1983), Housing Act (1996), the National Assistance Act (1948), the National Health Service and the Community Care Act (1990), the Legal Aid Sentencing and Punishment of Offender Act (2012), and the Homelessness Act (2002). These items of legislation underpin the Council's duties and services to vulnerable people, which the Strategy is a key component in delivering.
- 8.3** The legal implications of any project or development that arises as a result of the Strategy's direction will be assessed individually as these initiatives progress through the Council's project management gateways.

## **9 Risk Management**

- 9.1** There are risks that the Council does not possess an appropriate accommodation mixture to deliver optimal outcomes for vulnerable people. Many accommodation support services report large undersupplies, whilst the supply of supported and specialist accommodation is frequently unable to match demand. Moreover, an overreliance on institutional care within certain client groups is heightening costs for self-funders and social services. There is therefore a need to construct a strategy for vulnerable people's accommodation to fathom the accommodation landscape and deduce the strategic priorities for each vulnerable client group. This will inform the commissioning and development process to ensure that there is an optimal specification of vulnerable people's accommodation within the Borough.

- 9.2** There is a risk that different elements of the Authority have different approaches to accommodation and relevant support services, as well as divergent information on the character and needs of vulnerable client groups. As such, the Strategy will help coordinate and connect the work of Council services and wider partners and providers, ensuring a consistent and strategic approach to vulnerable people's accommodation.
- 9.3** Vulnerable person's accommodation is complex in nature, involves a large number of agencies, and is a deeply emotive and fundamental issue that has wide implications across individuals, families, and communities. As such, it is vital that affected individuals and agencies have the opportunity to comment on any relevant strategic direction, to ensure that the full range of opinions, experiences, and knowledge are incorporated. By publically consulting on the draft Strategy, the Council negates the risk of implementing a strategic direction that does not properly reflect the range of needs and views within the Borough, ensuring it is representative.
- 9.4** In terms of the risks associated with developing and implementing a new strategy, there are a number of associated and inherent risks:
- *Timescale slippage:* depending on the extent of comments received during the public consultation, there is the potential for time pressure in making any alterations. However, this has been mitigated by a well-monitored approval timescale, factoring in potential risks and charting all approval gateways.
  - *Momentum, actions, and delivery:* As with any strategy, there is a risk that strategic direction does not translate into transformative action on the ground. This is being mitigated by the creation of a comprehensive action plan for each client group with service responsibilities, which will be connected to an emergent monitoring framework. Moreover, engagement and support has been assured from the relevant services through involvement in the construction of the Strategy and the channelling of service initiatives and priorities. Finally, cross-service working groups are already being established to explore some of the key themes arising from the emergent strategy.
  - *Funding for major projects:* The development of new specialist housing is frequently costly and complex, factors that increasingly delimiting in a time of austerity and curtailed public funding. To affect any new developments inspired by the Strategy, there will thus be a need to maximise private finance through partnership and creatively use public funding and Council-held assets to leverage and incite.

## **10 Background and Options**

- 10.1** This emergent Strategy has built upon Cheshire East's extant work in creating a supported housing strategy, produced by consultants Red Quadrant. However, this revised Strategy greatly expands upon the remit and client groups contained in the previous work. Such expansion was considered necessary to capture the nuance, detail, and overlap between client groups, ensuring a more comprehensive and holistic piece of work.
- 10.2** The Strategy was constructed through extensive cross-service and pan-organisational consultation. This provided a crux of key-findings and priorities that were then expanded, corroborated, and tested through consultation. A consultation event was held in November 2013, attended by Cheshire East councillors, Council officers, housing providers, and support service providers. The results of this workshop provided the feedback required to convert the initial findings into a strategy. Workshops were held for each client group, the key messages of which are summarised in each chapter under 'consultation response'.
- 10.3** The Strategy next needs to go out for public consultation, after which the views and responses will be compiled and incorporated into the Strategy prior to formal ratification by Cheshire East Cabinet. The finalised Strategy is scheduled to be presented to Cabinet for approval in April 2014.

## **11 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

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## Draft Vulnerable Persons Housing Strategy

For vulnerable people, an appropriate range of support services and specialist housing is fundamental to realise an independent lifestyle comparable with that of their peers. This housing strategy for Cheshire East aims to chart the current landscape of vulnerable persons housing within the Borough, before using this to inform strategic priorities that will shape the commissioning cycle.

February  
2013

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## Executive Summary

### *Introduction*

This is Cheshire East's strategy for vulnerable persons housing. Its principle aims are to:

- Map the current picture of accommodation supply and demand by client group to baseline a picture of vulnerable persons housing within the Borough.
- Use this information as a basis for developing an optimal model of accommodation and support provision across all vulnerable client groups to inform Cheshire East's commissioning cycle.
- Integrate effective and appropriate housing into a multi-disciplinary and cross-agency approach for improving well-being for vulnerable people.
- Provide and incite an evolving evidence base to inform planning decisions and emergent policies.

### *Scope*

Vulnerable people are a complex and variegated segment of society. Many individuals have complex or multiple needs, and may present to numerous departments and functions throughout their service journey. This strategy seeks to order vulnerable people by their primary client group, though addresses throughout that there is often substantial cross-over between these groups. The strategy covers the following client groups:

- Older People
- Learning Disabilities
- Mental Health Issues
- Cared for Children and Care Leavers
- Drug and Alcohol Issues
- Physical and Sensory Disabilities
- Domestic Abuse
- Homelessness

### *Findings and Priorities*

The strategy surveys the wealth of information surrounding these client groups and, for the first time, consolidates and analyses this in one document. The strategy generates a number of findings stemming from analysis of the evidence base, which are then used to inform Cheshire East's accommodation priorities for vulnerable people. These priorities are summarised below by client group; the detailed reasoning and supporting evidence is contained in the main body of the strategy.

#### ***Older People***

- Encourage wherever appropriate the transition of older people into specialist accommodation, and especially housing that enables them to live independently for as long as possible. This will involve a greater reliance and promotion of floating support and care,

as well as sheltered and extra care schemes rather than intensive institutional models, which should only be used for those with acute or emergency needs.

- Promote the development of general needs accommodation suitable for an ageing population, with a greater provision of physically amenable properties (such as bungalows) and Lifetime homes required on future development sites in accordance with need.
- Support the identification and development of sheltered housing and extra care schemes, bringing forward appropriate Council-owned assets as opportunities.
- Work with partners and providers to bring forward development of more specialist accommodation options for older people, prioritising the development and promotion of extra care and sheltered housing schemes.
- Encourage people to proactively engage with services and plan for their futures at an earlier age, raising awareness of adaptations and supported living options before residents develop a care emergency. This will involve a review of existing information and consultation work aimed at people over fifty-five. This preventative approach will better equip clients to remain in an independent setting for longer.

### ***Learning Disabilities***

- Work as part of the Learning Disabilities Lifecourse project to map appropriate housing provision to the stages of a client's care or treatment journey.
- Work with providers to rationalise and recalibrate supported housing stock and tenant compositions, prioritising the creation of independent tenancies within flats and bungalows, rather than shared housing.
- Promote and develop sheltered and extra care housing as priority models for people with learning disabilities, working with partners and reviewing Council-held assets to establish prospective development opportunities.
- Target families and young people affected by learning disabilities to plan for the future and present to services earlier to receive assistance and support. This will entail support for the 'Preparing for Adulthood' campaign promoted for those with SEN and learning disabilities, linking the campaign's outcomes and initiatives into the Council's pathways for this client group.

### ***Mental Health Issues***

- Where possible, use accommodation and support packages to reinforce the StAR treatment process in situating recovery at the heart of mental health treatment, creating an extended and supported pathway for clients from primary care, through recovery and review, and into aftercare.
- This will involve mapping accommodation and support service provision to different stages of clients' treatment journeys to ensure that accommodation can flex to each stage of the

process and changing needs. This will inform a detailed needs analysis and the creation of an ideal accommodation specification for commissioning that will involve the exploration of assessment flats for heightened episodes.

- Establish a mental health strategic working group to forward these actions and ensure full integration of accommodation strategy into a bolstered strategic approach to mental health in the Borough, including raising awareness of mental health issues and early intervention.
- Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention and/or presentation.

### ***Cared for Children and Care Leavers***

- As a first position, encourage more foster placements within the Borough to delimit the number of residential or agency placements required and the distance children are required to relocate.
- Work with Cheshire Homechoice and Registered Providers to improve the profile and priority of social housing for parents and foster carers, to unlock a greater number of these placements.
- Review the current usage of residential provision, exploring the capacity and prioritisation of provision within the Borough, and the cost and distance of external or agency provision. This will inform a rationalisation of capacity and spend, as well as recalibrating the focus of provision to within the Borough.
- Create an expanded, mixed menu of accommodation types, including the development of more supported accommodation - which is significantly underrepresented for both children in care and care leavers. This accommodation should assume a 'step-up, step-down' model incorporating accommodation types that support a transition out of care, incorporating a greater swathe of taster accommodation and shared housing. This will involve creating a specification of ideal accommodation composition before working with Registered Providers and partners to scope delivery possibilities.
- Work with RPs and providers earlier to identify stock available for use by care leavers as supported accommodation.
- Work to pool the budgets of Children's Services and Strategic Housing for emergency accommodation and bed services to commission a holistic and improved service.

### ***Drug and Alcohol Issues***

- Support the on-going drug and alcohol service recommissioning work in engraining a recovery-oriented and early interventionary approach to substance abuse services, realising a vision of mixed and flexible services, including specialist accommodation, which will help release individuals from substance dependencies.

- Work with supported and temporary accommodation providers to ensure they are promoting move-on of clients and that routes to permanent accommodation are well sign-posted.
- Work to establish a more sophisticated accommodation pathway mapped to the relevant stages of clients' recovery programmes.
- Utilise this mapping exercise as the basis to develop a revised specification of specialist accommodation for individuals with drug and alcohol issues, limiting the need to utilise inappropriate housing for this client group.
- As a first port of call, scope the possibility of short-term, specialist accommodation for high-needs alcohol clients within the Borough, conducting market analysis to understand best practise in this field. The need for such accommodation has been identified as a priority amongst a number of service managers across client groups, as a conduit to enable clients to engage with recovery programmes and reduce the impact on other services that occurs when people with acute substance issues are expelled from abstinence schemes or supported tenancies.

### ***Physical and Sensory Disabilities***

- Continue to promote DFGs, Care & Repair, and the Handypersons service as widely as possible, targeting more young people and proactive, private adaptations. This will allow adaptations to be increasingly used as a preventative measure, lowering the potential dependence on care downstream, and will enable more people to 'future proof' their homes to enable independence in situ.
- Conduct reviews of the Care & Repair and Handypersons Services to ensure they take the optimal model to meet the changing needs of clients.
- Continue to promote general accessibility standards through planning processes, to ensure that as many new build homes as possible are fit for disabled habitation.
- Continue to promote, review, and support Telecare services.
- Create a service pathway for clients with physical and sensory disabilities including the above adaptive and preventative services and supported accommodation.
- This will prioritise improving access to supported housing for younger people with physical disabilities. This will help counter the anticipated rise in demand, and will entail exploring the possibility of lowering entry ages into the likes of extra care schemes, which are well-suited to cope with physical disabilities.

### ***Domestic Abuse***

- Ensure services and accommodation safeguard and assist people affected by domestic abuse, particularly creating pathways for victims into supported accommodation.

- Develop a single point of access for domestic abuse services to streamline and capture total demand and create a more systematic approach to referrals and service provision.
- Review floating support and accommodation services to ensure that optimal move-on and throughput is being achieved.
- Work towards a consolidation of provision, potentially delivered by a single consortium, which will allow for a holistic view of available capacity across a range of providers.
- Continue to commission refuge provision whilst diversifying the range of such provision to better address a spectrum of needs. Through recommissioning work, look to balance the provision of communal and dispersed refuges. Explore the possibility of support centres in the Borough that provide hubs for services and reablement.
- Foster more peer support groups across to engage the community in aiding those affected by domestic abuse.

### ***Homelessness***

- Services whose clients are liable to present as homeless can struggle to create suitable accommodation compositions on their own given geography and the limited pool of clients they have to draw upon. Services should therefore take a holistic, partnership approach to placements, where possible creating cohorts across services to find suitable compositions and create efficiencies in how placements and tenancies are sourced.
- Improve access to temporary accommodation and broaden the range of options available to cater to a range of needs, simultaneously reducing the reliance on bed and breakfast provision. This will include specialist provision for those with complex or high needs, as well as partnerships with housing providers, landlords, and support services to deliver temporary placements that are effective for clients.
- Ensure that temporary accommodation acts as a developmental and progressive element of a client's service journey, with appropriate and mixed combinations of accommodation and support delivered to ensure that clients leave temporary accommodation ready to transition into a permanent tenancy. Commissioning work will ensure that such services will promote move-on and effective transitions into settled or supported accommodation.
- Improve access to, and provision of, tenancy support across all accommodation options to ensure tenancies can be sustained. This will be particularly targeted at realising new accommodation with our housing partners, through new combinations of accommodation and support.
- Improve access and sign-posting to permanent accommodation for those leaving temporary or supported accommodation, continuing to prioritise temporary accommodation leavers in the Homechoice social lettings policy, and utilising the private sector liaison officer to source appropriate accommodation.

## *Policy Framework*

The strategy coordinates these priorities into a policy framework, which cuts across all client groups and underpins the Council's intentions and desired outcomes, as well as the strategy's action plan.

- Outcome 1: 'Deliver services to enable vulnerable people to live in their homes independently for longer.' This will be achieved by:
  - Continuing to review and improve care and support services to ensure that independent living and reablement is achievable and promoted to as many vulnerable people as possible.
  - Promoting the use of assistive technologies and home adaptations to ensure that homes are amenable and accessible for vulnerable people across the spectrum of needs.
  - Building links with the local community to draw upon untapped support for vulnerable people, maximising autonomy, limiting social isolation, and minimising care costs.
- Outcome 2: 'Deliver an improved offer of specialist, supported accommodation within the Borough, tailored to the needs of vulnerable people.' This will be achieved by:
  - Continuing to refine and appropriately expand the menu of specialist and supported housing that caters for vulnerable client groups, looking to create synergies across groups where appropriate.
  - Working with partners to develop new housing models for vulnerable people, prioritising sheltered and extra care housing as a means of promoting independent living.
  - Mapping specialist accommodation provision to the stages of each client group's treatment or recovery journey, creating a 'stepped' model of accommodation integrated into client pathways.
- Outcome 3: 'Improve access to services and the quality of information available to vulnerable people and commissioners, so both can make informed choices about accommodation, care, and support.' This will be achieved by:
  - Working to achieve comprehensive and consistent intelligence on vulnerable groups to best inform service commissioning and decision-making.
  - Ensuring that the contact points for accommodation services and advice is accessible and the information clear for all user groups, whilst promoting future planning and proactive service engagement.
  - Utilising the Vulnerable Persons Housing Strategy as a flagship strategy to unite and shape the approach to vulnerable person's accommodation Council services and partner organisations.

## Introduction

### *Background and Aims*

Housing is a cornerstone of every person's life, providing safety and security whilst concomitantly improving well-being, health, and prospects. This is especially true for vulnerable people, for whom an appropriate range of support and specialist housing is fundamental to realise an independent lifestyle comparable with that of their societal peers.

This is Cheshire East's strategy for vulnerable persons housing. Its principle aims are to:

- Map the current picture of accommodation supply and demand by client group to baseline a picture of vulnerable persons housing within the Borough.
- Use this information as a basis for developing an optimal model of accommodation and support provision across all vulnerable client groups to inform Cheshire East's commissioning cycle.
- Integrate effective and appropriate housing into a multi-disciplinary and cross-agency approach for improving well-being for vulnerable people.
- Provide and incite an evolving evidence base to inform planning decisions and emergent policies.

The strategy is a priority within Cheshire East's three year plan. It is a delivery action to realise *Priority 5: Securing housing that is locally-led, community-based, and that meets local needs*. This priority in turn informs the fifth of Cheshire East's five strategic outcomes for the Borough: *People live well and for longer*.

The vulnerable persons housing strategy sets the priorities, direction, and actions designed to improve the performance and choice of specialist housing and related accommodation services for vulnerable people. It does this by painting a picture of the accommodation landscape, mapping demand from residents against supply and assessing gaps. The strategy outlines at a high-level the outcomes that Cheshire East wants to drive for vulnerable people's housing, as well as providing the evidence base that has informed these outcomes. The strategy and its action plan will continue to inform all subsequent work involving the provision of vulnerable persons housing.

The findings and priorities described within the strategy materialise in a number of ways. Firstly, the strategy serves as the starting point and evidence base for the service commissioning cycle: it reviews the current accommodation and support service provision within Cheshire East to identify priorities and areas for development; these are then taken forward as actions to ultimately create future commissioning specifications for accommodation and support services.

Moreover, the strategy will serve as an evidence base to inform the assessment of planning decisions. Its findings will be captured in supplementary planning documentation to augment the emergent Cheshire East Local Plan, ensuring that the future physical development of accommodation for vulnerable people accords with the needs identified in this strategy and subsequent commissioning specifications.

## Scope

Vulnerable people are a complex and variegated segment of society. Many individuals have complex or multiple needs, and may present to numerous departments and functions throughout their service journey. This strategy seeks to order vulnerable people by their primary client group, though addresses throughout that there is often substantial cross-over between these groups. The strategy covers the following client groups:

- Older People
- Learning Disabilities
- Mental Health Issues
- Cared for Children and Care Leavers
- Drug and Alcohol Issues
- Physical and Sensory Disabilities
- Domestic Abuse
- Homelessness

Moreover, whilst the strategy is principally concerned with accommodation provision, it is important to recognise that this frequently is only a part of the solution, with vulnerable people requiring a coordinated response from a number of agencies through a range of support services. As such, the strategy looks to place housing for each client group in its policy, commissioning, and service context to best demonstrate the role housing has to play within a matrix of care and support that is unique to each client group.

## Council Duties

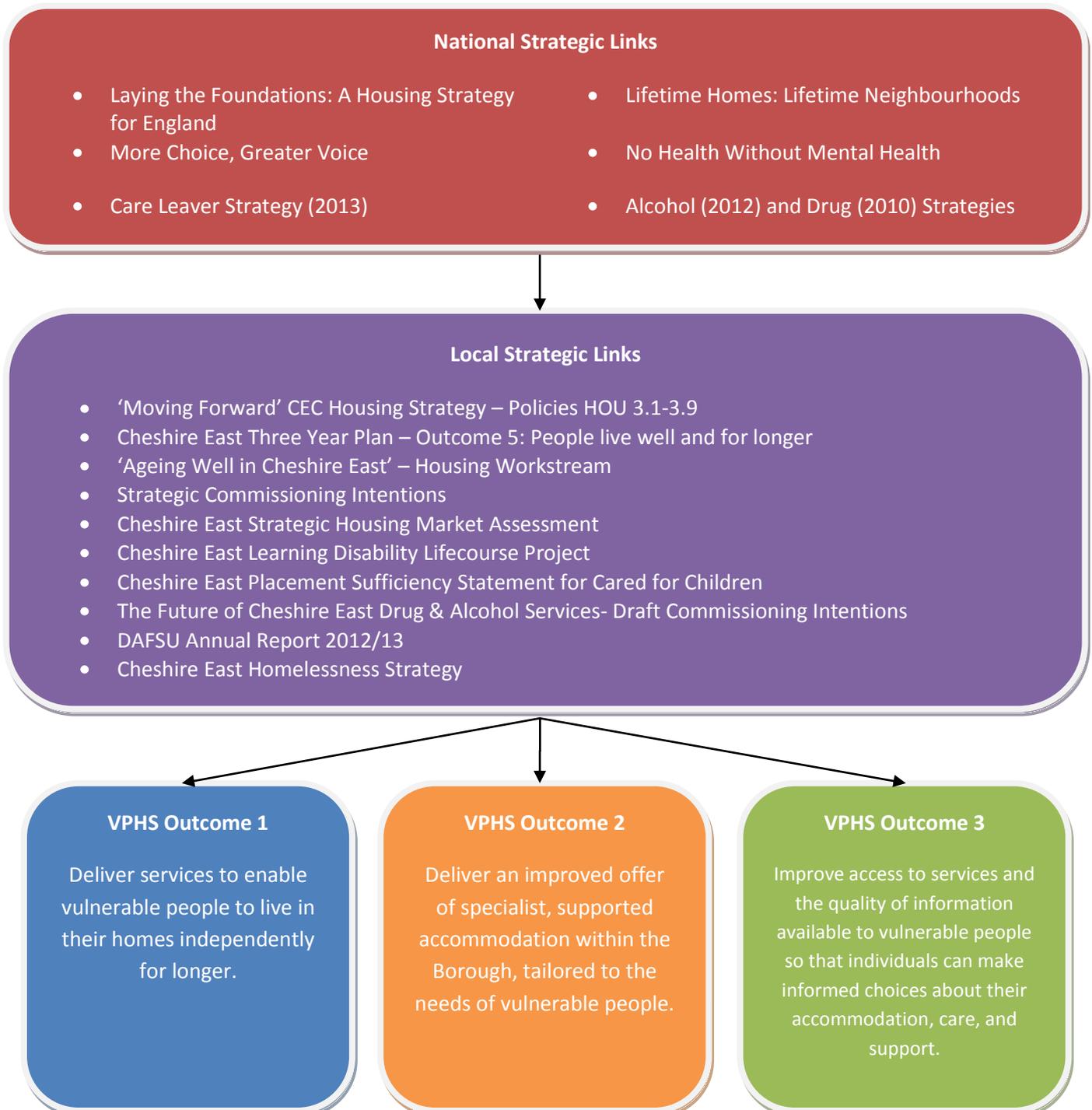
In doing so, the Strategy supports the Council in fulfilling its duties to vulnerable people as delineated under legislation including:

- The Children Act (1989)
- The Children Act (2004)
- Children Leaving Care Act (2000)
- Mental Health Act (1986)
- Housing Act (1996)
- The National Assistance Act (1948)
- The National Health Service and the Community Care Act (1990)
- The Homelessness Act (2002)
- The Legal Aid Sentencing and Punishment of Offender Act (2012)

These items of legislation underpin the Council's duties and services to vulnerable people, which the Strategy is a key component in fulfilling.

## Vision and Priorities

The goals and actions of the strategy are held within a 'Policy Framework'. The Framework has three high-level outcomes for accommodation in the Borough, which are intrinsically connected to a range of strategic priorities emanating from national directives and Cheshire East's strategic and service initiatives. These are charted below.



Each outcome has a number of policy priorities attached to it. These are the housing priorities for vulnerable people that sit beneath each wider outcome. Each action emerging from this strategy is designed to realise one or more of these policies.

### VPHS Outcome 1

Deliver services to enable vulnerable people to live in their homes independently for longer.

**VPHS 1:** Continue to review and improve care and support services to ensure that independent living and reablement is achievable and promoted to as many vulnerable people as possible.

**VPHS 2:** Promote the use of assistive technologies and home adaptations to ensure that homes are amenable and accessible for vulnerable people across the spectrum of needs.

**VPHS 3:** Build links with the local community to draw upon untapped support for vulnerable people, maximising autonomy, limiting social isolation, and minimising care costs.

### VPHS Outcome 2

Deliver an improved offer of specialist, supported accommodation within the Borough, tailored to the needs of vulnerable people.

**VPHS 4:** Continue to refine and appropriately expand the menu of specialist and supported housing that caters for vulnerable client groups, looking to create synergies across groups where appropriate.

**VPHS 5:** Work with partners to develop new housing models for vulnerable people, prioritising sheltered and extra care housing as a means of promoting independent living.

**VPHS 6:** Promote wherever possible a stepped accommodation model that enables clients to transition towards independence through phased options mapped to their treatment journey.

### VPHS Outcome 3

Improve access to services and the quality of information available to vulnerable people and commissioners, so both can make informed choices about accommodation, care, and support.

**VPHS 7:** Work to achieve comprehensive and consistent intelligence on vulnerable groups to best inform service commissioning and decision-making.

**VPHS 8:** Ensure that the contact points for accommodation services and advice is accessible and the information clear for all user groups and promotes future planning and proactive service engagement.

**VPHS 9:** Utilise the VPHS as a flagship strategy to unite and shape the approach to vulnerable person's accommodation Council services and partner organisations.

## *Development and Methodology*

The strategy has served as a unique and innovative piece of work, bringing together for the first time comprehensive strategic, service, and consultation findings from housing, adults' services, and children's services to deliver a complete assessment of accommodation landscape. Its completion is testament to the commitment across Cheshire East to work together to deliver holistic solutions for vulnerable people, and the strategy will continue to inform and catalyse specific commissioning and strategic work within the represented services.

The strategy built upon Cheshire East's extant supported housing strategy, produced by Red Quadrant. However, this revised strategy greatly expands upon the remit and client groups contained in the previous work. Such expansion was considered necessary to capture the nuance, detail, and overlap between client groups, ensuring a more comprehensive and holistic piece of work.

The strategy was constructed through extensive cross-service and pan-organisational consultation. This provided a crux of key-findings and priorities that were then expanded, corroborated, and tested through consultation. A consultation event was held in November 2013, attended by Cheshire East councillors, Council officers, housing providers, and support service providers. The results of this workshop provided the feedback required to convert the initial findings into a strategy. Workshops were held for each client group, the key messages of which are summarised in each chapter under 'consultation response'.

The strategy will next go out for public consultation, after which the views and responses will be compiled and incorporated into the strategy prior to formal ratification by Cheshire East cabinet.

## *Content*

Each chapter contains a wealth of detailed information and analysis, which provides the evidence base to inform the priorities and actions emerging from the strategy. To chart a route through this information, each chapter follows a basic structural template.

- A chapter summary provides background on the client group and a summary of key findings and strategic priorities that have emerged from the research and evidence compiled.
- A list of key evidence sources is provided as a one-stop compilation of references.
- The bulk of the chapter is stratified under 'Detailed Evidence' which charts all the relevant data and the rationale behind the key findings and strategic priorities. Each 'Detailed Findings' section encompasses subsections on supply and demand, which form the cornerstones of housing assessment.
- The strategy concludes with the action plan covering all client groups. Each action is linked back to the relevant strategic priorities as contained in the policy framework, thereby making each action explicitly relevant to the strategy's primary outcomes.

## ***Cross-Cutting Accommodation and Support Services***

There is a core of accommodation and support services that are available in Cheshire East to aid any individual who is experiencing vulnerability. Moreover, there are a range of generic housing services that can help provide information, low-level, or transient assistance that can also be drawn upon by the client groups contained in these chapters.

Such services frequently provide the basis of an individual's care or support package, which are then augmented depending upon the severity or changing nature of their needs. As such, they frequently act as the first point of access for vulnerable people. Such services are therefore effective as early intervention and prevention mechanisms, providing lower levels of support that may halt the escalation of a client's condition or need. These services fundamentally reflect the same impulses that inform this strategy as a whole: the facilitation of appropriate independent living through the fostering of beneficial accommodation, care conditions, and skills.

This strategy therefore continues to champion these services, recommends their continued review and refinement, and exhorts clients to present as soon as possible so their needs can be addressed by generic services where possible. Such an approach not only enables a proactive response to the needs of vulnerable people, but can create efficiencies in the provision of services, as individuals can be aided through generic rather than intensive, specialised services.

### ***Information and Advice Services***

Cheshire East operates a Housing Options services which is a single point of contact for all housing-related advice and information. Housing Options will advise clients on homelessness, renting property from the social housing register or the private market, how to make living in their own homes more sustainable, and how to negotiate relationship breakdown, as well as providing appropriate referrals onto the relevant support and care services, including social care if required. Therefore, Housing Options is a crucial entry-point for all housing needs, which aids general needs clients and vulnerable people alike. Housing Options are supported by the suite of information available publically on the Cheshire East website.

### ***Community Equipment Service***

When people have difficulties with their mobility due to old age or a long term condition, appropriate equipment around the house can enable them to remain in their own homes and continue living as normal and safe a life as possible. This equipment can range from toilet seats to hoists to wheelchairs. The Community Equipment Service provides equipment free of charge irrespective of income or capital. The service can also deliver minor adaptations at a cost of less than £1,000 free of charge, such as installation of grab-rails. Where an adaptation costing over £1000 is required, the client is referred to apply for a Disabled Facilities Grant.

### ***Disabled Facilities Grants***

Disabled Facilities Grants (DFGs) are designed to aid housing tenants or owner-occupiers with adaptations necessitated by the physical disability of an occupant. DFGs are administered by the local authority and are means tested. Nationally, 70% of the grants are made to people over 60. The

adaptations concern more substantial projects than those covered by the Community Equipment Service, and can range from grab rails to enable someone to use the toilet or bath safely, through to the installation of a walk-in shower or lift.

Both Disabled Facilities Grants and the Community Equipment Service are covered in greater detail, and in the Cheshire East context, in the 'Physical and Sensory Disabilities' chapter.

### ***Telecare***

Telecare and other assistive technologies offer cost-effective and ambient management of many common risks for vulnerable people, and can serve as a key means of managing needs independently within the home without resorting to more intensive models of care provision. Telecare can range from pendant alarms, fall detectors, smoke detectors, gas shut-off valves, pressure sensors, and door sensors. The equipment detects a problem, or the user activates it to report a problem, a monitoring centre will call to the service user and/or identified carers to find out more and summon emergency help if necessary. Telecare is therefore a critical component in delivering increasingly complex care in independent settings utilising technological advances. It can help clients feel safe in their own homes and reduce the reliance on more intensive home care packages or a migration to institutional care. Telecare is brokered via social services for those assessed as having substantial needs and critical needs in accordance with FACs criteria. There are also providers in the private sector should individuals seek to broker their own installations.

### ***Supporting People***

#### Introduction

The Supporting People programme funds a range of housing support services. Services are tailored to a variety of vulnerable client groups (as reflected in the chapters of this strategy) and are divided into floating support services and accommodation services. Individual analysis of the Supporting People services catering for each client group is contained in the relevant chapters, but we will here look at an overview of the services provided, their nature, benefits, and constitution.

Services are free, cater for vulnerable clients who are not eligible for social care but have lower-level support needs, and are designed to help people access and maintain appropriate accommodation. Critically, these services are designated as 'support' services as they provide no element of care: the physical manipulation of a client for therapeutic purposes. Rather these services generally provide the following kinds of support:

- Engendering the skills to set up and retain a home and/or tenancy
- Managing finances, debt advice and applying for benefits
- Gaining access to other services
- Establishing social contacts and activities
- Supervising and monitoring of health, wellbeing and medication.

Accommodation services are a means of providing supported housing. This encompasses any service where housing and support are provided by the landlord or organisation in a fixed location: the support is offered at a specific property like a hostel or supported housing scheme. Accommodation support by virtue targets those who do not otherwise have access to a tenancy, potentially because

they have been evicted, will be evicted, or are struggling to access accommodation due to their vulnerability issues and associated behaviours. The goal of accommodation services is to ultimately equip clients with the support and skills to transition back into the community in an independent tenancy, where they may be further assisted by floating support services.

Floating support services can be delivered wherever a client lives within Cheshire East. Once an individual has been enabled to live independently, the service can be offered to someone else. Floating support providers help those who want help to settle in and better manage their lives whether they currently live in private rented housing, social housing, or own their own homes. Floating support thus serves two chief functions: it acts as a vital preventative measure in helping those with a tenancy to sustain it *before* their needs escalate, they become unsafe at home, or their behaviours result in a loss of tenancy, and it allows those who are transitioning back into independent accommodation *after* a period of more intensive care or support to effectively reintegrate in the long term.

### Benefits

As such, the efficacy and importance of these services is manifold within the context of this strategy. Firstly, they act preventatively to address the needs of vulnerable people before they escalate. This could entail low-level assistance for an elderly person that will enable them to remain safely at home, preventing the escalation of risk that could result in a later presentation to social care; or it could mean helping a drug user to better manage their issue and avoid being evicted by their landlord.

Moreover, they help sustain the recovery of individuals leaving care or more intensive support environments, enabling them to effectively transition back into independent living and bridging the crucial skills and experience gap that often delimits reintegration and raises the likelihood of representation to multiple services. This could mean equipping a recovering mental health patient with the skills to live independently after a lengthy recovery pathway, preventing relapses and ensuring that the details of managing a tenancy at not insurmountable.

These effects are vital in reducing pressure on specialist accommodation and associated services, by helping limit the initial number of presentations and the number of representations once clients have transitioned back into independent living, compounding the salubrious effects of the service journey. Research has quantified these beneficial effects of support services. The Department of Communities and Local Government estimates that Supporting People services nationally save £3.41 billion for the client groups considered for an investment of £1.61 billion. The greatest savings that are realised through Supporting People can be found within the domestic abuse, drug and alcohol, homeless, learning disabilities, mental health, and older people client groups, as per the below table.

Client group	Cost (£m)	Net financial benefit (£m)
People with alcohol problems	(20.7)	92.0
Women at risk of domestic violence	(68.8)	186.9
People with drug problems	(30.1)	157.8
Homeless families with support needs – settled accommodation	(32.5)	(0.5)
Homeless families with support needs – temporary accommodation	(17.5)	28.5
Single homeless with support needs – settled	(130.1)	30.7

accommodation		
Single homeless with support needs – temporary accommodation	(106.7)	97.0
People with learning disabilities	(369.4)	711.3
People with mental health problems	(254.4)	559.7
Offenders or people at risk of offending, and mentally disordered offenders	(55.4)	40.3
Older people in sheltered accommodation	(198.2)	646.9
Older people in very sheltered accommodation	(32.4)	123.4
Older people receiving floating support and other older people	(97.3)	628.0
People with a physical or sensory disability	(28.4)	73.3
Teenage parents	(24.9)	(18.3)
Young people at risk – settled accommodation	(94.9)	26.6
Young people at risk – temporary accommodation	(38.1)	26.7
Young people leaving care	(12.7)	(0.7)
<b>Total</b>	<b>(1,612.4)</b>	<b>3,409.4</b>

Source: Department of Communities and Local Government, *Research into the Financial Benefits of Supporting People (2009)*

The research also suggests the savings that can be made across associated services through the utilisation of Supporting People services, summarised below. This suggests that the effective provision of support services is effective in reducing the escalation of need, reducing the cost of residential care, health care, homelessness, and crime.

Service Area	Cost of SP Services (and associated costs)
Cost of providing SP services	1612.4
Housing costs	596.1
Social services costs	407.7
Benefits and related services	213.8
Other services	43.8
<b>Total Costs</b>	<b>2873.8</b>
Residential care package	5408.7
Homelessness	95
Tenancy failure costs	50.7
Health service costs	315.2
Crime costs	413.6
<b>Total of benefits</b>	<b>6283.2</b>
<b>Overall net benefit</b>	<b>3409.4</b>

Source: Department of Communities and Local Government, *Research into the Financial Benefits of Supporting People (2009)*

At a local level, utilising the Cap Gemini assessment model, it is predicted that Cheshire East saves £17,982,505 per year through the provision of Supporting People services. This is expanded upon in the below table.

Primary Client Group	Net Financial Benefit	Total Units	SP Average Unit Cost	Financial Benefit per Unit Available	SP Annual Cost	Annual Financial Benefit
<b>All Client Groups (Average)</b>	<b>£2.43</b>	<b>5927</b>	<b>£89.15</b>	<b>£216.63</b>	<b>£7,400,208</b>	<b>£17,982,505</b>
Homeless Families with Support Needs	£0.00	28	£91.59	£0.00	£137,181	£0.00
Offenders or People at risk of Offending	£1.00	63	£113.10	£113.10	£157,244	£157,244
Older people with support needs	£4.50	4833	£12.83	£57.74	£1,461,216	£6,575,472
People with a Physical Disability	£0.00	20	£33.09	£0.00	£143,612	£0.00
People with Drug & Alcohol Problems	£4.00	52	£54.75	£219.00	£142,161	£568,644
People with Learning Disabilities	£1.11	379	£136.06	£151.03	£2,649,485	£2,940,928
People with Mental Health Problems	£4.50	187	£106.91	£481.10	£762,073	£3,429,329
Single Homeless with Support Needs	£0.33	190	£114.31	£37.72	£1,086,716	£358,616
Teenage Parents	-£1.00	30	£140.15	-£140.15	£128,174	-£128,174
Women at Risk of Domestic Violence	£4.00	103	£126.64	£506.56	£628,215	£2,512,860
Young People at Risk	£1.00	42	£51.19	£51.19	£104,131	£104,131

Source: Cap Gemini Supporting People Toolkit (Data inputted from October 2013)

### Capacity and Constitution

Supporting People services (both accommodation services and floating support) for various vulnerable client groups, with their respective capacities, are summarised below.

Client Group	Supporting People Accommodation Services Supply 2013		
	Short Term	Long Term	Total
Older People	0	4193	4193
Learning Disability	0	187	187
Physical Disability	0	0	0
Mental Health	11	76	87
Homeless	171	0	171
Drug & Alcohol	16	0	16
Domestic Abuse	19	0	19
<b>Total</b>	<b>217</b>	<b>4456</b>	<b>4673</b>

Source: Supporting People Needs Analysis

Client Group	Supporting People Floating Services Supply 2013		
	North	South	Total
Older People	20	20	40
Learning Disability	96	96	192
Physical Disability	10	10	20
Mental Health	50	50	100
Homeless	93	93	186
Drug & Alcohol	20	16	36
Domestic Abuse	39	45	84
Young People/Care Leavers	15	15	30
<b>Total</b>	<b>343</b>	<b>345</b>	<b>688</b>

Source: Supporting People Needs Analysis

Floating support by nature has a wide range, and capacity is split largely equally between the north and south of the Borough.

Accommodation services are split between short and long term supported accommodation. The goal of accommodation services is to ensure individuals *achieve* independent living. As such, short term accommodation is principally targeted at clients groups who are unable to access or maintain independent living, and is designed to impart the skills and support required for them to achieve effective move-on. For these groups, a concerted period of support, assistance, or redirection can deliver the desired outcomes.

Longer term supported accommodation is designed to support vulnerable individuals to *maintain* independent living. It is therefore targeted at those groups who require a constant (if low-level) degree of support to live safely outside of a care scheme. For instance, many older, frail people or those with a learning disability can live longer in an independent setting through the provision of a low-level of on-going support, staving off any escalation of condition and the need for more intensive forms of care or accommodation. Such support is provided in supported accommodation

through wardens (fixed or floating), adaptations and telecare, and social support from similar people.

The following table summarises Supporting People services by type across all client groups. This data suggests that the most prevalent kinds of service are long and short term accommodation-based services and short term floating support. However, short term accommodation-based services with floating support, as well as long term floating support, are poorly represented. These models represent the 'floating warden' style of provision, whereby there is not fixed accommodation-based support for individuals, but rather floating support that makes regular calls or arrives in a crisis. Such provision promises to offer a more flexible model of service provision, whereby vulnerable individuals in need of low-level on-going support can be assisted in their original homes rather than being relocated, and a more efficient service, whereby ubiquitous, fixed wardens need not be funded for every block of supported accommodation but rather float between many.

Service Type	2012/13	2013/14
Long Term Accommodation Based Service	47%	47%
Short Term Floating Support Service	25%	20%
Short Term Accommodation Based Service	12%	16%
Community or Social Alarm Service	11%	13%
Short Term Accommodation Based with Floating	3%	2%
Long Term Floating Support Service	1%	1%
HIA & Handyperson	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Such issues will be addressed in the review of the Supporting People programme to optimise and improve provision; this is expected to be completed in 2016. The data cited in this strategy has been drawn from the initial intelligence-gathering stage of the review. Next, service user consultation will take place to establish views before commissioning proposals and specifications are drawn up. The review will chiefly consider the model and distribution of services across client groups. The findings of this strategy will inform this review, and the review remains a primary on-going initiative within this strategy, given the importance of support services to vulnerable people.

### ***Supporting People Priorities***

- Continue to deliver support services designed to develop practical life skills, improve access to education and training, assist in finding work, access further services, manage household and personal budgets, and maintain a tenancy.

- Complete recommissioning work to ensure service optimisation by 2016, continuing needs analysis, consulting service users, and designing proposals.
- Ensure providers encourage move-on from services into independent lives and settled tenancies.
- Commission greater levels of floating, rather than fixed, support services to wrap around individuals.
- Improve the use of assistive technologies to reduce the need for fixed wardens and communal supported accommodation.

## ***Glossary and Definitions***

### ***Glossary of Abbreviations***

<b>Abbreviation</b>	<b>Title/Definition</b>
Care4CE	Cheshire East's internal, care-providing arm
CEDAP	Cheshire East Domestic Abuse Partnership
CWA	Cheshire Without Abuse
CWP	Cheshire and Warrington Partnership
DAAT	Drug and Alcohol Action Team
DAFSU	Domestic Abuse Family Safety Unit
DCLG	Department of Communities and Local Government
DFG	Disabled Facilities Grant
HA	Housing Association
HAPPI	Housing our Ageing Population: Plan for Implementation
IDVA	Independent Domestic Violence Advisory service
IFA	Independent Fostering Agencies
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAP	Local Area Partnership
LD	Learning Disability

LEP	Local Enterprise Partnership
LSAO	Lower Layer Super Output Area
MARAC	Multi-Agency Risk Assessment Conference
NATMS	National Alcohol Treatment Monitoring Service
NDTMS	National Drug Treatment Monitoring Service
NEET	Not in Education Employment and Training
NSNO	Not Second Night Out
OCU	Opiate or Crack User
ONS	Office National Statistics
PANSI	Projecting Adult Needs and Service Information
PCT	Primary Care Trust
POPPI	Projecting Older People Population Information
PFI	Private Finance Initiative
RP	Registered Provider
SP	Supporting People
SPA	Single Point of Access
SHMA	Strategic Housing Market Assessment
SHOP	Strategic Housing for Older People
StAR	Stepped Approach to Recovery
SWEP	Severe Weather Emergency Protocols

### ***Key Definitions***

Throughout the strategy, there are a number of key terms that reappear and frame discussion. Given the complex (and frequently overlapping) nature of the supported accommodation landscape and lexicon, it is important to outline what is meant by these terms in the eyes of Cheshire East and in the context of this strategy.

#### Domiciliary Care/Care at Home

These terms are used interchangeably to denote the provision of care in a client's home. They imply that care is being provided by social services, enabling an individual to remain in their own home rather than having to relocate to a supported housing or institutional care scheme to receive care alongside others. Here it is important to demarcate the difference between care and support: care implies the physical manipulation of a client for therapeutic and assistive purposes, and is the sole remit of social services. Support can also be delivered in the home, but relates to advice, skills coaching, companionship, and monitoring of health; it does not involve physical manipulation and focuses on imparting the skills and support network required for someone to live independently.

#### Extra Care

Extra care schemes relate to a concentrated or dispersed housing community constituted of independent residencies of variable tenure with the availability of 24 hour care and support for tenants. These elements are augmented with a host of communal facilities and amenities (which could include a library, shop, hairdressers, restaurant, or IT suite) which ensure there are opportunities to engage in a range of activities, promoting wellbeing and participation within the community. Extra care schemes can cater across all need levels, but are at their most effective in providing those with moderate to high needs with an independent lifestyle they may not otherwise have access to. The below is Cheshire East's definition of extra care housing.

Extra care in Cheshire East is based on a number of principles:

- Extra care tenants are living in their own home, with their own front door – not in an institutional care home. They rent or own this property.
- Tenants receive care tailored to their circumstances that can be adapted to meet changing needs.
- Tenants have access to a range of amenities and services delivered conveniently within a familiar locality.
- The schemes promote and impart the skills and circumstances to enable independent living.
- They have a physical environment that is accessible and adapted for those with disabilities, using technology to enable these individuals to live independently.
- They foster a diverse and vibrant community across tenures and needs, encouraging participatory, communal lifestyles through a range of ancillary services and functions.

Extra care in Cheshire East will accord to a set of minimum standards:

- Self-contained flats with facilities and spaces tailored for those with disabilities, which support and enable independent living and the delivery of care and support services.
- Staff facilities enabling 24 hour staff availability, including office and sleep-over spaces.
- Shared spaces and access points that are amenable to disabilities and aid residents' mobility.

- Communal facilities, lounges, dining, and day rooms that promote community participation and sociability.
- Guest facilities.
- A range of staff on site to both maintain the building and manage the delivery of care and support services in accordance with individuals' needs.

Extra care in Cheshire East will ultimately aim to:

- Promote and maintain independence and choice for older people regarding their housing, support and care.
- Provide a long-term housing option that provides care and support in an independent setting.
- Furnish an attractive intermediate housing option that will prevent inappropriate admissions into hospital or residential care, or unsafe stays in general needs housing.
- Lower costs to individuals and public bodies by supporting a smooth transition through specialist housing and limiting the escalation of care needs or arrival at a 'care crisis' born of inappropriate housing.

### Independent Living

Independent living is one of the key outcomes in Cheshire East's services for vulnerable people. It relates to an accommodation scenario within the community, rather than in institutional or constant care. The underlying premise is that, in an independent scenario, a client has maximum agency and choice in terms of their accommodation, living, and social arrangements. This does not mean independence from some care or support services: these services, delivered in the right contexts and quantities, can enable individuals to live safely outside of intensive care settings. An independent living scenario could, for instance, be a sheltered housing scheme where the individual has complete privacy in a separate flat and agency in their lives and interactions, but receives some support services to ensure that they take their medication or pay their rent.

### Institutional Care

Institutional care is seen as the antithesis of independent living: it is the umbrella term for residential or nursing care homes, which are the most intensive forms of accommodation with care. Institutional care involves constant access to staff, and is therefore best suited to those with acute needs who cannot live safely on their own, need constant medical attention, or require intensive help with everyday tasks. Institutional care is increasingly becoming stigmatised both in terms of client perception and service priorities: it is intensive and expensive for users and social services, and can reduce quality of life and curtail independence if used inappropriately. However, it is important to recognise that institutional care has an important role to play on a care spectrum, catering for those with high or complex needs. Cheshire East aspires to see institutional care used appropriately in this manner, catering for only the very peak of the care spectrum, with independent living options utilised as a first-position in all other cases.

### Nursing Care

Nursing Care is the highest intensity of care provision available and falls under the banner of institutional care. It is designed for those who need constant medical attention as well as ubiquitous

help with everyday activities. They are distinguished from residential care homes by their medical focus.

### Reablement

Reablement can be used as a general term to encompass services that enable vulnerable people to live independently – often despite substantial needs. Reablement entails utilising support mechanisms and appropriate accommodation to allow vulnerable people to overcome their issues and maximise their independence or agency. Such an approach is particularly effective in managing critical or emergency issues, stopping them intensifying through early intervention and preventing any dependent behaviours developing. It implies engaging vulnerable in helping themselves and managing their own conditions through measured intercession, rather than relying on intensive or total intervention as a first position. There are certain reablement services provided by adult social care that specifically target individuals with high needs or those who have are experiencing a care critical care issue or emergency, preventing it from becoming a long-term issue.

### Residential Care

Residential Care falls under institutional care is intended for those who may not need 24 hour medical attention but are unable to live independently, requiring routine help with day-to-day activities. Residential care homes are not typically medical facilities, instead providing assistance with day-to-day activities for the residents.

### Shared Housing

Shared housing is a type of sheltered accommodation whereby the communal focus constitutes one prong of the accommodation's support matrix. Shared accommodation differs from mainstream sheltered housing, which frequently provides independent flats or apartments for residents, in that the bulk of facilities and spaces are shared. Such housing works well for those who would benefit from added sociability (young people or those with lower needs are often seen to benefit from a shared housing arrangement), whereas it can be detrimental for certain vulnerabilities: those with higher needs or mixed behaviours, or older people who better appreciate their independence.

### Sheltered Housing

Sheltered Housing provides specialist accommodation and housing support, mostly through a dedicated development of mixed tenure units with a variety of support and care options. This provides flexibility and independence. Most schemes incorporate a community alarm service which enables tenants to call for support in emergencies, usually from an on-site warden. The majority of sheltered housing is one bedroom accommodation, often supplemented by a communal lounge where tenants can socialise. Many schemes entail independent flats with their own front doors, whilst others are entirely shared accommodation where the majority of spaces and facilities are communal (addressed above).

Sheltered housing has been traditionally a popular choice for vulnerable people who feel the need to move to accommodation physically suited to their needs in terms of size and accessibility, but are still able to live relatively independently with intermittent support. Sheltered accommodation therefore provides a flexible solution that can enable independence with appropriate care and

support, preventing the escalation of need and the risk of becoming unable to manage a larger tenancy. Residents experience the benefits of communal support – with varying intensity depending on the nature of the scheme in question.

#### Supported Accommodation

Supported accommodation is a generic term for housing which is augmented with some kind of care or support services, or whose constitution is designed to aid individuals in negotiating their vulnerabilities. It is usually used to denote lower intensity kinds of provision within the community: institutional care, which is the most intensive kind of accommodation for vulnerable people, is not normally deemed as 'supported accommodation.' However, sheltered housing or extra care schemes, as well as tenancies supported with floating services, are encompassed within the term.

#### Support Service

As discussed under 'Domiciliary Care/Care at Home', support services are those designed to aid vulnerable individuals with lifeskills, monitoring, and companionship, rather than therapeutic manipulation or treatment. Support is delivered by support service providers such as those commissioning through the Supporting People programme.

## Older People

### *Chapter Summary*

#### **Background**

Locally and nationally, population pressures are having profound effects on housing provision. Most critically, the number and proportion of older people in the UK is rapidly increasing in line with advancements in medical care and general health. Whilst getting older can be a rewarding process, it presents a number of challenges for individuals, particularly surrounding mobility and health. Many older people are capable of living independently, but care and support needs generally increase with age. As such, a greater prevalence of older people creates escalating demand for health care, social care, and specialist housing. Cheshire East experiences these pressures in heightened terms, given that, as a Borough, the older demographic is more preponderant, and growing faster, than in other parts of the country.

Cheshire East ultimately aims to ensure that the entirety of the population can live a full and independent life. Following consultation, we understand that older people prize their independence and autonomy, and would prefer to remain in their own homes for as long as possible rather than prematurely migrating into residential and nursing care. It is therefore vital to create a mixed economy of general needs housing that can effectively cater for aging residents; this could encompass the inclusion of bungalows and homes with improved accessibility standards or Telecare functionality as part of the type mixture on new developments, or homes built to the Lifetime homes standard. Where it is not feasible for an older person to remain in their home due to financial, care, or accessibility issues, it is important that there exists an attractive range of specialist housing options that meet their varying levels of need whilst simultaneously promoting autonomy.

The Council is therefore committed to realising an innovative mixture of specialist housing development that will furnish an attractive menu of options tailored to the needs of older people, based around an expanded and enhanced extra care and sheltered housing supply. These models provide self-contained accommodation in amenable communities with bespoke support; they therefore hold the greatest potential for independence, choice, support, and community cohesion, whilst also delimiting the need for (and elevated costs of) residential care.

#### **Key Findings**

- The number of older people in Cheshire East is expected to increase exponentially in coming years. These individuals will need to be housed, and unless they are housed appropriately in specialist accommodation, their escalating care needs will not be suitably met. Moreover, they may contribute to underoccupancy if not encouraged to downsize into attractive specialist accommodation.
- Most older people would prefer to grow old in their own homes and retain their independence. They are least amenable to institutional care, though are increasingly attracted to sheltered housing and extra care, which offer an intermediate solution balancing independence with bespoke care provision.

- Cheshire East has projected undersupplies in all forms of specialist accommodation for the aged. However, these undersupplies are most pronounced in sheltered housing and extra care. This situates these types of provision as a development priority, which accords with the improved outcomes, independence, and economised care costs such provision can deliver for older clients.

### ***Strategic Priorities***

- Encourage wherever appropriate the transition of older people into specialist accommodation, and especially housing that enables them to live independently for as long as possible. This will involve a greater reliance and promotion of floating support and care, as well as sheltered and extra care schemes rather than intensive institutional models, which should only be used for those with acute or emergency needs.
- Promote the development of general needs accommodation suitable for an ageing population, with a greater provision of physically amenable properties (such as bungalows) and Lifetime homes required on future development sites in accordance with need.
- Support the identification and development of sheltered housing and extra care schemes, bringing forward appropriate Council-owned assets as opportunities.
- Work with partners and providers to bring forward development of more specialist accommodation options for older people, prioritising the development and promotion of extra care and sheltered housing schemes.
- Encourage people to proactively engage with services and plan for their futures at an earlier age, raising awareness of adaptations and supported living options before residents develop a care emergency. This will involve a review of existing information and consultation work aimed at people over fifty-five. This preventative approach will better equip clients to remain in an independent setting for longer.

### ***Key Evidence Sources***

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Ageing Well in Cheshire East – A Plan for People Aged 50 and Over 2012 – 2017
- Laying the Foundations: A Housing Strategy for England
- Lifetime Homes: Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society
- Housing our Ageing Population: Plan for Implementation (HAPPI)
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report

- More Choice, Greater Voice Toolkit
- SHOP Data
- Wanless Review 2006
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment

## **Detailed Findings**

### **National and Local Policy Context**

UK government policy has increasingly focused on recalibrating the direction of older people's care away from residential care provision towards living at home, community support, and specialist housing. These housing models are intended as a means to promote independence, well-being, and choice in later life, whilst reducing dependence on state-funded services. This direction was ratified in the Government's housing strategy 'Laying the Foundations' as well as the DCLG's 'Lifetime Homes: Lifetime Neighbourhoods.'

Cheshire East Council has reflected these national trends in its key housing policies and strategies. Both 'Moving Forward' (the Council's housing strategy) and 'Ageing Well' (its plan for people over 50), prioritise the creation of a range of specialist housing for older people, bolstering support services, maximising the ability for older residents to live at home, and improving the availability of information for older people to sensitise them to the diverse options available to them.

### **Current Pathways to Care and Support**

#### Supporting People

Supporting People provide a range of short and long-term floating and accommodation support services to older Cheshire East residents whose care needs are low or moderate. These services are designed to enable independence, facilitate further access to more specialised care or housing as required, and prevent more critical care needs in the future. They are therefore in great demand given the growing swathe of older people and rising demand for *in situ* care and accommodation support. The service reports that, more so than other client groups, demand for older people's services greatly exceeds supply.

Cheshire East hopes to optimise the Supporting People's services by integrating them with other services to provide more holistic and effective support coverage across the Borough. Supporting People play a crucial preventative and early-contact role for those with moderate or low care needs. As such, it is important to continue to promote these services widely, and ensure that prospective clients are captured early before they present through social care or social housing officers – for instance, older people with mounting support needs in the private market.

Older People Services	Need 2020	Supply 2013	Gap
Accommodation Support	5678	4193	-1485
Floating Support	1261	40	-1221

Source: *Supporting People Needs Analysis*

### Adaptation Services

Adaptation services also form a central pillar of housing provision for older people. Whilst older people frequently reach a level of care need that makes home living an impossibility, it is important to recognise that assiduous adaptation and maintenance services can prolong the time that people spend in their homes by improving the physical amenability and built-in care features. Older people chiefly prefer to stay in their own homes, and where possible this should be facilitated. Moreover, effective adaptation can act in a preventative manner to negate critical care issues and reduce the potential need for time in hospital or residential care.

Indeed, the Danish model of social care, regarded as one of the most progressive in Europe, is heavily dependent upon a mixture of floating support services and home adaptations to encourage 'aging in place.'<sup>1</sup> As such, Cheshire East will continue to provide and improve its menu of ancillary support and adaptation services to keep older people safely and happily living at home for longer.

In Cheshire East, older people account for the majority (48% between 2010 and 2013) of adaptations provided through Disabled Facilities Grants (DFGs). This demonstrates the high demand for adaptations amongst older people, reflecting the key role they play as an enabler of living in situ. However, the average spend per adaptation was £4,035, notably lower than the average spend per case on adaptations for young people or adults. This implies that older people are having a greater frequency of less costly adaptations: reacting to escalating care needs.

### **Demand**

#### Demographic Pressure

England's population is rapidly ageing. The number of old people nationally will grow from 10 million to nearly 17 million by 2035, and 60% of all new household growth by 2033 will be those aged over 65, and 21% will be those aged over 85. Trends in household composition are compounding these pressures: across all ages groups there is a penchant for smaller households and therefore a greater risk of underoccupancy and inefficient stock usage. Indeed, households are now forming at twice the rate that houses are being built. Older people are chief contributors to this issue, with 60% possessing multiple bedrooms despite having no dependent children. Therefore, increased provision of specialist accommodation is recognised as a means to trigger positive market forces: older people

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<sup>1</sup> M. Stuart and M. Weinrich, 'Home- and Community-Based Long-Term Care: Lessons from Denmark', *The Gerontologist*, 41 (2001); B. Lindstrom, 'Housing and Service for the Elderly in Denmark', *Ageing International*, 23 (1997)

have more accommodation designed for their needs, whilst general housing is freed up for young people and families.

Cheshire East is due to experience a disproportionately acute accommodation demand for older people. The extant proportion of older people in Cheshire East is already above the national average and is set to rise at a heightened rate compared with the rest of England. The projected increase in the population over 65 by 2030 is 43% for England and 46% for Cheshire East. Although many people aged 75 and over live relatively independently, this is the age group with the highest demand for accommodation, care, and health services; therefore this projected increase in the size of the population will have significant implications for the Council's housing stock and care budgets. An increase of 70% in the population aged 75 and over is forecast between 2012 and 2030.

Moreover, health standards and life expectancy in Cheshire East consistently exceed national averages, indicating that people in the Borough will live longer and require prolonged access to care and appropriate accommodation. The average life expectancy for males in Cheshire East is 80.1 compared to a national average of 78.9; similarly, females tend to live until 83.3 rather than 82.9 nationally.<sup>2</sup>

Age band	2012	2015	2020	2025	2030	% increase 2012 to 2030
65-69	23,100	24,800	22,100	23,600	27,800	20
70-74	17,000	19,200	23,400	21,000	22,500	32
75-79	14,000	15,100	17,500	21,500	19,400	39
80-84	10,400	11,000	12,700	15,000	18,600	79
85-89	6,500	7,100	8,200	9,800	11,800	82
90 and over	3,700	4,300	5,400	7,000	9,100	146
65 and over total	74,700	81,500	89,300	97,900	109,200	46
75 and over total	34,600	37,500	43,800	53,300	58,900	70

Source: Office for National Statistics (ONS) [www.poppi.org.uk](http://www.poppi.org.uk)

#### Market Aspirations and Expectations

Nationally, the majority of older people live in owner occupied housing, and 20% of general needs social housing is occupied by an older person. In Cheshire East, there is an exaggerated skew towards owner-occupation amongst the older populace. Based on the 2001 census, 78% of the population of Cheshire East and 75% of pensioners are owner occupiers. This is higher than the national average of 68%. A much lower percentage are in social rented accommodation with 11.5% of pensioners and 12.5% of the population as a whole in the social rented sector compared with 17% and 19% across England as a whole. This compounds the fact that a high percentage of Cheshire East older people are owner-occupiers.

However, whilst this situation represents the desire amongst older people to maintain their independence and honour emotional attachments to the family home, it is not necessarily a

<sup>2</sup> Public Health England, Health Profile 2013: Cheshire East, 24 September 2013, <http://www.apho.org.uk/resource/item.aspx?RID=126943>

beneficial situation - particularly should they wish to move because of deteriorating health. Without sufficient support, adaptations, or specialist housing options, many can become trapped in their own homes, which can be unsuitable for care and no longer financially or physically manageable. Therefore, Cheshire East's housing goal is to support the desires of the older population to 'age in place' and retain an independent living situation, whilst reflecting their spectrum of needs in terms of accessibility, community support, and care provision. As such, the initial approach should be to ensure that there is a mix of general housing types that are already amenable for older people through their design, so individuals can age in place or have an attractive move-on option within the community that does not put them at risk. This will entail a greater provision of bungalows and properties built to the Lifetime homes standard. This can prevent the intensification of need and the negation of health crises that are borne of older people living in unsuitable general needs accommodation.

However, for many individuals with escalating care needs the most suitable option will be specialist accommodation: housing designed to deliver an optimal physical environment augmented with more intensive care and support options. Whilst living independently remains the first preference of older people in Cheshire East (as demonstrated in the table below), it is important to note the emergent trends concerning specialist accommodation for those who are no longer capable of living independently without a degree of support. A growing number of older people state their preference for Extra Care (30.1%) and Sheltered Accommodation (39.9%) over residential care (6.9%). This reflects the greater degree of independence offered in extra care or sheltered housing, which is comparable to a general needs tenancy with a more intensive degree of support. In focus group discussions conducted by Red Quadrant on behalf of Cheshire East, the majority of older residents agreed it was best to consider moving to specialist housing when it became difficult to manage - a number had already done so.<sup>3</sup>

Housing options that older people in Cheshire East may consider over the next five years.	%
Continue to live in current home with support when needed	72.1
Buying a property on the open market	22.9
Rent a property from a private landlord	4.6
Rent from a Housing Association	14.7
Rent Sheltered accommodation	17.8
Buy Sheltered accommodation	16.2
Part rent & buy Sheltered accommodation	5.9
Rent Extra Care Housing	13.7
Buy Extra Care Housing	12.3
Part rent & buy Extra Care Housing	4.1
Residential care home	6.9
Base (no. of respondents answering question)	61147

Source: SHMA

<sup>3</sup> Red Quadrant (2013)

Moreover, the Extra Care Strategic Housing Market Assessment, compiled in 2010, enshrines the significant market for sheltered housing indicated in its SHMA precursor. The Extra Care Assessment identified 20,384 people who expressed an interest in sheltered housing within the Borough, of which the largest number (9613) live in the Macclesfield area. Similarly, 11,733 people over 45 would consider extra care in Cheshire East. Of these 11,733 people, 5,649 are aged between 45 and 59yrs, 3,951 between 60 and 74, 1,504 between 75 and 84 and 629 are over 85yrs. The highest numbers are found in Macclesfield.<sup>4</sup>

## **Supply**

### Extra Care Housing

There is no singular definition of extra care housing. The term looks to capture a nebulous niche in the housing market for those who want to live independently but have higher care needs. Extra care housing is designed to: promote independence and self-determined quality of life through self-contained accommodation; empower and enable individuals through access to support services appropriate to their needs; and promote social inclusion through access to a vibrant and amenable community created through physical design and resident composition. Riseborough and Fletcher state that the ethos of extra care distinguishes it from other accommodation types: it is about providing a better quality of life (focusing on independence and rehabilitation) rather than simply a better quality of care.<sup>5</sup>

Generally, extra care schemes come in three formats, though the details of each scheme are unique: a retirement village in the American model, which are large-scale and mainly consist of housing for sale; a medium-sized development designed to achieve a balanced community of need and tenure types, usually regulated by an admissions panel; smaller developments for resident groups with defined, specific care needs, usually regulated by an admissions panel.

Many local authorities are looking to develop extra care schemes as an alternative for residential and sheltered care, usually in a 'thirds' model. Whilst new to the UK, the extra care model is prevalent around the world as means to promote independence and enable people to do more for themselves until a much later age. National research and anecdotal evidence compounds the ability of extra care schemes to accommodate and improve those with complex needs. Using a Cheshire East example, the Beechmere extra care scheme has very few referrals to care homes, despite catering for a number of people with complex dementia needs, among others. This ability to safely house and inspire improvement for those with higher care needs in turn reduces routine demand for expensive in-patient placements and holistic care support, lowering costs for health authorities and social services. A study of an extra care scheme in Bradford found that the better health and lifestyle enjoyed by those on the scheme generated a reduction of health care costs of over 50%.<sup>6</sup>

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<sup>4</sup> Extra Care SHMA, 2010

<sup>5</sup> Riseborough and Fletcher, 'Extra Care Housing – What is it?' (2003)

<sup>6</sup> Joseph Rowntree Foundation, 'Costs and outcomes of an extra care housing scheme in Bradford' (2008)

Cheshire East possesses a range of extra care accommodation. These are split between three schemes provided as part of a PFI initiative originally set up by Cheshire County Council, four schemes operated by RPs, and 7 privately operated schemes, most of which are small scale and between 12 and 20 units. The three PFI funded schemes were originally commissioned to deliver a third/third/third split of high/medium/low needs and a 60/20/20 split between rented/shared ownership/full ownership. This has proved very difficult to deliver, with particular difficulties in allocating the high needs places; the current split is: 18% /20%/62%, as at September 2012.<sup>7</sup> As such, there is a need to better utilise extra care to house those with higher needs, thereby realising its potential as an alternative to institutional care. There is potentially a saving of up to £50 per resident per week over institutional if the right balance of high, medium, and low needs is struck within an extra care scheme.

Moreover, as the below table demonstrates, extra care provision is currently unevenly spread across the Borough, inhibiting visibility and access. This emphasises that at a LAP level, the areas with priority need for extra care are Poynton, Knutsford, and Macclesfield.

Local Area Partnership	Registered care units	Extra care units
Congleton	905	116
Crewe	611	229
Knutsford	491	70
Macclesfield	826	75
Nantwich	413	119
Poynton	435	0
Wilmslow	362	53

Source: Red Quadrant Report (2013)

The need for extra care accommodation for older people is therefore threefold: partially to deal with the growing number of older people with an increasingly diverse range of care needs within the Borough; partially to act as a long-term alternative to residential care, which has so far stood as the axiomatic pathway for those with high care needs; and partially to balance the geographical spread of extra care across the Borough, promoting equality of access.

### Sheltered Housing

Sheltered Housing provides specialist accommodation and housing support for older people, mostly through a dedicated development of flats of mixed tenure and a variety of support and care options. Most schemes incorporate a community alarm service which enables tenants to call for support in emergencies, usually from an on-site warden. The majority of sheltered housing is one bedroom accommodation, often supplemented by a communal lounge where tenants can socialise. Sheltered housing is therefore suitable for those with relatively low care needs, who benefit from sociability and access to care as required.

<sup>7</sup> Red Quadrant Report, March 2013

Sheltered housing has been traditionally a popular choice for older people who feel the need to move to accommodation physically tailored to their needs, but are still able to live relatively independently with intermittent support. Today, schemes vary in popularity according to their location, the size of accommodation and the presence of facilities, such as lifts. The presence or absence of an onsite scheme manager can also have an impact on demand. Many older people dislike the more intimate sharing of space and facilities involved in 'bed-sit' style sheltered housing.

That said, the SHMA and other feedback has indicated the growing popularity of sheltered housing schemes amongst the Cheshire East population, especially given the assiduous refurbishment of social sheltered housing by Registered Providers both in Cheshire East and nationwide. RPs and accommodation service providers are looking to consistently remodel and decommission hard-to-sell stock, such as bedsits or inaccessible properties, replacing them with more popular and attractive units, such as bungalows. This is slightly reducing stock but greatly improving quality, amenability, and popularity.

Moreover, Cheshire East supports the greater coalescence of sheltered and domiciliary care. Technological advancements such as telematics and alarms mean that the fixed warden is becoming outmoded and unnecessary in sheltered accommodation. Floating wardens catering for a number of properties across a geographic area are increasingly viable and cost-effective. This has the added benefit of blurring the lines between sheltered and domiciliary care, improving the feeling of autonomy for older people without vitiating the degree of support (both from the warden and the sheltered community).

There is already an expansive supply of sheltered housing in Cheshire East, ranging across the private, social, and supported markets. In the Macclesfield area there are over 550 units of private sector accommodation to buy or rent and 240 units of social sector sheltered housing provided by Peaks and Plains, the LSVT20 RP, with other RPs providing a further 270 units of RSL sheltered housing that offers support, 100 with alarm only and 230 units of age specific housing with no alarms or support provided. In the Congleton area there are 300 units of private sector provision; 206 provided by Plus Dane the main RP provider and 161 units provided by other RPs. Crewe and Nantwich have the smallest supply with 154 units in the private sector and 186 provided by Wulvern Housing. All three of the large RPs have reconfigured their sheltered housing and have decommissioned older outdated stock, although some bedsit stock still remains. The remaining stock is in the more urban areas and market towns where access to services is generally better than the surrounding rural areas.

### Residential and Nursing Care

Residential Care is intended for those who do not need 24-hour care but are unable to live independently. Residential care homes are not typically medical facilities, instead providing assistance with day-to-day activities for the residents. Nursing Care, on the other hand, is the highest intensity of care provision available, and targets those who need constant medical care as well as help with everyday activities.

In Cheshire East we have an extensive supply of registered care and nursing homes. There are currently 4043 registered care home places in the borough provided by 103 homes; 46 of these provide some nursing care. However, less than 1400 of these places are currently funded by the Council. The rest of the bed spaces are taken up by Cheshire East residents funding their own care and people who move in from outside the borough, many of whom are funding their own costs. Self funders who run out of money migrate to social care funding as the council has a statutory duty to provide care for people who meet the criteria for care and who are assessed as being unable to afford to pay.

Residential care is coming under increasing scrutiny nationally, as government (both local and national) recognises that residential care is a costly and monolithic form of provision that does not necessarily engender a better quality of life for older people, negating their independence and autonomy if used indiscriminately. This is reflected in the fact that most older people would not favour a move into residential care and would prefer to age *in situ* where possible.<sup>8</sup>

There is also a substantial risk nationwide that residential care is used as a default gambit for any older person who demonstrates complex care needs. It is frequently in the interests of private care homes to accept residents before it is necessary, inflating their care costs prematurely and increasing their future dependence on public money. This is especially true of self-funders, who can easily exhaust their savings by entering into residential care too early, before eventually having to turn back to subsidised social care. Such inimical trends are aided by the relative dearth of specialist housing provision in the UK. An overreliance on residential care is neither beneficial for residents nor cost effective. Kerslake and Sitwell 2004<sup>26</sup>, suggest that at least one third of residential care placements and as much as 2/3 could be avoided through an earlier move into specialist housing. Whereas residential care can foster dependence and stagnation, specialist housing promotes reablement and independence, which is frequently more effective and invigorating for the resident. Moreover, it is less cost intensive for the state or care provider: for each year a person remains out of residential care, costs to support are reduced on average by £550.<sup>9</sup>

Residential care, in terms of both the care culture and accommodation mix, is dominant in Cheshire East. Cheshire East has a higher proportion of admissions to residential care directly from hospital than other authorities in the North West: 4.5% of hospital discharges were people aged 65 and over; this is second only to Cheshire West with 4.6%, whilst for the best regional performers the figure is less than 1.5%.<sup>10</sup> Furthermore, Cheshire East has a notably higher number of resident weeks spent in nursing care: 35,000 compared with 19,000 in the North West as a whole.

In its review of Residential Care, Cheshire East noted that this operative model of care provision was unsustainable in the current fiscal landscape: Adult Social Care budgets nationally are reducing by about 5% per annum<sup>11</sup> at a time when, in Cheshire East, there is an annual £4m growth in adult

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<sup>8</sup> Wanless D (2006). Securing Good Care for Older People: Taking a long-term view. King's Fund

<sup>9</sup> CapGemini, 'Cost-benefit analysis of the Supported People programme' (2009)

<sup>10</sup> NHS North West Figures

<sup>11</sup> Association of Directors of Adult Social Services Budget Survey (2011)

social care accounted for, which is currently being met through efficiency savings.<sup>12</sup> As such, the report concluded that the Council needed a shift in strategic direction away from high-end residential care to preventative, reablement solutions such as Extra Care and Sheltered accommodation.<sup>13</sup>

### ***Future Need***

Having discussed findings in terms of demand and current supply for specialist accommodation for older people, it is necessary to map the two together to establish projected need. To do this, the Council has drawn upon the Strategic Housing for Older People (SHOP) toolkit, which allows projections for housing need to be made based on prevalence rates and population increases in each Middle Layer Super Output Area (MSOA).

### **Extra Care**

There is significant need for increased extra care provision in Cheshire East. Utilising the prevalence rates in the Strategic Housing for Older People (SHOP) toolkit (a methodology for calculating future need for different types of specialist housing), we can determine that Cheshire East will have a shortfall of 1063 extra care places by 2030; this is summarised in the below table. In fact, the projected need demonstrates that Cheshire East has greater need for extra care and sheltered housing (specialist provision) than for more traditional residential and nursing homes. It is critical that this need be addressed given that, as previously demonstrated, it is specialist housing that promises to deliver greater benefits and homes for life for older people.

Accommodation Type	Supply			Need				2030 Difference
	Current Places	Permitted sites	Total Capacity	2015	2020	2025	2030	
<b>Extra Care</b>	501	0	501	942	1122	1389	1564	<b>-1063</b>

*Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)*

The SHOP toolkit can also be utilised to identify need for each MSOA in Cheshire East: a small unit of territory. The below table lists and ranks all MSOAs with a medium or high need for extra care housing. The majority of areas without adequate extra care provision are rural areas; of the urban locations, Poynton, Knutsford, and Macclesfield have the greatest need.

<sup>12</sup> Cheshire East Council Pre-Budget Report 2011/12

<sup>13</sup> Cheshire East Council: Adult Social Care Scrutiny Committee, 'Residential Provision Review'

Middle Layer Super Output Area	2030 Extra Care Need (Units)
Knutsford Rural	59
Macclesfield Rural	52
Sandbach & Alsager Rural	50
Crewe & Nantwich Rural West	49
Chelford & Alderley Edge	45
St Marys & Wells Green	39
Poynton Parish East	38
Acton, Minshull & Wybunbury	38
Haslington & Englesea	36
Knutsford Town South	35
Alsager East	34
Macclesfield Town East	33
Macclesfield Town Centre	32
Wilmslow Town South East	32
Bollington Town	32
Adlington & Prestbury	32
Macclesfield Town Bollinbrook & Ivy	32
Wilmslow Town South West	32
Poynton Parish West	31
Sandbach North	31
Shavington & Willaston	30
Congleton Central	30
Macclesfield Town Weston	29
Congleton and Holmes Chapel Rural	29
Knutsford Town North	29
Disley Rural	28
Holmes Chapel	28
Waldron	28
Congleton South	27
Sandbach South	27
Congleton East	26
East Coppenhall	25
Macclesfield Town Broken Cross	25

Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)

### Sheltered Housing

The single largest need identified through the SHOP toolkit in Cheshire East is for sheltered housing. Projections indicate that sheltered housing will continue to be in steep demand as the older population increases, given its capacity to cater for low to moderate needs in a dispersed manner. The table below summarises the total need for sheltered housing in the Borough. Some consideration needs to be given to the fact that new extra care schemes may be in direct competition with sheltered housing.

Accommodation Type	Supply			Need				2030 Difference
	Current Places	Permitted sites	Total Capacity	2015	2020	2025	2030	
<b>Sheltered</b>	2439	0	2439	4711	5609	7098	7821	<b>-5382</b>

*Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)*

The following table breaks this high-level figure down further to indicate the MSOA areas with MSOA areas with the greatest need for sheltered housing: those regarded as possessing a 'high' need within the SHOP parameters. These figures demonstrate that 84% of Cheshire East MSOAs have a high projected need for sheltered housing by 2030, meaning such development should be encouraged across the Borough.

Middle Layer Super Output Area	Sheltered Need 2030 (Units)
Knutsford Rural	256
Sandbach & Alsager Rural	248
Crewe & Nantwich Rural West	224
St Marys & Wells Green	197
Acton, Minshull & Wybunbury	190
Haslington & Englesea	180
Macclesfield Town Bollinbrook & Ivy	158
Poynton Parish West	155
Sandbach North	154
Shavington & Willaston	152
Congleton West	149
Congleton and Holmes Chapel Rural	147
Disley Rural	141
Adlington & Prestbury	139
Congleton South	136
Macclesfield Rural	130
Congleton East	130
Bollington Town	129
East Coppenhall	127
Macclesfield Town Broken Cross	124
Wistaston Green	120

Waldron	110
West Nantwich	109
Macclesfield Town East	105
Macclesfield Town Tytherington	100
Macclesfield Town South	100
Poynton Parish East	97
Wilmslow Town South West	97
Middlewich East	94
Sandbach West and Wheelock	93
Alexandra	85
Macclesfield Town Weston	82
Alsager West	82
Wilmslow Town North West	81
Wilmslow Town Dean Row & Handforth	79
Alsager East	78
St Johns	76
Central & Valley	71
West Coppenhall & Grosvenor	70
Leighton	67
East Nantwich	63
Congleton Central	58
Sandbach South	51

Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)

### Residential and Nursing

The projected need figures generated utilising the More Choice, Greater Voice toolkit indicate the robust situation of Cheshire East with regards to Residential and Nursing care provision. Cheshire East already possesses places in excess of projected demand in 2015 and 2020, only reaching a shortfall by 2025 presuming that no further development goes ahead. By 2030, an undersupply is projected in accordance with population projections, but this is lower than the respective figures for extra care and sheltered housing. This excess of residential care places, over and above the local demand, draws people from outside the borough including self payers, who may migrate to social care funding at the point when their care costs are highest.

Accommodation Type	Supply			Need				2030 Difference
	Current Places	Permitted sites	Total Capacity	2015	2020	2025	2030	
<b>Residential Care</b>	1478	300	1778	1658	1974	2444	2753	<b>-975</b>
<b>Nursing</b>	2431	35	2466	1696	2019	2499	2816	<b>-350</b>

Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)

The next table shows the MSOAs with a medium or high need for residential (59%) and nursing (53%) accommodation in 2030 as defined within the SHOP toolkit. These are fewer than the number of MSOAs with high or medium needs for extra care (65%) or sheltered housing (90%).

Residential		Nursing	
Middle Layer Super Output Area	Residential Need 2030 (Units)	Middle Layer Super Output Area	Nursing Need 2030 (Units)
Macclesfield Rural	92	Knutsford Town South	63
Sandbach & Alsager Rural	87	West Nantwich	62
St Marys & Wells Green	69	Alsager East	62
Acton, Minshull & Wybunbury	67	Macclesfield Town East	59
Knutsford Rural	65	Wilmslow Town South East	57
Crewe & Nantwich Rural West	64	Wilmslow Town South West	57
Haslington & Englesea	63	Poynton Parish West	56
Macclesfield Town East	57	Sandbach North	55
Wilmslow Town South West	56	Shavington & Willaston	55
Shavington & Willaston	53	Congleton and Holmes Chapel Rural	53
Congleton Central	52	Macclesfield Town Weston	53
Macclesfield Town Weston	52	Disley Rural	51
Congleton and Holmes Chapel Rural	52	Waldron	50
Knutsford Town North	51	Middlewich West	49
Waldron	49	Sandbach South	48
Sandbach South	47	West Copenhall & Grosvenor	47
Wistaston Green	42	Congleton East	47
Macclesfield Town Tytherington	41	Wistaston Green	43
Alsager East	40	Macclesfield Town Tytherington	42
Wilmslow Town North West	39	Alsager West	42
Chelford & Alderley Edge	38	Wilmslow Town North West	40
Middlewich East	33	St Barnabas	40
Sandbach West and Wheelock	33	Macclesfield Rural	39
Alexandra	30	Poynton Parish East	33
East Nantwich	28	East Nantwich	30
Poynton Parish East	28	St Johns	27
St Johns	27		
Central & Valley	26		
Congleton West	26		

Source: Strategic Housing for Older People Toolkit (Projections calculated in October 2013)

Therefore, Cheshire East is already reasonably well-equipped with residential and nursing care places, yet suffers from a marked undersupply in extra care and sheltered housing types. Crucially, there is only a projected need for institutional units post-2025, whilst there is a sizeable need for

sheltered and extra care housing units in the here and now. This informs a strategic direction that prioritises the creation of extra care and sheltered housing, whilst recognising there will be an expanded future need across all types by 2030 in line with population projections. Such a direction is augmented by the policy and funding direction across local and national government, whereby extra care and sheltered housing for older people is deemed the superior solution in driving more vibrant, independent lifestyles and lower care bills.

## Learning Disabilities

### Chapter Summary

#### Background

A learning disability is a condition that manifests in greater difficulties with learning, comprehension, communication, and everyday activities. Learning disabilities are diverse and occur across a spectrum of needs. These can range from mild to severe, whilst each individual can exhibit a highly specialised set of behaviours, characteristics, strengths, and issues. As such social care services are assessed by the need for support in each instance: severe cases of learning disability may require 24hr care, but many individuals may only need occasional support to enable them to live independent and enriching lives, such as help with household task or managing money.

Cheshire East Council ultimately aims to enable as many people with a learning disability as appropriate to live independently within their own homes, with a wide range of housing options to choose from catering for a spectrum of needs. To achieve this, the Council is looking to continue with a matrix of products and options including *in situ* social care services for those with more acute needs, adaptations and installations to upgrade the amenability of properties, and floating support services that allow those with lower care needs, or those transitioning into an independent setting, to sustain their tenancy safely in the long-term.

Such services will be augmented by an attractive and appropriate mix of specialist housing options and schemes. Cheshire East aims to work with providers to rationalise and recalibrate stock, as well as designing progressive accommodation paradigms that meet the future needs and wishes of our residents, such as a bolstered offering of Sheltered Housing and Extra Care schemes designed specifically for people with learning disabilities.

#### Key Findings

- Social care clients with learning disabilities require some level of support to live independently. This is chiefly provided through supported accommodation and community care.
- However, Cheshire East has a greater proportion of people with a learning disability placed in institutional care than comparator authorities.
- There is a projected increase in the population with learning disabilities in coming years, though ascertaining the total affected population is a difficult task.
- Consultation and client feedback indicates that individual tenancies (with their own front door) as part of a wider scheme or programme is the optimal supported accommodation paradigm for people with learning disabilities.

**Strategic Priorities**

- Work as part of the Learning Disabilities Lifecourse project to map appropriate housing provision to the stages of a client's care or treatment journey.
- Work with providers to rationalise and recalibrate supported housing stock and tenant compositions, prioritising the creation of independent tenancies within flats and bungalows, rather than shared housing.
- Promote and develop sheltered and extra care housing as priority models for people with learning disabilities, working with partners and reviewing Council-held assets to establish prospective development opportunities.
- Target families and young people affected by learning disabilities to plan for the future and present to services earlier to receive assistance and support. This will entail support for the 'Preparing for Adulthood' campaign promoted for those with SEN and learning disabilities, linking the campaign's outcomes and initiatives into the Council's pathways for this client group.

**Key Evidence Sources:**

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Valuing People
- Cheshire East Learning Disability Supported Accommodation Register
- Social Services Expenditure Return
- Mencap, 'Housing for People with Learning Disabilities'
- Public Health England, 'Learning Disabilities Profile 2013 – Cheshire East'
- Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI)

## **Detailed Findings:**

### **National and Local Policy Context**

Nationally, there has been a concerted movement towards independence for those with a learning disability. It was once thought that a long-stay hospital was the only suitable accommodation for someone with a learning disability, though opinions began to modulate in the 1960s and 1970s, when evidence of poor standards and abuse, coupled with exhortations from families to relocate people, saw a shift towards a more diffused care paradigm and a focus on the equality of disabled people.

The legislative changes of the 1970s saw more people with a learning disability move to residential care homes or back with their families. Recent policy from central government - in particular *Valuing People* (2001, revised 2009) - has taken this impetus further, with people with learning disabilities encouraged and enabled to live independently within the community. *Valuing People* provided a clear vision for those with a learning disability, based on the principles of rights, independence, choice, and inclusion.

*Valuing People* was updated in 2009, combining the ethos of independence and choice from its previous iteration with an emphasis on supported housing as the optimal delivery paradigm. Relocating people with learning disabilities to settled accommodation within communities, rather than within the NHS or residential homes, became a priority for central government and local authorities under Public Service Agreement 16. Similarly to accommodation for older people, this has shifted the paradigm (and the demand) away from residential or nursing care towards supported housing models.

Such impetus has reflected in the emergent Children and Families Bill, which will require local authorities to support children with learning disabilities in 'preparing for adulthood' by planning ahead and gaining formative lifeskills. Cheshire East acknowledge that housing is a crucial strand of this, and this strategy can play a major role in readying younger people with learning disabilities for independent living; this will entail the provision of support for young people and their parents, as well as appropriate and attractive specialist accommodation to encourage timely transition and negate long-term dependence on parent carers.

Cheshire East is striving to promote greater independence and accommodation choice across all vulnerable groups. A key facet of this is ensuring that those with a learning disability have a wide range of housing options and support services to accommodate a diverse spectrum of need, enabling independence where appropriate and fostering integration into a resilience support community. We will work with the local market and local providers of accommodation and support services to deliver this aim. This strategy will assume the vanguard role in promoting Cheshire East's vision for people with learning disabilities, mobilising and unifying the energies of Council services and community partners in a concerted direction.

### **Consultation Response**

- Sheltered housing emerged strongly as the ideal accommodation type for people with a learning disability. Workshop attendees stressed that the best results were driven in

accommodation where each individual has their own front door. This helps deliver communal support and companionship whilst enabling independence as each individual can become responsible for their own space and have a place of private sanctuary.

- Groups corroborated that a large proportion of Cheshire East's existing specialist stock is shared housing. This is effective in some cases, but requires a much more finely-tuned personnel composition to live amenably in such an intimate environment.
- It was recognised that close partnership working is required to recognise when there is an appropriate property or scheme available for this client group. Financing schemes is increasingly difficult across client groups given reductions in government capital funding for expensive supported accommodation schemes, and the inability of revenue funding to make up the difference. Moreover, one bed flats in close proximity have not been funded in any large quantity by housing providers – although given the growing focus on this kind of provision in general needs and older persons housing, there are potentially synergies to be exploited going forward.
- A transitional approach was also recognised as important. Many people with a learning disability drop of services' radars either after leaving children's services or upon the death of their parent carers. It is therefore very important that this client group (or their guardians) are encouraged to plan ahead, so that clients become used to the prospect of living independently and are prepared for life spent out of direct or corporate parenthood. For these purposes, sheltered accommodation was again considered the superior option, allowing people independent space whilst affording community and service support as required.

### ***Current Pathways to Care and Support***

Independent living within the community is Cheshire East's *a priori* accommodation target where appropriate across all vulnerable groups. As evidenced below, living independently is the most sought after housing arrangement amongst those with a learning disability, and provides higher levels of fulfilment and quality of life. In-home care and support services, and particularly those provided by Supporting People, are the chief mechanism to realise independent living, and therefore assume a central role in this strategy.

#### Social Care Community Services:

Cheshire East Adult Social Care provided 768 people with a learning disability with care and support in the community throughout 2012-13, enabling them to live with friends, family or on their own (this figure includes those in supported accommodation as well as those in their own homes). This emphasises the ability of this client group to live within the community provided they have access to suitable support, either from family networks or support services.

#### Supporting People:

Support services act as a key transitional tool that enables individual with moderate or low care needs to sustain a tenancy and develop the life skills needed to live independently. Moreover, it acts

in a preventative capacity: by assisting individuals with a learning disability whilst their care needs are lower, and furnishing them with the support, environment, and skills required to live independently earlier, escalating care requirements and costs are stymied, and fulfilling lifestyle patterns engrained. Ultimately, support services are a fundamental prong in housing for people with learning disabilities as, even if housing stock is improved to better meet the needs of those with a learning disability, there needs to be a simultaneously robust offering of services to allow residents to effectively transition and remain in these homes for longer.

In Cheshire East, demand for support services is currently well met by Supported People provision. Floating support services are expected to have the capacity to meet future demand, though there is a marginal shortfall in Supporting People accommodation services - which is short-term, transitional accommodation designed as an incubator until settled accommodation can be identified. These figures reflect that there is support available for those with learning disabilities in Cheshire East to ensure that they can live independently; however, this must be retained to accommodate the anticipated expansion of this client group, and continually promote independent living as a viable initial pathway.

Learning Disabilities Services	Need 2020	Supply 2013	Gap
Accommodation Support	202	187	-15
Floating Support	106	192	86

Source: Supporting People Needs Analysis

### Supply

900 of the 1159 adults (78%) with a learning disability known to the Council have learning disability assigned as their primary care type – meaning it is adjudged by social care to be their chief care requirement, potentially amongst a range of other needs. Accommodation status data (see table below) is available for those 900 adults with a learning disability assigned as their primary care type. This data informs us about the kinds of accommodation utilised by and prescribed for clients of social care.

Client Living Status (LD as primary care type)	Total
Unknown	39
Acute/Health/Hospital	1
Adult Placement Scheme	9
Family/Friends Settled	281
Family/Friends Short-Term	3
Lives Alone	4

Living with Relative (Not Parent)	1
Other Temporary Accommodation	1
Owner Occupied/Shared	12
Registered Care Home	71
Registered Nursing Home	20
Sheltered/Extra Care Housing	4
Supported Accommodation	368
Tenant (Private Landlord)	41
Tenant (Local Authority)	45
<b>Total</b>	<b>900</b>

*Source: Cheshire East PARIS Data (Oct 2013)*

From this data we can make a number of observations:

- Whilst a high percentage of people with a learning disability live in their own home with friends or family, it is notable that, in comparison with other client groups, the majority of people with a learning disability known to social services are housed in supported accommodation. This reflects that this client group preponderantly require some degree of support that, if needs are low enough, can be provided by family, but in most instances will be necessarily provided by support services.
- It is important to note the people not captured by this data. It is anticipated that many more people with learning disabilities live in the community unknown to social services, supported by their families. This is problematic if care needs rise or carers age or die.
- There is a relative dearth of individuals placed in sheltered or extra care schemes. This represents an area for significant improvement, given that evidence of uptake within supported accommodation and consultation feedback suggests that these accommodation models offer the most optimal environment for people with learning disabilities.
- Indeed, sheltered housing and extra care stand as viable alternatives to institutional care. 254 people received services in residential or nursing care (both short-term and long-term), of which 91 people are currently settled long-term in residential or nursing homes. This figure is high when taken in comparison with neighbouring local authorities. Data from the personal social services expenditure return (PSSEX1 2010-11) analysis shows that Cheshire East funds a much higher level of nursing care for clients with a learning disability than our statistical neighbours: we fund more than double the number of client weeks and our costs are about 10% higher. This means that Cheshire East is spending about £1m per year more

than our neighbours on residential or nursing care. As such, a greater provision of sheltered and extra care placements for people with learning disabilities could redistribute some of the higher needs cases away from institutional care and towards an independent setting, reducing the reliance on, and expense of, institutional placements.

### Supported Accommodation

We will now examine the composition of supported accommodation placements in greater detail. As of July 2013, Cheshire East has the capacity to house 409 people with a varied range of learning disabilities in supported accommodation across the Borough. Care and support in these arrangements is provided through the Council's in-house service Care4CE across five supported living networks, as well as through a number of registered providers with whom the Council contracts. Care4CE has capacity for 166 individuals, whilst providers account for 263 units of supported accommodation supply.

LAP Area	Bungalow		Flats		House		Total	
	33%		19%		48%		100%	
	Capacity	Filled	Capacity	Filled	Capacity	Filled	Capacity	Filled
Congleton	45	43	3	3	35	32	83	78
Crewe	20	18	12	12	41	33	73	63
Knutsford	13	12	2	2	27	24	42	38
Macclesfield	27	25	56	55	56	51	139	131
Nantwich	11	10	3	3	21	19	35	32
Poynton	0	0	0	0	0	0	0	0
Wilmslow	18	16	1	1	11	9	30	26
<b>Total</b>	<b>134</b>	<b>124 (93%)</b>	<b>77</b>	<b>76 (99%)</b>	<b>191</b>	<b>168 (88%)</b>	<b>402</b>	<b>368 (92%)</b>

Source: Cheshire East Learning Disability Supported Accommodation Register (July 2013)

A number of themes belie these figures:

- The majority of supported stock in Cheshire East for people with learning disabilities is shared houses (48%). However, this can offer accessibility problems for those with more serious or deteriorating conditions unless they are specially adapted. Moreover, shared houses represent the lowest level of independence for residents, as everything is shared communally and each individual does not have their own front door. Therefore, for shared

housing to work effectively, resident composition must be carefully tailored to ensure a palliative, mutually-supportive composition.

- These factors combine to make shared houses the most difficult properties to let, with 88% being filled – lower than uptake for bungalows and flats. These latter two types of provision are generally more accessible and popular, having an uptake of 93% and 99% respectively. This is indicative of the greater levels of accessibility (especially in the case of the bungalow) and independence (particularly in the case of flats, which are let individually and have their own front doors – even if part of a wider complex) that these types of provision afford.
- This corroborates a consultation finding which emphasised that, for people with learning disabilities, individual tenancies within a wider scheme is the ideal model, allowing an ideal balance between communal support, independent living, and private boundaries, maximising support whilst eliminating social friction born of total commune. This is why services believe that sheltered housing and extra care hold such potential for people with learning disabilities, realising such a model under another name.
- There is therefore a need to both continually refresh stock, ensuring it is amenable and appropriate, and create a wider array of specialist provision to better meet the broad spectrum of needs that is unique to the learning disability client group. The Council will therefore strive to work with partners to create more up-to-date, attractive, and diverse accommodation, giving preference to more specially adapted bungalows and flats to rebalance the current preponderance of shared houses. This will inform a wider piece of work between Strategic Housing, Adult Services, and Children's services to create an ideal model of stock that can then be used as a development specification going forward.
- Accommodation is unevenly distributed, with Poynton, Wilmslow, Nantwich, and Knutsford possessing significantly less supported accommodation for people with learning disabilities than the major population centres of Macclesfield, Crewe, and Congleton.

### ***Demand***

#### National Context:

89% of local authorities agree there has been an increase in the number of people with a learning disability requiring housing support in the last three years. While 82% of the local authorities surveyed agree there is a shortage of housing for adults with learning disabilities, more pressingly, 94% of local authorities surveyed agree that more needs to be done to meet the housing needs of adults with learning disabilities. Based on current accommodation trends and population growth, it is estimated that there will need to be 19,860 new registered care places and at least 14,222 extra supported accommodation places in England and Wales over the next 15 years.<sup>14</sup>

It is anticipated that the sustained growth of the population and better medical care will engender an annual increase of those with a learning disability that equates to between 3.2% and 7.94% of

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<sup>14</sup> Mencap, September 2011

those currently requiring social care services.<sup>15</sup> This rang true between 2010 and 2011, with an increase of 3% in those with a learning disability known to social care services nationally. As with the general population, people with learning disabilities are also living longer: by 2030 the number of people with a learning disability aged between 65-74 years is projected to increase by 33.5%, those aged between 75-84 years are projected to increase by 53%, whilst those aged over 85 will increase by 103%. The need for support and care for people with learning disabilities will reciprocally increase, will Mencap predicting that there will be the need for an additional 1,324 care home places and 941 supported living placements per year nationally. This equates to around a 3% increase annually of people with learning disabilities who will require housing with care or support.<sup>16</sup>

#### Adults:

Cheshire East is experiencing these national pressures distilled at local level to varying degrees. It is important to note that, whilst data has been compiled from a number of sources to establish the following profile of local demand, there is considerable difficulty in determining a singular and universally-agreed figure for people with a learning disability. Cheshire East can draw conclusions from the data held by social care, but work is required to establish a holistic figure for learning disabilities, taking into account those who have no care plan brokered by the Council.

Taken in context of national and subregional comparators, Cheshire East has a greater prevalence of people with learning disabilities know to the Council. However, there is a lower prevalence rate for both children with learning difficulties known to schools and adults with learning disabilities known to GPs.<sup>17</sup> 1159 adults with a learning disability are known to social services; this means they have been assessed as having substantial or critical care needs. As such, this figure only furnishes a partial picture: it do not necessarily take account for people with moderate care needs, those without a care plan or formal support brokered by the Council, or those who receive care out of the Borough. The total estimated population of adults with a learning disability in Cheshire East was 1408 in 2012, giving an indication of the gulf (249) between social service clients and the total number of adults with a learning disability in the Borough.

As with older people, it is anticipated that the number of people with a learning disability who will require specialist accommodation will increase significantly: by around 10% between 2013 and 2030. This highlights that there needs to be an expanded offering of housing stock tailored to the needs of these people.

	2013	2015	2020	2025	2030
<b>Estimated 18 +</b>	1408	1431	1468	1508	1554

<sup>15</sup> Emerson and Hatton, 'Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England' (2008)

<sup>16</sup> Mencap, 'Housing for People with Learning Disabilities'.

<sup>17</sup> Public Health England, 'Learning Disabilities Profile 2013 – Cheshire East'

Population with LD					
Estimated 18 + Population with LD known to CEC	900	914	937	962	991

Source: Office of National Statistics (ONS): POPPI; PANSI

### Children

A major issue regarding future demand is ascertaining the number of young people with a learning disability. Most of the figures available (and those quoted thus far) are for the adult population of Cheshire East. However, many children will present a range of needs for supported accommodation when they enter adulthood and need to be captured early and engaged in future planning so that the Council can effectively anticipate which kinds of accommodation are required. The national learning disability profile indicates that around 11 out of every 1000 school children in Cheshire East have some form of learning difficulty.

Future planning and early intervention are of further importance given the established living patterns of those with a learning disability. It is understood that a swathe of people with learning disabilities are being cared for at home by family and friends and may neither be known to the local authority nor have a plan in place for later life. This is especially vital as carers age: a large portion of future housing demand comes from those with learning disabilities whose carers have either died or are no longer able to effectively care for their charges. Future planning is all too often lacking, with 83% of parents nationally whose son or daughter has a learning disability not having planned for a time when they are no longer able to provide care.<sup>18</sup> More worrying still, 56% of parents over 70 whose son or daughter has a learning disability have not established a plan for the future. Where there are plans in place, there is frequently not a joined up approach: nationally, 27% of parents who do have a plan in the event that they can no longer provide care have not informed the local authority, who would aim to facilitate and help.

Cheshire East Council therefore aims to target people with learning disabilities living with family and friends, encouraging them to present to the Council and develop future care plans. In this way, future accommodation demand can be anticipated; independence can be promoted from an earlier point in care; and affected people have optimal, planned transitions as carers age or pass away.

<sup>18</sup> Mencap, 'Housing for People with Learning Disabilities'

## Mental Health Issues

### Chapter Summary

#### **Background**

Everybody has an oscillating state of mental health that changes according to experiences and events. Cheshire East Council looks to help and support those whose mental health nadirs impact on their ability to live healthy and safe lives. As such, mental health occurs across a spectrum of severity and condition; it captures depression, anxiety, schizophrenia, psychosis, dementia, and many other conditions pertaining to mental state. Notably, there is a distinction between dementia and other mental health issues: the Council systematically looks to enable recovery and rehabilitation in the bulk of mental health ailments; however, dementia is by nature degenerative, shifting the emphasis slightly towards enabling maximal independence and quality of life at a given time.

Mental health issues are common across the population and, in many cases, can be managed through robust support networks and stable lifestyles, allowing the majority of those with a low frequency mental health disorder to live independently in the community in general needs housing. As such, Cheshire East primarily aims to provide preventative, rehabilitative or short-term care and support to people with mental health issues, in the hope of supporting them to overcome their condition and return to a fulfilling life within the community. Such a support network is largely delivered by the CWP (Cheshire and Warrington Partnership): a public health partnership involving Cheshire East that commissions mental health services and aspires to engender continual improvement within these.

For people with heightened or enduring mental health issues who are unable to be housed safely within the community (for example, acute depression, bipolar disorder, schizophrenia, and including dementia) the right mixture of specialist and supported accommodation is critical. These people have more specific and acute care needs, and can often fall victim of social isolation unless properly accommodated. This can entail sheltered accommodation or institutional schemes; however, Cheshire East, as with other client groups, aims to reduce reliance on residential care as a long-term solution, and aspires to instead maximise use of supported accommodation to enable individuals live independently.

Cheshire East strives fundamentally for a recovery and rehabilitation model of mental health care delivered through a phased programme; ultimately this chapter recommends that accommodation and support needs to be mapped to this process to ensure there is adequate housing to deliver the desired outcomes at each stage of a client's progress.

#### **Key Findings**

- Numbers of mental health clients tend to remain fairly constant; however, there is a large increase projected in dementia clients in coming years.
- Given the diverse spectrum of mental health issues, the majority of clients are able to live independently within the community with an appropriate package of care and support.

Stable accommodation is beneficial for mental health clients, so there is added onus on adaptive support services being able to reach them in situ. This is more easily achieved in a sheltered or extra care scheme, but can be realised in the community with appropriate floating support.

- However, for those with more acute mental health needs (such as dementia clients) nursing and residential care remain the most commonly used provision, although consultation suggests that sheltered housing or extra care schemes can deliver superior outcomes for mental health client with complex needs.
- There is a greater degree of institutional provision for dementia clients within the Borough, whilst greater numbers of high-need, non-dementia clients are placed outside of the Borough.
- Current supported accommodation stock predominantly encompasses shared and sheltered units, with the former being the most prevalent – despite sheltered housing being deemed the better paradigm. To bolster the supply of supported accommodation, a combination of available units and flexible support services are required in equal importance, enabling individuals to receive the appropriate level of care without moving.

#### ***Strategic Priorities***

- Where possible, use accommodation and support packages to reinforce the StAR treatment process in situating recovery at the heart of mental health treatment, creating an extended and supported pathway for clients from primary care, through recovery and review, and into aftercare.
- This will involve mapping accommodation and support service provision to different stages of clients' treatment journeys to ensure that accommodation can flex to each stage of the process and changing needs. This will inform a detailed needs analysis and the creation of an ideal accommodation specification for commissioning that will involve the exploration of assessment flats for heightened episodes.
- Establish a mental health strategic working group to forward these actions and ensure full integration of accommodation strategy into a bolstered strategic approach to mental health in the Borough, including raising awareness of mental health issues and early intervention.
- Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention and/or presentation.

#### ***Key Evidence Sources:***

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report

- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- CWP Data
- No Health Without Mental Health
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Specialist Mental Health Supported Accommodation
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis
- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

## *Detailed Findings*

### ***National and Local Policy Context***

The Government's strategy 'No Health without Mental Health' set the tone in emphasising the importance of prevention and recovery in mental health treatment, as opposed to previous trends of institutional management of mental health issues. The strategy heavily connects housing to these outcomes, stressing the importance of equality of access and highlighting the role of appropriate housing as a preventative and convalescent measure.

In terms of trends in treatment, medical advances are allowing for better means to chemically address mental imbalances and reduce side-effects. However, an increasing emphasis is placed on non-medical factors in mental health: diet, exercise, sociability, employment, family stability, etc. This creates a more nuanced picture of cause and treatment, connecting an individual's mental health to things such as fluctuations in the economy, society, and personal circumstance. This ultimately supports the recent impulse towards holistic and preventative support, where mental health is treated most effectively by early intervention, raising awareness, and supporting people to negotiate contingent hardship or alienation. These are distinctly non-medical factors that are captured in large part by the Council's wider objectives to improve prosperity and well-being in the Borough.

Many mental health issues are caused or exacerbated by contingent and transient circumstance; support during difficult periods is therefore vital and ultimately beneficial, as proportionate intervention can stymie the effects of difficult conditions and curtail the chance of a condition escalating. As such, support, care, and housing services must be flexible and scalable to meet the

uniquely fluctuating nature of mental health: it is important that services do not fall into a 'one-size fits all' operating model and can adapt to (often rapidly) changing needs.

Cheshire East Council currently does not have a holistic commissioning strategy for people with mental health issues, though there is a Joint Commissioning Strategy for people with dementia. The Council aims to explore the construction of a wider strategic document as an outcome of this strategy, to unify the objectives of mental health services and better inform a detailed specification of accommodation requirements. This strategy will build upon the work of the Council's individual commissioning wing and calcify the issues raised in this strategy.

However, there is a strong history of joined-up partnership working – reified in the CWP – and joint commissioning for elements such as dementia. Throughout its partnerships and commissioning, Cheshire East recognises that people with mental health issues should be given every opportunity to live a fulfilling life within the community, with ready access to accommodation and services that facilitate this across a spectrum of needs. As such, the Council champions a concerted focus on recovery and rehabilitation – or, in the case of dementia, a phased management of the condition that seeks to mitigate degenerative effects and maximise quality of life. Cheshire East's individual commissioning follows a Stepped Approach to Recovery (StAR) Model, and has a throughput process taking those with mental health needs through a single-point of access for services, to a recovery team who look to stabilise a client's condition through intensive services, followed by a review procedure of transitional and lower-intensity services, to aftercare and move-on. It is important that accommodation provision is aligned to this process, with the appropriate supported accommodation available to realise the individuals care needs.

### ***Consultation Response***

- Consultation feedback attested that the majority of people with mental health needs were able to live in the community and benefit from being allowed to flourish in an independent setting.
- Stability is an important issue for mental health patients, and it is important that, where possible, individuals can remain in one setting with support and care that wraps around them. This requires a flexible stock of accommodation that can meet a range of client and service needs.
- It was recognised that this group are high users of institutional care, and this needs to be rebalanced where possible. Supported accommodation will always be needed and can help combat the isolation and loneliness that many people with mental health issues experience.
- The provision of assessment flats was thought to be a progressive concept, where clients experiencing a crisis or emergency could be housed temporarily. This negates compatibility and social issues that can emerge during times of crisis.
- The provision of accommodation is the key issue. Cheshire East can provide the appropriate support, provided that there is a property in which to house the mental health client.

- The specific requirements of high-needs and dementia clients were highlighted. It was felt that adaptations and assistive technologies can achieve great results for the complex end of the needs spectrum, and extra-care and sheltered housing schemes can be put to greater use as an effective alternative to institutional care.

### ***Current Pathways to Care and Support***

#### Supporting People

Supporting People provides a range of accommodation and floating services for people with mental health issues who have lower care requirements and are not eligible for social care. Floating support is designed primarily to assist individuals to integrate effectively into the community and manage long-term independent tenancies. Accommodation support takes the form of short-term hostel services that serve as a mid-point between intensive care and independent living, aiding the transition between the two. These services are therefore vital in stopping low-level mental health conditions escalating, supporting individuals to negotiate heightened episodes, and providing transitional support for those recovering from a more severe mental condition.

Data from Supporting People indicates that mental health services are currently under considerable demand and do not have the capacity to meet this. The anticipated demand figures are predicted to be relatively consistent, reflecting both the throughput demanded of providers and a negligible anticipated growth in the number of people with non-dementia mental health issues.

Mental Health Services	Need 2020	Supply 2013	Gap
Accommodation Support	143	87	-56
Floating Support	150	100	-50

*Source: Supporting People Needs Analysis*

#### Social Care

Cheshire East social care looks to enable people with a substantial or severe mental health issue to remain in their homes through a number of care types – be these floating home care services or prescribed adaptations. Where this is not possible, the Council endeavours to place people in specialist housing that enables them to remain independent or is short-term or intermediate. The following table surveys the number of care interventions (individual units of care) received by people with a range of mental health issues. These figures capture all kinds of intervention, both short and long-term, and chart the number of times a service is delivered – potentially multiple times to the same client.

They demonstrate:

- Amongst the clients of social services, care at home or in the community is still the most viable and desired option for those members of this client group – including those with dementia. This demonstrates the importance of flexible support services first and foremost in delivering supported accommodation that enables enduring independence.

- For those individuals who cannot be safely cared for within the community due to high or complex needs, residential and nursing care are the most common recourse, and occur at a significant frequency (31%) compared with other client groups. The majority of those are dementia sufferers, but 18% of non-dementia clients are still utilising institutional care. This reflects the historic proclivity to treat mental health with intensive institutional care, focusing on managing a condition rather than recovery. It is therefore important that nursing care is used appropriately as a stage in a wider rehabilitation process, and Cheshire East will continue to review its assessment processes and move-on protocols to reduce the relatively high usage of institutional care when compared to other client groups to ensure that there is not an overreliance on institutional care.

Care Type	Dementia	Non-Dementia	Total
Day care	43	21	64
Direct payments	33	165	198
Equipment and adaptations	17	6	23
Extra care housing	6	15	21
Family based care	8	33	41
Home care	92	297	389
Intermediate care	14	13	27
Mental health day care	1	3	4
Nursing	136	44	180
Other	81	42	123
PCMH	1	1	2
Professional support	0	3	3
Residential	106	76	182
Respite nursing	3	1	4
Respite residential	18	14	32
<b>Grand Total</b>	<b>559</b>	<b>734</b>	<b>1293</b>

Source: Social Services Monitoring Data (PARIS)

### Reablement

In addition to the work of Supported People, Care4CE operates a mental health reablement service designed to impart the skills required effectively transition back into community living and maintain a general needs tenancy. This service is targeted for when clients are leaving the review stage of their care process, but performs work with clients earlier in their programme depending on their level of need. The service operates well, though Cheshire East needs to review the prospect of bolstering such provision, drawing on best practise in other authorities to operate an aftercare team that facilitates a phased recovery plan for 12 months after a client's care plan expires.

### **Supply**

Accommodation provision for people with mental health issues currently takes a number of formats, ranging from institutional care to supported housing options. The picture is complicated by the fact that some residents of Cheshire East (especially those placed by adult social care) are housed outside of the Borough; this applies mainly to institutional care but there are a small number of external supported accommodation placements funded by Cheshire East.

### Institutional Accommodation

The below table details the number of institutional placements that Cheshire East funds both inside and outside the Borough. The majority (66%) of these placements are for people with dementia, which frequently requires a residential or nursing setting given the degenerative nature of the ailment. The remaining 34% are for non-dementia sufferers with high care needs. As aforementioned, it is important that Cheshire East looks to reduce dependency on institutional care to encourage rehabilitative outcomes and lower social care costs, with the non-dementia cohort especially being targeted for community care or supported accommodation as a priority.

The preponderance of institutional care is within the Borough, with just 15% of institutional care for people with mental health issues located outside of Cheshire East, which is low in comparison to other client groups. However, a higher proportion of non-dementia clients receive institutional care outside of the Borough compared with dementia clients, indicating that Cheshire East is better equipped to accommodate dementia sufferers than other high-level mental health issues.

	Provision Type	Dementia	Non-Dementia	Total
<b>Provision in CEC</b>	Nursing	120	33	153
	Residential	94	60	154
	Respite Nursing	3	1	4
	Respite Residential	11	2	13
	<b>Total</b>	<b>228</b>	<b>96</b>	<b>324</b>
<b>Provision Outside CEC</b>	Nursing	13	11	24
	Residential	9	16	25
	Respite Nursing	1	0	1
	Respite Residential	0	7	7
	<b>Total</b>	<b>23</b>	<b>34</b>	<b>57</b>

<b>CEC Provision (Care4CE)</b>	Nursing	0	0	0
	Residential	0	0	0
	Respite Nursing	0	0	0
	Respite Residential	6	2	8
	<b>Total</b>	<b>6</b>	<b>2</b>	<b>8</b>
<b>Grand Totals</b>	<b>Nursing</b>	<b>133</b>	<b>44</b>	<b>177</b>
	<b>Residential</b>	<b>103</b>	<b>76</b>	<b>179</b>
	<b>Respite Nursing</b>	<b>4</b>	<b>1</b>	<b>5</b>
	<b>Respite Residential</b>	<b>17</b>	<b>11</b>	<b>28</b>
	<b>Total</b>	<b>257</b>	<b>132</b>	<b>389</b>

Source: Cheshire East Monitoring Data for Institutional Care Facilities

### Supported Accommodation

The following table summarises the kinds of supported accommodation provision available within Cheshire East. Supported accommodation for people with mental health issues is a delicate business, given that this client group above all others requires careful monitoring of social developments, and are often the most combustible in a shared environment.

As such, whilst more primary research is required, consulted operational staff are wary of utilising shared housing as an a priori position for clients with higher needs – or those in the early, recovery phases of their StAR programme: without close monitoring from a warden or care workers, people with mental health issues can easily develop social dependencies or are an risk of incendiary relationships. Moreover, clients with mental health issues respond better to a stable tenancy which is wholly their own and is unlikely to change. As such, the preferred approach where possible is self-contained accommodation where each individual has their own front door, combined with routine monitoring and support that can adapt to care needs, rather than the individual having to relocate. This suggests that optimal results for people with mental health issues can be realised in sheltered housing or extra care schemes, thereby combining individual properties with regular and adaptive support. Alternatively, this could be realised in a dispersed manner if appropriate accommodation can be sourced and floating support services put in.

The current provision is well-divided between shared properties (arrangements where a small community of clients receives floating and on-demand support) and sheltered housing (where there is 24 hour support in place). The latter paradigm is more intensive but, as per the above analysis, is often deemed the most preferable composition for clients with higher needs. A number of extra care schemes also admit individuals with mental health issues (including dementia) with good outcomes. It is therefore important that a range of accommodation and support services are appropriately designated and mapped to evolving care needs. Consultation has also suggested the creation of a number of assessment flats in conjunction with RPs for providing intensive treatment for mental

health clients going through heightened episodes, so that such episodes are not exacerbated or allowed to jeopardise recovery.

Whilst the distribution of unit types is relatively even, the spread across localities is not. Congleton LAP area (comprising Congleton, Middlewich, and Sandbach) possesses the majority of supported accommodation for people with mental health. The bulk of specialist stock in Congleton is shared accommodation, whilst Crewe and Macclesfield have a monopoly on sheltered accommodation. This distribution is an issue that needs to be considered with providers as part of the on-going commissioning cycle.

Location	Units
Congleton	30
Middlewich	23
Sandbach	7
Macclesfield	55
Crewe	29
Alsager	4
<b>Total</b>	<b>148</b>

*Source: Cheshire East Monitoring Data for Specialist Mental Health Supported Accommodation*

It is evident that Cheshire East's accommodation provision and approach for people with mental health issues has been inherited from the legacy authorities and has evolved organically over time with minimal strategic direction: there is not currently a mental health strategy within Cheshire East, for instance. The emphasis on recovery and the StAR methodology provides a strong girding in terms of outcomes for people with mental health issues, but there are strategic developments to be bolstered around this.

Crucially, it is important that accommodation provision is mapped to the StAR process, reflecting its stages and facilitating them with appropriate combinations of accommodation and support at each rubric. This will require the designation and distribution of supported accommodation placements to specifically address each stage of the process. This entails a formal distinction between, say, intensive and transitional packages of accommodation and support for people at the recovery and review stages of the StAR process respectively. The creation of such a specification follows sector best practise, following on from the vaunted pathways approach of Camden and Oxford, which create a holistic process for a range of care needs supported by stratified routes through different accommodation types.

### ***Demand***

#### Prevalence of Dementia:

There is a direct correlation between those suffering from dementia and increasing levels of old age. The occurrence of dementia starts to increase over the age of 65. Dementia is most common in people in their eighties (10-20% affected) and nineties (30% affected). Women are about 30% more

likely than men to develop dementia.<sup>19</sup> Dementia costs the UK economy £17bn a year and this will increase to £50bn in the next 30 years.<sup>20</sup> There is a predicted 78% increase in dementia sufferers in Cheshire East by 2030, which will place considerable strain on current accommodation, care capacity, and funding. The Joint Commissioning Plan for Dementia sets out a range of actions to be taken locally in meeting the needs of people with dementia; chiefly, as explained throughout this chapter, there is a need to utilise a transitional accommodation when treating dementia where possible, using a range of accommodation options to deliver superior quality of life and lower care bills rather than turning to institutional care at an early stage.<sup>21</sup>

Age Band	2012	2015	2020	2025	2030	% increase
People aged 65-69	289	308	274	293	346	20
People aged 70-74	465	528	640	575	617	33
People aged 75-79	820	884	1,023	1,251	1,127	37
People aged 80-84	1,250	1,304	1,516	1,784	2,213	77
People aged 85-89	1,311	1,428	1,633	1,967	2,339	78
People aged 90 and over	1,105	1,281	1,605	2,046	2,693	144
<b>Total population aged 65 and over</b>	<b>5,240</b>	<b>5,732</b>	<b>6,690</b>	<b>7,915</b>	<b>9,335</b>	<b>78</b>

Source: Office for National Statistics (ONS) [www.poppi.org.uk](http://www.poppi.org.uk)

### Social Care

Cheshire East social services currently provide for the following number of people with mental health issues. These figures capture only those who have presented to social care and are FACs eligible, meaning that these figures do not capture all the people with a low or moderate mental health needs; these people are better visible through the CWP and Supporting People data.

As above, the number of people with dementia is expected to rise significantly in coming years and will pose a major challenge to the Council. Dementia clients are higher users of institutional care (see previous section on 'Supply'), which poses a cost risk should the expanding demand continue to be met through this kind of provision. As identified in the Joint Commissioning Plan for Dementia, it is therefore increasingly important to adopt an early-intervention and staged approach to care with dementia clients, to ensure that, where appropriate and safe, institutional care is relied on less frequently or only at the latter stages of an individual's care programme, with escalating demand managed through better preventative measures and phased, transitional housing.

Non-dementia clients within this group are anticipated to remain relatively steady given the fluctuating nature of mental health issues and the ability to recover from low frequency ailments.

<sup>19</sup> Cheshire East Joint Strategic Needs Assessment, Dementia and its Impacts, September 2012

<sup>20</sup> Audit Commission, 'Under Pressure: Tackling the Financial Challenges for Councils of an Ageing Population' (2010)

<sup>21</sup> [http://www.cheshireeast.gov.uk/social\\_care\\_and\\_health/health\\_advice/memory\\_issues/dementia\\_strategy.aspx](http://www.cheshireeast.gov.uk/social_care_and_health/health_advice/memory_issues/dementia_strategy.aspx)

However, mental health issues are tied to wider societal factors, and have experienced an upturn during the recent recession. The vagaries of the economy will therefore largely determine non-dementia mental health issues, making prediction an inexact science – though at the time of writing economic forecasts state low-level recovery, which is a positive augur.

Total Mental Health Clients (Oct 2013)	Dementia	Non-Dementia
1035	431	604

Source: Social Services Monitoring Data (PARIS)

The below table shows the location in which social care clients with mental health issues reside within Cheshire East. Living patterns are congruent between dementia and non-dementia clients, and are roughly mapped to the greatest population centres – which also contain the majority of institutional care places.

Locality	Total
Congleton	229
Crewe	286
Knutsford	35
Macclesfield	227
Nantwich	98
Northwich and Rural North	4
Unknown	55
Poynton	40
Rural West	2
Wilmslow	48
Winsford and Rural East	11
<b>Grand Total</b>	<b>1035</b>

Source: Social Services Monitoring Data (PARIS)

The accommodation status of this client group is a relatively incomplete dataset given that there is no statutory obligation to record it as part of a client's records. However, it can give us a snapshot of the accommodation requirements and preferences of this client group. The sample of 134 social care clients whose accommodation status is recorded demonstrates the preponderance (74%) live in the community, with the single largest group living alone.

The below table suggests that people with mental health issues prefer to live in the community within their own homes, and that community care and support can effectively enable this. A significant proportion resides in institutional care, and Cheshire East aims to ensure that any institutional placement is part of a structured care plan that aspires to rehabilitate rather than simply manage an ailment.

Accommodation status	Total
Family/friends settled	19
Lives alone	41
Living with relative not parent	9
Unknown	901
Owner occupied/shared	17
Registered care home	15
Registered nursing home	18
Sheltered/extra care housing	2
Supported accommodation	4
Temp la accommodation	1
Tenant (la)	6
Tenant (private landlord)	2
<b>Grand total</b>	<b>1035</b>

Source: Social Services Monitoring Data (PARIS)

## Cared for Children and Care Leavers

### *Chapter Summary*

#### **Background**

Cheshire East recognises the need for holistic approaches to delivering outcomes for cared for children, involving a multi-disciplinary methodology and a greater emphasis on effective transitions out of care and into independent adulthood. Outcomes chiefly concern giving those children in care, or those young people with a history in care, the same opportunities and quality of life as their peers.

Appropriate accommodation has emerged as a fundamental element in realising this: accommodation provision shapes the variety of placements available to children in care, as well as patterning the pathway out of care experienced by care leavers, which can be abrupt or phased depending on the flexibility of the accommodation menu and associated support services in the area.

After the Southwark ruling (May 2009, G vs. Southwark), Councils have an expanded duty to young people alongside those already identified within Leaving Care legislation. Moreover, the Statutory guidance on Securing Sufficient Accommodation for Children in Care (May 2010) places a duty on local authorities to source and plan for a range of accommodation options for Cared for Children and Care Leavers which meets their needs and delivers good outcomes for them. The introduction of this guidance means that local authorities must consider in greater detail their accommodation offer, ensuring that there is an appropriate menu of options that allow care leavers to transition effectively towards independent living, accruing the appropriate skills, experience, and support networks across a phased approach to accommodation proportionate to their needs.

#### **Key Findings**

- In Cheshire East, the cohort of children being accommodated in care has a tangible link to areas of deprivation, and children leaving care are more likely than their peers to suffer additional issues later in life, such as homeless or unemployment.
- Cheshire East possesses a limited range of accommodation options for children in care and care leavers, with provision for those in care chiefly dominated by foster placements and residential care.
- The number of foster placements is increasing but not at a rate which is sufficient for the current population. A comparatively high percentage of residential provision is outside the Borough. There is an over reliance currently on agency placements, driving up costs and the distance children must travel to be in placement.
- Cheshire East meets performance and outcome targets for children in care and care leavers, but provision is not optimal. In particular, there is a need for a more strategic and market-

shaping approach to provision for care leavers, which is negotiated on an ad hoc basis currently and does not constitute a proactive, planned, or flexible approach.

### ***Strategic Priorities***

- As a first position, encourage more foster placements within the Borough to delimit the number of residential or agency placements required and the distance children are required to relocate.
- Work with Cheshire Homechoice and Registered Providers to improve the profile and priority of social housing for parents and foster carers, to unlock a greater number of these placements.
- Review the current usage of residential provision, exploring the capacity and prioritisation of provision within the Borough, and the cost and distance of external or agency provision. This will inform a rationalisation of capacity and spend, as well as recalibrating the focus of provision to within the Borough.
- Create an expanded, mixed menu of accommodation types, including the development of more supported accommodation - which is significantly underrepresented for both children in care and care leavers. This accommodation should assume a 'step-up, step-down' model incorporating accommodation types that support a transition out of care, incorporating a greater swathe of taster accommodation and shared housing. This will involve creating a specification of ideal accommodation composition before working with Registered Providers and partners to scope delivery possibilities.
- Work with RPs and providers earlier to identify stock available for use by care leavers as supported accommodation.
- Work to pool the budgets of Children's Services and Strategic Housing for emergency accommodation and bed services to commission a holistic and improved service.

### ***Key Evidence Sources***

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Social Services Monitoring Data (PARIS)
- Supporting People Needs Analysis
- Social Services Expenditure Return

- NOMIS (Office of Labour Market Statistics)
- Cared For Children Monitoring Report (October 2013)
- Cheshire East Placement Sufficiency Statement for Cared for Children (April 2013)
- Response to Children and Families Scrutiny Committee Task and Finish Group's Care Leavers Report (July 2013)
- Care Leaver Strategy: A cross-departmental strategy for young people leaving care (October 2013)

## *Detailed Findings*

### ***National and Local Policy Context***

The Children's Act (1989) identifies a number of key duties owed by local authorities to children. Those duties that chiefly concern accommodation are detailed in sections 17, 20, and 23 of the Act. Section 17 concerns a general duty to safeguard and promote the welfare of children – including through accommodation provision as required; section 20 requires the authority to provide accommodation for children in need; and section 23 necessitates continued support for children beyond the usual duty of care.

### Children in Care

'Care Matters: Time for Change' was a government strategy published in 2007 that outlined the focus and direction of children's care. Crucially, the strategy stated that the key aim of children's care is to reduce the gap in quality of life often experienced between cared for children and their peers. To realise this, the strategy recognised that a multi-agency approach was required to holistically ensure access and total care solutions, and that the right placement was critical to the well-being and outcomes for each child.

Cheshire East Council is developing a Cared for Children Strategy to be the framework by which agencies and services in Cheshire East will ensure that cared for children have the same opportunities as their peers to enable them to fulfil their potential, and make a good start in adult life. It will set out shared priorities for cared for children and young people, and the actions to be taken over the next 3 years to make a positive difference to their lives and outcomes.

A key element in Cheshire East's plan for aiding children in care is the Early Help Strategy, which recognises the link between local variations in social and economic conditions and outcomes for children. As such, the strategy ties children's outcomes to wider improvements in prosperity and well-being, as well as encouraging a joined up approach across all Council services. These measures will help ensure that children's needs are considered at an early stage across all departments and are best met by universal services and outcomes before there is a need for a child to enter care.

It is important to recognise that the provision of an improved accommodation offering for children in care will also encompass (and benefit) those children remanded into local authority accommodation on bail.

### Children Leaving Care

In Southwark ruling issued in May 2009 clarified that the Section 20 duty of the 1989 Children Act takes precedence over the duties within the 1966 Housing Act. This reaffirmed that local authorities hold the duty to provide for children in need who require accommodation, leading to local authorities developing protocols for young people who may otherwise present as homeless when leaving care. The recent nature of this ruling has meant that the policy and accommodation response across the country is still embryonic.

In October 2013 the government published a care leavers' strategy which looked to, for the first time, create coordinated and cross-departmental action for care leavers, recognising that the journey of care leavers is patterned by a range of services for whom, individually, this client group may not be a priority. The strategy calls for a more integrated approach to services from the top-down rather than the fragmented landscape that currently exists.

These messages were foreshadowed by the 2012 report Access All Areas, which called for each central government department to scrutinise their policies with care leavers in mind and begin to operate in a coordinated manner.

It is recognised in both these strategies that housing has a pivotal impact on care leavers. They generally have unique needs and, if there is not specially tailored accommodation married to transitional programmes to independency, care leavers can frequently present to local authorities again further down the line. For instance, around a quarter of rough sleepers nationally have a background in care.<sup>22</sup> This emphasises the need for local authorities to deliver outcomes first time for children in care, starting individuals on salubrious pathways and preventing cost later on.

These national strategies prioritise a greater menu of accommodation options designed specifically for care leavers, whose needs are chronically underrepresented in housing nationally, leaving many care leavers feeling insecure. The focal point of this is an improved offer of 'staying put' arrangements, where care leavers can still receive support and housing with their foster parents beyond 18. Fostering will always remain the priority for children in care, though by nature this housing strategy will focus on the kinds of specialist provision that can be developed – such as shared accommodation options for care leavers not in foster care.

This Vulnerable Persons Housing Strategy shows Cheshire East embracing these messages, with housing partnering with children's services to ensure that optimal services and accommodation types are delivered. This process has led to recognition that Cheshire East's current accommodation offering for care leavers is underdeveloped and ad hoc, with this strategy looking to redress this issue from the top-down.

The strategy will build upon the findings of the Children and Families Scrutiny Committee who, in their task and finish project, identified a number of housing priorities. These included the development of 'staying put' arrangements, a bolstered offering of supported accommodation stock,

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<sup>22</sup> CRISIS, 'The hidden truth about homelessness: Experiences of single homelessness in England.'

and looking to give greater priority to care leavers in the construction and allocation of social housing.

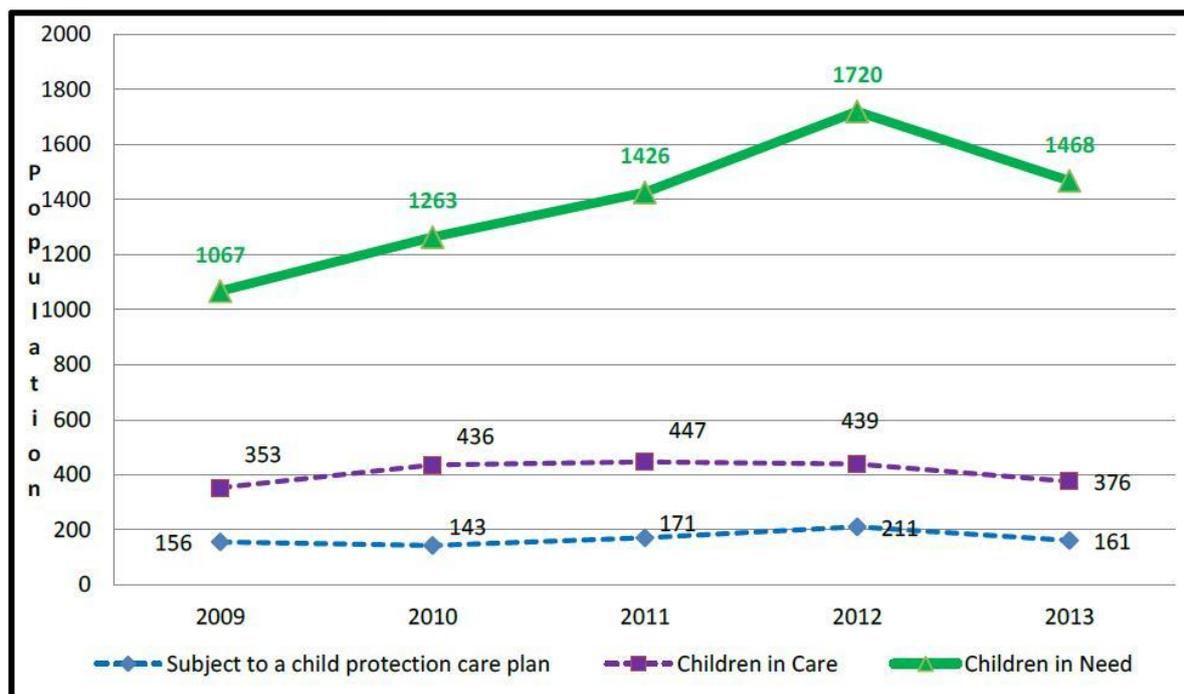
### ***Consultation Response***

- Consultation asserted the need for accommodation that supported a phased approach to independence utilising a 'step-up, step-down' model, whereby a range of phased accommodation options are available for clients to transition through depending on changes in need.
- Alongside the need to recruit more foster placements, it was recognised that both supported lodgings and shared accommodation worked well for young people with less challenging behaviours - or those at a later stage of their transition.
- However, for these types of accommodation to be effective it is important to impart the relevant skills so that young people can effectively manage a tenancy. This involves a staged process involving taster accommodation that allows young people the chance to experience independent living for a short time before returning to a more structure environment. There is no taster accommodation in the Borough at the minute and this was considered a priority for this client group.
- Alongside the bricks and mortar, children leaving care need services to support them in their transition out of care. It is largely through services that young people will be readied and upskilled to manage a tenancy; moreover, floating support will need to be provided to those in shared housing at the latter stages of their transition. As such, appropriate support services were deemed of equal importance to any new specialised provision.
- A market-management approach is increasingly desired for care leavers accommodation, which was recognised as being largely spot-purchased. This would involve the creation of a provider's forum.
- Council protocols were also considered as a means to unlock greater access to accommodation for care leavers, parents, and foster carers. Joint protocols with housing were identified for revisiting, and work with Cheshire Homechoice recommended to look at the status of care leavers, parents, and prospective foster carers in the housing allocations policy.

### ***Demand***

#### Children in Care

The below graph demonstrates the number of children in the care of Cheshire East Council. This number is currently falling and children's services anticipate that this will fall further. It is important to note that the number of children subject to a protection care plan is aggregately rising, indicating that whilst cared for children may be decreasing, the complexity - and therefore cost and support requirement - of each case is steadily rising.



Source: Cheshire East Sufficiency Statement

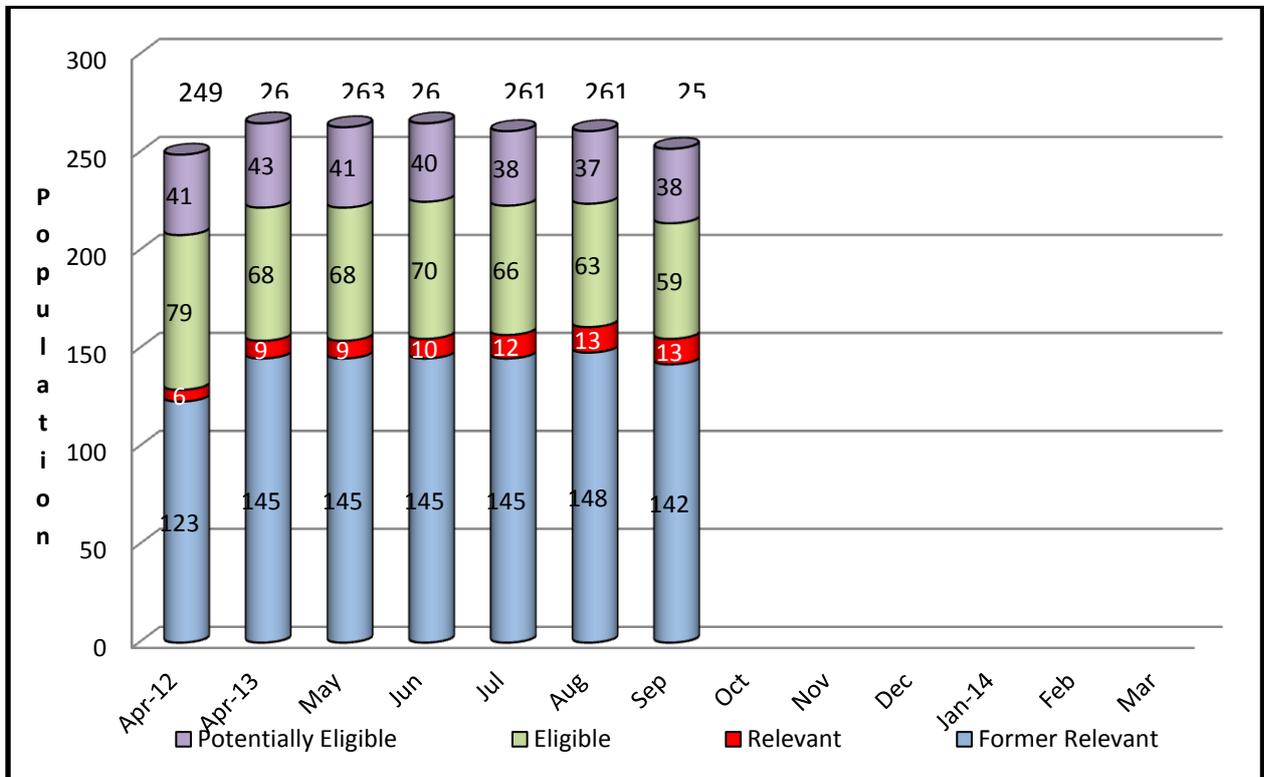
### Children Leaving Care

The next graph shows that the number of care leavers in October 2013 was 247. This fluctuates regularly given that catchment for this group is largely determined by age. A slight decrease is charted in recent months, but service leads anticipate that this will stabilise to give a relatively constant picture.

This client group is divided as per the distinctions within the Children Leaving Care Act 2000 and the Children's Act 1989:

- 59 people who are *eligible*: those who are either 16 or 17 and have been in the local authority's care for a substantive period (over 13 months) following their fourteenth birthday. The local authority has a duty to assist and support these children and promote their interests even when their conventional duty of care elapses. This is primarily done through the construction of a pathway plan that determines the kinds of support and assistance required.
- 10 people who are *relevant*: those who are 16 or 17 years old who are no longer in the care of the local authority but once were for a substantive period of time (over 13 months). In other words, those under 18 who were eligible until last leaving the local authority's care. The local authority has a duty under section 23 of the Children's Act to maintain contact with these children and perform an assessment of their needs, implementing a pathway plan if appropriate as a means to further maintenance and assistance.
- 36 people who are *potentially eligible*: those people aged 16 or 17 who are under the local authority's care – but for less than 13 months at present.

- 142 people who are *formerly relevant*: those over 18 who once were in the local authority’s care for a substantive period of time at their eighteenth birthday. In other words, someone over 18 who would be eligible or relevant were they younger. The local authority has a duty to provide assistance (with education, training, welfare, etc.) and monitor their pathway plan until the age of 21.



Source: Cared For Children Monitoring Report (October 2013)

Local Origin of Demand

Cheshire East is characterised by great social and economic diversity, with large variations present between places in close proximity. Deprivation and family income are known to affect attributes such as educational attainment and NEET rates amongst children. This correlation can be extended to cared for children: as the table below demonstrates, 65% of cared for children come from Crewe and Macclesfield; this corresponds with the fact that 8 schools in these towns have a Free School Meal percentage of over 35%, and contain the majority of Cheshire East’s worst performing Lower Super Output Areas (LSOAs) in terms of skills and deprivation: Crewe contains 8 of the 10 LSOAs in Cheshire East with the highest percentage of adults with no or low qualifications and the highest levels of deprivation. 7 of these LSOAs fall within the bottom 15% nationally for lack of skills, with 3 in the bottom 10%. Crewe wards have a 16-18 NEET percentage of 12.25%, in comparison to 4.2% borough-wide. As such, we can deduce that the major centres of deprivation will produce more children in need of care, and should be the primary target for early intervention and support services.

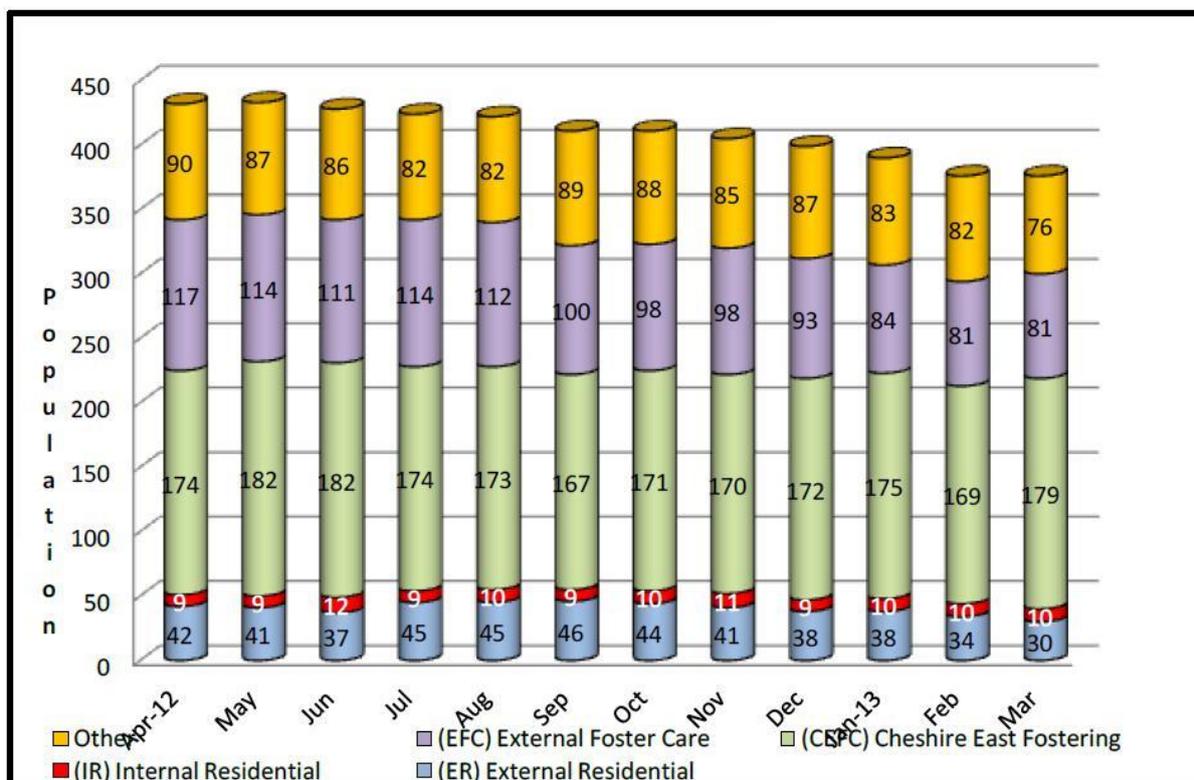
Home Address at Time of Presenting for Care	Cared for Children	Percentage
Crewe	172	46%
Nantwich	14	4%
Middlewich	4	1%
Congleton	30	8%
Knutsford	22	6%
Sandbach	10	3%
Wilmslow	24	6%
Macclesfield	71	19%
Alsager	7	2%
Other (e.g. outside boundary/ UASC)	22	6%
<b>Total</b>	<b>376</b>	<b>100%</b>

Source: Cared for Children at 31/03/13

**Supply**

Children in Care

The tables below illustrate the changing spread of placements for children under Cheshire East Council's care.



Source: Cared For Children Monitoring Report (October 2013)

The 'other' category is broken down as per the following table. This indicates that adoption placements and placements with parents are the most prevalent 'other' types of accommodation, followed by supported accommodation.

Placement Type	Sep 13	Oct 13	Oct 13 %
Independent Living	8	6	2%
Missing – Whereabouts Unknown	0	0	0%
NHS/Health/Medical/Nursing Care	0	1	0.3%
Other Placement	0	0	0%
Placed for Adoption	20	19	5%
Placed with Parents	25	20	6%
Supported Accommodation	16	15	4%
Section 38 (6)	13	9	3%
Schedule 6	3	3	1%
<b>Total</b>	<b>85</b>	<b>73</b>	<b>21%</b>

Source: Cared For Children Monitoring Report (October 2013)

There are a number of themes captured in these figures:

- Cheshire East houses the majority of its cared for children in foster placements within the Borough. However, this whilst the number has been steadily increasing in recent years, it still lags behind demand for placements. This disparity has had a number of impacts: chiefly, this has resulted in the growing use of Independent Fostering Agencies (IFA), which has risen by over 350% in Cheshire East between 2009 and 2012 – the highest increase in the North West. These agencies provide spot placements for children; such placements can be further afield and cost more than internal provision: the additional 92 IFA placements between 2009 and 2012 equated to an increase of £2m per year when compared with internal fostering provision.
- Cheshire East accommodates around 10% of children in our care within residential children's homes. This is in line with best practise guidance. Cheshire East has increased capacity for children in residential placements and now has 16 beds in 4 children's homes across the borough. However, some residential provision remains external to the Borough. Such provision is also more costly especially when considering hidden costs such as travel, social work time etc. Cheshire East needs to both reduce external residential usage and systematically commission more places within the Borough.

- The use of IFAs and external residential providers are some contributing factors in the above average distance that cared for children in Cheshire East must journey to access placements. 20% of the children cared for by Cheshire East are accommodated over 20 miles from their previous address, which compares reasonably well amongst neighbouring authorities but is not exemplary, with some nearby local authorities able to place all cared for children within 20 miles of their previous address. It tends to be placements with external agencies (either IFAs or private residential homes) that are further afield: 50 external agency placements are beyond 20 miles, accounting for 38% of all placements with external agencies. Placements further afield are not only more expensive but are more difficult and costly to monitor in terms of quality of care; moreover, far away placements remove a child from their family or community networks, jeopardising positive care outcomes.
- There are a range of housing issues experienced by parents and foster carers that can affect a child's care. Many parents live in a property that is deemed unsuitable to care for a returning child, but then are unable to afford - or are not allocated via social housing - a property that enables them to resume parenting responsibilities. Moreover, many people who would foster a child, or additional children, are limited by their housing situation, requiring either adaptations or a larger property. As such, Cheshire East will explore the access to housing for potential parents and carers, and work towards greater aid and prioritisation. Moreover, children's services will continue to promote the Foster Carer Capacity Scheme to fund improvements to houses in order to enable Foster Carers to foster more children.
- The menu of provision is currently limited, being majorly divided into two types (fostering and residential) that are delivered by different agencies. Therefore, there is currently little variety and nuance in provision, and accommodation types are not mapped to the stages of a child's transition through and out of care. Notably, supported accommodation constitutes only 4% of the total active placements, although it promises to deliver superior outcomes for children in the latter stages of their care programme in readying them for general needs tenancies. There is therefore a need to not only remodel the current provision menu but recalibrate it with additional models. This could include progressive paradigms such as the 'foyer' model whereby training and skills provision is provided on-site alongside a supported accommodation complex. Such a model has proven successful for the homeless client group and holds great potential for older children in care or those leaving care, providing the relevant toolkit of skills, social support, and residency experience.

### Children Leaving Care

In October 2013 there were 247 care leavers in Cheshire East. The Council owes a duty under the Children Leaving Care Act (2000) and Children's Act (1989) to 211 of these, with 36 being potentially eligible for duties in the future, and will thus still be supported through the creation of a pathway plan for their transition out of care.

Given the nature of the Council's duties, whereby accommodation duties elapse at 18 but duty to assist and support continues beyond that point, specialist accommodation for care leavers is pitched

at those in the latter stages of care (16-17) or the point of transition, to best prepare them to segue into a general needs tenancy with support packages once they turn 18. As such, Cheshire East Council aspires for a menu of specialist accommodation options to be available for incorporation into a care leaver's pathway plan depending on their needs, facilitating their effective transition out of care.

Suitable accommodation standards are required for all care leavers, which Cheshire East meets with the provision it brokers. However, this standard relates only the physical condition, location, safety, and support quality offered at an individual property, and does not reflect the choice and variety of accommodation at a strategic level – which review indicates is lacking. This view is corroborated by consultation feedback, which attests that there is little choice within the Borough.

Care leavers are currently accommodated in a range of accommodation types that overlap with those provided for cared for children:

- Foster care
- Residential homes
- Specialist residential homes
- Independent living
- Supported accommodation
- Supported lodgings
- Hostels

The greater issue is that a lot of these accommodation types are not optimal in assisting a child to transition out of care: when they are 16-17 and need accommodation whose specialised, intermediary nature enables them to receive the skills, experience and support to prepare them for transition into general needs tenancies.

This situation is therefore sufficient, but hardly optimal. The chief reason for this has been the absence of a strategic or market-shaping approach to care leavers' accommodation. Currently, placements are spot-purchased depending on the needs of individual clients. This process has been abetted by the establishment of the Placement Northwest 16+ framework to facilitate such purchases, but this still denotes a reactive and short-term approach to care leavers' accommodation.

In November 2013, Cheshire East is funding 29 bespoke placements for care leavers from 14 providers. In addition to these bespoke placements, care leavers can access up to 14 beds as part of the Council's supported lodgings contract, which provides individuals with short-term placements in the homes of volunteers. Similarly, the Night Stop programme uses volunteers to provide emergency accommodation for up to three nights for people aged 18-25. Night Stop is frequently used as a training or vetting platform for volunteers who want to progress to provide longer-term supported accommodation placements. Since the service started in April 2009, 153 young people in Cheshire East have accessed the Night Stop service and 286 bed nights have been offered – though 54 of those offered were not used. The majority of these users (94, or 61%) were aged 16 to 17 years. 59 young people (39%) were aged 18 to 27 years. 45% were homeless due to family breakdown, 10%

due to eviction from hostels or tenancy, and 15% could no longer sofa surf. 34% of young people who accessed Night Stop returned home to family whilst 6% moved into supported lodgings.

This service landscape shows that Cheshire East has access to a range of emergency accommodation that is well-used by young people – which will include a number of care leavers; however, the priority remains to capture and support young people at risk before they reach emergency accommodation. This is not always possible, highlighted by the high proportion of cases caused as a result of family breakdown, but can be mitigated in terms of care leavers by providing an increasingly robust and structured accommodation transition out of care.

This assessment drives the following accommodation priorities for care leavers:

- Accommodation placements for care leavers are currently managed on a case-by-case basis, and many care leavers utilise emergency bed placements. As such, Cheshire East aspires to have an increasingly structured menu of planned (rather than ad hoc) accommodation options for care leavers that can be proactively incorporated into their pathway plans, ensuring that they do not drop off a 'care cliff' when their duty under children's services expires and instead are supported to transition into adulthood.
- This menu needs to contain sufficient choice and diversity to appeal to young people and encourage engagement with their pathway plan. It must also be flexible, and will consist of fixed accommodation options and floating support. Consultation suggested that, in terms of fixed or long term accommodation options, the most desirable models are shared housing, which can provide the sociability required by many older children in care as well as the support for transition to independency, and taster accommodation, which can provide care leavers with a short-term experience of the realities of tenancy management before they are tasked with living independently. However, it was also recognised that care leavers may benefit from a dispersed model that can adapt to variations in the number of placements required and the availability of accommodation units; this will mean exploring floating support for care leavers that can reach them wherever they are placed, whilst still imparting the support and skills they need to transition into independent tenancies.
- Developing a specification for such accommodation is therefore the key action emerging from this strategy for this client group, and will coalesce with the recommissioning work on children's services, the on-going actions from Cheshire East's Sufficiency Statement, and the conclusions of the Care Leavers task and finish group.
- As per the tables and conclusions above (under the 'Cared for Children' subsection) this specification will entail a greater provision of supported accommodation options in a 'step up, step down' model.
- In terms of foster care, the Council will look to secure as many 'staying put' placements as appropriate and viable to ensure that successful support networks are prolonged and utilised to provide a bridge into adulthood. These placements are of great value to care leavers where available, as they allow the extension of their placement into technical 'adulthood' beyond 18.

## Drug and Alcohol Issues

### Chapter Summary

#### Background

The treatment of drug and alcohol issues is undergoing an important shift in terms of responsibility and focus. Local authorities such as Cheshire East are playing a growing role in drug and alcohol services as part of broadened public health responsibilities. Simultaneously, there is a national impulse to increasingly engrain recovery patterns into substance abuse treatment: helping individuals to overcome their dependency rather than to simply manage it.

The provision of appropriate housing for those with problematic drug and alcohol use - or those recovering from such dependencies - can break the cycle of negative outcomes for affected individuals. Without such accommodation, the negative impacts for clients, the Borough, and its residents are manifold: increases in crime, visible signs of substance misuse, increased homelessness, and street drinking or begging. Crucially, appropriate housing provision allows people with substance abuse issues to access propitious support cycles to start recovery, deliver a stable environment for long-term treatment, and can provide the mechanism for individuals to transition back into the community when appropriate.

Addressing drug and alcohol issues assume a central place in Cheshire East's priorities, given the impact it can have on people's lives and across a range of client groups. If substance abuse is not addressed early it can escalate and inform a range of complex needs including mental health issues, domestic abuse, and homelessness. These linkages make substance abuse a complex picture to unpick in terms of demand and supply, but attests to its widespread implications and importance.

#### Key Findings

- There are a steadily increasing number of drug users in treatment within the Borough. There is a low treatment completion rate for drug users implying that many go back into the community without the capacity to manage a tenancy.
- The number of alcohol clients in treatment is a steadier figure with a high throughput. Treatment completion is higher with alcohol users, though engagement is a problem given the greater prevalence of drinking within society, whereby people with an issue will rarely present for treatment until their needs are acute.
- There is an extensive (and slowly rising) unmet need for specialist housing for people with drug and alcohol issues, evidenced in the Supporting People needs analysis and the number of clients entering and leaving treatment with an unmet housing need.
- Specialist provision for drug and alcohol clients is underrepresented and imbalanced within the Borough. A limited number of housing schemes exist, and those that do are abstinence-based and cater predominantly for people in an intermediate stage of their recovery. A bolstered provision of supported accommodation places are required, as is specialist

accommodation catering for those with high or complex alcohol needs who may not be able to abstain upon entry to treatment.

### ***Strategic Priorities***

- Support the on-going drug and alcohol service recommissioning work in engraining a recovery-oriented and early interventionary approach to substance abuse services, realising a vision of mixed and flexible services, including specialist accommodation, which will help release individuals from substance dependencies.
- Work with supported and temporary accommodation providers to ensure they are promoting move-on of clients and that routes to permanent accommodation are well sign-posted.
- Work to establish a more sophisticated accommodation pathway mapped to the relevant stages of clients' recovery programmes.
- Utilise this mapping exercise as the basis to develop a revised specification of specialist accommodation for individuals with drug and alcohol issues, limiting the need to utilise inappropriate housing for this client group.
- As a first port of call, scope the possibility of short-term, specialist accommodation for high-needs alcohol clients within the Borough, conducting market analysis to understand best practise in this field. The need for such accommodation has been identified as a priority amongst a number of service managers across client groups, as a conduit to enable clients to engage with recovery programmes and reduce the impact on other services that occurs when people with acute substance issues are expelled from abstinence schemes or supported tenancies.

### ***Key Evidence Sources***

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- The Future of Cheshire East Drug & Alcohol Services- Draft commissioning intentions
- National Drug Treatment Monitoring Service (NDTMS)
- National Alcohol Treatment Monitoring Service (NATMS)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Cheshire and Wirral Partnership (CWP) Data

- Drug Strategy 2010: Supporting People to Live a Drug Free Life
- The Government's Alcohol Strategy (2012)
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis
- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

## ***Detailed Findings***

### ***National and Local Policy Context***

#### Drugs

The Government's National Drug Strategy (2010) contains two overarching strategic priorities: reducing illicit and harmful drug use, and increasing the emphasis on recovery from dependency within drug treatment. The government identified three prongs to achieve these priorities:

- Reducing demand by engendering an environment and culture that reinforces those who have never taken drugs and encourages those who have to stop, bolstering the 'drugs conversation' with the provision of high-quality information from a range of agencies.
- Working across agencies and departments to reduce the supply of drugs into the country, depriving the drug trade and drugs users at the source.
- Engraining recovery paradigms into care and communities, working across support networks to centralise overcoming rather dependency rather than managing it.

#### Alcohol

In March 2012 the Government published a National Alcohol Strategy stating their intention to radically reshape the approach to alcohol issues and reduce the number of people drinking to excess. The key outcomes that would underpin this vision include:

- Engendering a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime and alcohol-related deaths.
- A reduction in the degree of binge-drinking and the number of adults drinking above the NHS guidelines.

- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

These messages are corroborated in the Public Health Outcomes Framework 2013-16, which identifies three key indicators in relation to drug and alcohol misuse:

- Reduction in illicit and other harmful drug use.
- Reduction in alcohol-related admissions to hospital.
- Reduction in people entering prison with substance dependence issues who are previously not known to community services.

#### Cheshire East Council's Recommissioning Outcomes

Substance Misuse Services in Cheshire East are currently focussed on the treatment of drugs and alcohol misuse. Nationally, there are moves towards commissioning services which concentrate more on reducing harm to people from misusing substances (prevention and management of dependency) than on recovery (reducing dependency on substances for life). Realising this impetus in local services underpins the on-going recommissioning work for drugs and alcohol services in Cheshire East.

Our services for alcohol and drug misuse are currently separate, and the recommissioning work is exploring bringing these together into one service to improve access and outcomes for people who may use more than one service. The services are also separate for young people and adults and again, we are considering whether to join these services together.

The vision in Cheshire East for the future Substance Misuse Service builds on the Joint Health and Well-Being Strategy in aiming to inspire a future without substance misuse for all. To achieve this, the future Substance Misuse Service must be accessible at the right time, in the right place and through the right people, as well as securing engagement and commitment to improving personal health and wellbeing.

#### The Role of Housing

Evidence suggests that housing plays a critical part in the recovery pathway of drug and alcohol users. It can encourage prolonged engagement in treatment by providing a stable and supported base for effective recovery. Moreover, and most crucially, housing holds stewardship over the latter stages of a client's recovery: supporting their transition back into the community following treatment or rehabilitation.

The provision of appropriate housing for those with drug and alcohol dependencies - or those recovering from such dependencies - can break the cycle of negative outcomes for affected individuals. The needs of this client group are quite unique and variable depending on the stage of their recovery, but appropriate housing provision can enable community reintegration by furnishing a stable lodging with support packages as required. Without such accommodation, the negative impacts for the Borough and its residents are manifold: increases in crime, visible signs of substance misuse, increased homelessness, and street drinking or begging.

Indeed, the extent of the negative impacts that ripple outwards from this client group situate them as a priority within this strategy. Evidence (flagged in the appropriate chapters) strongly links substance abuse with other client groups: those with substance abuse problems, be they in treatment or yet to present, cross-contribute to the clients of domestic abuse, mental health, and homelessness services especially. As such, the effective treatment and prevention of substance abuse is also a priority in the context of these associated client groups. Housing has a vital role to play in preventing substance abuse problems from reaching the extremes required for individuals to present to a multitude of services: for instance, appropriate transitional housing can help militate against substance dependency and equip clients with the perspective and skills to better manage tenancies and remain in housing, rather than becoming homeless and costing more to additional services downstream.

It is therefore vital that both the Council and communities recognise the multiplicity of benefits embodied by specialist housing provision for people with substance abuse issues, as a preventative measure, an agent of recovery and rehabilitation, and a community safeguard.

### ***Consultation Response***

- A pathway approach to recovery is most desirable, with stepped accommodation to support individuals to transition through the stages of their treatment.
- There is a need for specialist ‘wet house’ provision within the Borough to accommodate those with high-level alcohol needs who are still using. This provision will ideally promote plans that encourage a phased approach to reducing alcohol dependency. For on-going and repeat users, this could entail the inclusion of observation beds for those who present in a highly intoxicated state.
- Abstinence accommodation was thought to be of a good standard within the Borough, but there needed to be a greater offering in a wider range of localities.
- Moreover, it was felt that better pathways needed to be made out of abstinence-based accommodation and into ‘move-on’ accommodation within the Borough. This is offered by certain providers and needs to remain a mainstay in future provision.
- It was also stressed that accommodation provision should also be twinned with floating services to high-needs individuals living in other accommodation types. It emerged as a prominent theme that beyond bricks and mortar, a greater, more flexible array of support services were needed for those with substance dependencies to address the projected and experienced undersupplies. This could be greatly aided by the fomentation of mutual aid groups across the Borough, which work well but are limited in number – especially in the south.

## ***Current Pathways to Care and Support***

### Current Drug and Alcohol Services

Drug and Alcohol services are in flux in Cheshire East, with recommissioning work on-going in response to a redistribution of responsibility. Previously, the Cheshire Drug Action Team (DAT)<sup>23</sup> commissioned structured drug treatment services for adults, along with structured substance misuse services for young people designed as preventative measures. The majority of this funding came from the National Treatment Agency (Department of Health) and the former PCTs' (Primary Care Trusts) treatment budgets for adults and young people.

Alcohol services have been commissioned separately from drug services with the majority of this work being managed by the former Central and Eastern Cheshire PCT. Brief interventions for alcohol continue to be provided by primary care services supported by a DES (Directed Enhanced Service) incentive scheme in 2013/14. Hospital based alcohol misuse management is undertaken by appropriate specialties as well as an Alcohol Liaison team at both Mid Cheshire and East Cheshire Hospital Trusts.

From April 2013 the distribution of duties has been recalibrated, with community substance misuse services becoming the responsibility of Cheshire East Council as part of a wider agenda of public health reforms that has seen agency in this field transferred to local authorities. In response to this new responsibility, Drug and Alcohol Services are currently going through a recommissioning process to ensure the delivery of superior outcomes. Drug misuse services are currently available in both primary care and community settings. Services include harm reduction, brief interventions, substitute prescribing, psychosocial interventions, and residential rehabilitation. Current services are primarily based in the chief population centres of Crewe and Macclesfield with satellite provision in smaller communities and rural areas.

Services are structure into different tiers to address different levels and client entry points, these are summarised and stratified in the following table:

<b>Area of Service Model</b>	<b>Type of activities that may be carried out</b>	<b>Who may support the activity</b>
<b>Information and Advice</b>	Websites Booklets Posters	GP practices Pharmacists Support groups Education facilities (e.g. schools and Youth centres)
<b>Identification</b>	NHS Health Checks Programme Web-based assessment or magazine quizzes Police/prison assessment	Hospitals GP practices Criminal and justice system Self- assessment Friends and family

<sup>23</sup> The DAT was a non-statutory partnership between Cheshire East and Cheshire West and Chester (CW&C) Councils, Western Cheshire and Central and Eastern Cheshire PCT, and related organisations such as Cheshire Police, HMP Styal prison and the voluntary sector.

<b>Early Intervention</b>	Brief interventions assessments	GP practices Hospitals Community nurse
<b>Structured Treatment</b>	Medicine prescribing Behaviour change therapy Detoxification and initial rehabilitation Group work	Community based specialist substance misuse services Residential/in-patient services
<b>Intensive Recovery Support</b>	Ongoing rehabilitation	Community based specialist substance misuse services Support groups Key worker
<b>Drop In</b>	Day care Shared care	Community based specialist substance misuse services GP practices

In addition to these services, there is a structured substance misuse service aimed at younger people. During the first quarter of the year, 34 young people were engaged with structured substance misuse treatment across Cheshire East. Seventeen young people started a new treatment journey during the quarter. Most of the young people engaged in structured substance misuse treatment are male (76%), and 16 or 17 years of age (71%). The vast majority of clients are cannabis users (82%) around half identify alcohol misuse (47%). Amphetamines, cocaine, and ecstasy are identified by 18% each. Just one client reported opiate use.

### Supporting People

The Supporting People Needs Analysis emphasises the underprovision for drugs and alcohol services in the Borough currently. There is an acute need reported for both accommodation services and floating support services – and especially accommodation services within these. Given the centrality of substance abuse afforded by its close links to other client groups, this is a particular concern, making both the recommissioning work and the development of this housing strategy timely.

Drug and Alcohol Services	Need 2020	Supply 2013	Gap
Accommodation Support	286	16	-270
Floating Support	253	36	-217

Source: Supporting People Needs Analysis

***Demand***

The figures commented on below comprise individuals known to public services: those people who have presented and engaged with treatment. This totals around 1500 people for 2012/13. However, total estimates for people with substance abuse problems in the Borough stand at around 9000 people. This shows the disparity between the total affected populace and those known to services. It is notable that a much higher percentage of drug clients are engaged in treatment than alcohol clients, implying that there is a wider cultural and social need to raise awareness of the dangers of excessive alcohol use.

Client Group	Estimated Cohort in Borough	Total Engaged in Treatment 12/13	% Cohort Engaged in Treatment
Drugs	2000	903	45%
Alcohol	7000	581	8%
<b>Total</b>	<b>9000</b>	<b>1484</b>	<b>16%</b>

*Source: NATMS/NDTMS – Cheshire East*

This disparity between the total estimated cohort and those engaged in treatment can be attributed to a number of factors. Firstly, the number of people with substance abuse issues who do not present to authorities. Many of these sofa surf between friends and family, and as such have a personal housing need but do not present to authorities with the need for accommodation to be sourced for them. Many more do not present at all and may have a low-level issue that is left unmanaged until it manifests as an acute problem. This emphasises the importance of the general awareness and unacceptability campaign highlighted in the service recommissioning work.

Secondly, many people affected with substance abuse issues present in other client groups, or are deemed to have a matrix of issues within which substance abuse is not adjudged to be their primary care type. This reflects the aforementioned cross-over between this client group and others, and underlines wider the point that if drug and alcohol issues are curtailed, it can stop them escalating and modulating into wider issues, for instance mental health problems or domestic abuse.

**Drugs**

There are an estimated 2000 drug users within the Borough, of which 903 engaged in drug treatment in 12/13. Of these, 261 clients entered treatment in 2012/13, 55 of which demonstrated an urgent housing need. The below table demonstrates that the total number of people engaged in drugs treatment is steadily rising, increasing by 5% between July 2012 and June 2013. To be 'engaged' in treatment is to actively participate for over 12 weeks – or, if treatment is left prior to that point, it is done so in a planned way. 82% of all those who presented for drugs treatment engaged, meaning there were 1105 people who presented to treatment and 906 engaged clients. This engagement rate is below the national and North West average, which stands at 85%.

	Aug1 1 Jul12	Sep11 Aug1 2	Oct11 Sep12	Nov1 1 Oct12	Dec11 Nov1 2	Jan12 Dec12	Feb12 Jan13	Mar1 2 Feb13	Apr12 Mar1 3	May1 2 Apr13	Jun12 May1 3	Jul12 Jun13
<b>OCUs (All Ages)</b>	830	828	829	816	813	815	815	815	819	826	831	832
<b>All Drugs (Over 18s)</b>	857	857	857	849	847	852	856	864	871	887	900	903

Source: NDTMS, OCUs/Adults – Cheshire East

The key issue that emerges is the low percentage of successful treatment completions. This rate is significantly lower than regional comparators, and partially reflects the prolonged period of time that clients are spending in treatment compared with neighbouring authorities. A low completion rate for treatment also results in a high level of clients representing to local organisations at a later date, and will impact on the number of people who have the capacity to effectively manage a tenancy in the community. There is thus a need to improve the ratio of treatment completions to improve outcomes for clients in the first instance and drive down future treatment costs.

The tables below showcase statistics for treatment completions. The first emphasises that OCUs have a much lower treatment completion rate than non-opiate and crack users.

Client	Count of Clients	Treatment Completion Rate
<b>Opiate and Crack Users</b>	827	58 (7%)
<b>Non-Opiate and Crack Users</b>	79	25 (32%)
<b>Total</b>	<b>906</b>	<b>85 (9%)</b>

Source: NDTMS

The second shows that Cheshire East currently rates unfavourably against local and national comparators in terms of treatment completions and representation rates of clients.

Client/Rate	Treatment Completion Rate			Representation Rate		
	Cheshire East	Cluster	National	Cheshire East	Cluster	National
<b>Opiate and Crack Users</b>	7%	8%	8%	17%	20%	-
<b>Non-Opiate and Crack Users</b>	32%	41%	40%	17%	6%	-
<b>Total</b>	<b>9%</b>	<b>14%</b>	<b>15%</b>	<b>17%</b>	<b>13%</b>	<b>13%</b>

Source: NDTMS

Alcohol

There are an estimated 7000 dependent drinkers within the Borough, of which 440 people entered specialist alcohol treatment in 12/13. 9% of those that entered treatment during the year have an urgent housing need: 40 people. Following on from the 12/13 picture, the below figures demonstrate the relatively steady number of people in treatment throughout the initial quarters of 13/14. This is the case due to a consistent throughput that sees total clients remain steady despite the high number in treatment in the year to date (YTD). If the number of new people entering treatment continues at the same rate, the total number in treatment for the year will total 551, which is comparable to the 12/13 figure (581).

Month	No. In Treatment	New Presentations	No. In Treatment - YTD	Discharges
Apr 2013	190	28	190	41
May 2013	193	44	231	49
Jun 2013	178	36	263	38
Jul 2013	194	48	308	38
Aug 2013	196	41	347	27
Sep 2013	194	25	370	15

Source: NATMS

Performance runs contrary to drugs services, with treatment completions above national and regional comparators, and a representation rate in line with regional rates.

Client/Rate	Treatment Completion Rate			Representation Rate		
	Cheshire East	North West	National	Cheshire East	North West	National
Alcohol Total	41%	38%	36%	14%	13%	-

Source: NATMS

Total Housing Need

The below table demonstrates the number of people with substance abuse issues who were engaged in treatment in 12/13 and had a housing need: in other words, they lack accommodation to move back into upon completion of care. This gives a snapshot of the number of people who will need housing at the point they leave care. The above table uses the percentage of new treatments in 12/13 that had a housing need as a prevalence rate that is then applied to the total number of individuals in treatment to construct an estimate of total housing need in 12/13.

Client Group	Total Engaged in Treatment 12/13	New Treatments 12/13	New Treatments with Housing Need 12/13	Housing need prevalence rate 12/13	Estimated Total Housing Need
Drugs	903	261	55	22%	199
Alcohol	581	440	40	9%	52
<b>Total</b>	<b>1484</b>	<b>701</b>	<b>90</b>	<b>13%</b>	<b>251</b>

The table demonstrates that:

- There is a greater treatment throughput amongst alcohol clients: more new treatment journeys begin each year than within the drug cohort - though more also end in that time, producing a lower total engaged in treatment.
- Though a similar number of individuals from each client group on a new treatment journey had a housing need in 12/13, the percentage of people with a housing need was substantially higher amongst the drug cohort, implying that the total housing need for all individuals with drug issues will be significantly higher than amongst alcohol clients.
- Ultimately, Cheshire East can expect some 250 people in treatment to have a housing need. This exceeds current supply significantly and does not even account for the 84% of estimated drug and alcohol dependents who have not presented to treatment.
- However, determining waves of housing need is more difficult, as predicting throughput of clients with a housing need is fraught: all 90 people with a housing need in 12/13 will not exit care in a regulated manner, as duration of care will vary hugely between client groups and individuals. Moreover, new individuals with different needs are constantly presenting to services. This can be seen in an analysis of the figures for the first quarter of 2013/14, where only 4 people with a housing need left care whilst 11 people with housing needs entered.

### **Supply**

#### Institutional Care Homes

A small minority of people with substance abuse issues are housed in institutional care by social services. Those that are have acute health issues as a result of, or relating to their substance problem, or are using respite provision as a part of their rehabilitation programme, and are therefore not in institutional care for a prolonged period. There are five people currently funded by social care in institutional placements: two within Cheshire East and three outside.

	Provision Type	Substance Abuse Client Count
Provision in CEC	Nursing	2
	Residential	0
	Respite Nursing	0
	Respite Residential	0
	Total	2
Provision Outside CEC	Nursing	0
	Residential	0
	Respite Nursing	0
	Respite Residential	3
	Total	3

Source: Cheshire East Monitoring Data for Institutional Care Facilities

### Specialist Accommodation

The Supporting People needs analysis goes a long way to emphasising the shortage of specialist accommodation for people with substance abuse issues within the Borough. Similarly to the discussion of demand, gauging total supply is fraught given the miscegenation between client groups: given the shortage of provision many people with substance abuse issues are frequently housed temporarily in accommodation intended for other clients – most commonly mental health.

Furthermore, the dearth of specialist accommodation for people with substance abuse issues means that the majority only access supported accommodation once their condition has worsened and they present as part of another client group. In other words, a bolstered provision of specialist housing for people with drug and alcohol issues can in itself act as an early intervention measure in reducing demand across other client groups: appropriate housing can facilitate effective recovery and stop substance abuse issues that will later result in homelessness, mental health issues, domestic abuse, or a complex matrix of these.

This perspective accords with service experience. For instance, a major problem faced with accommodation provision for homeless people is the acute substance issues that many of these individuals have, making it problematic for them to sustain a tenancy. However, if substance abuse issues had been remedied earlier, this would improve the chances of positive outcomes through the homelessness service – or indeed eliminate an individual's presentation to the service at all by removing the root cause of their homelessness.

There are currently only three institutions that provide specialist accommodation for people with substance abuse issues. These are outlined in the table below.

Institution	Total Capacity	Type
Mill Street, Macclesfield	8	Sheltered recovery scheme (abstinence-based)
Beech House, Congleton	8	Sheltered recovery scheme (abstinence-based). Shared with mental health clients)

Acorn, Macclesfield	8	Sheltered recovery scheme (abstinence-based)
<b>Total</b>	<b>24</b>	

A number of themes can be evinced from this picture of supply:

- There is a dearth of specialist accommodation for people with substance abuse issues. Only the three institutions above cater solely for this client group, whilst a fourth houses a majority of drug and alcohol clients but is nominally intended for homeless clients (Roe Street, Macclesfield). Moreover, the majority of these institutions are located in the Macclesfield area of the Borough, and as such do not represent an equitable geographic spread.
- Moreover, in addition to being insufficient in terms of quantity of placements, these facilities are not optimal in terms of performance and outcomes. Mill Street, Beech House, and Acorn all offer abstinence-based recovery schemes and sit at the more intensive end of the recovery spectrum. They deliver excellent results for a specific subgroup within wider substance abuse clients. However, for those looking to move on after their recovery or those whose abuse is so acute that they are unable to abstain, provision is insufficient. Given the lack of other intermediary or short-term accommodation tailored to higher needs, an inappropriate clientele is frequently maintained at Roe Street (nominally temporary accommodation for homeless people); this results in inappropriate and often detrimental need mixtures – all because of a lack of alternatives. In sum, there is not a menu of accommodation types linked to each potential stage of an individual's recovery, or accommodation to cater for a spectrum of needs.
- This analysis, combined with the limited degree of specialist accommodation, makes a strong argument for an enhanced supply of such accommodation within the Borough. The abstinence-based schemes provide excellent transitional accommodation for those capable of abstinence and engaging in the community support and upskilling that takes place in these schemes. However, there is a noticeable gap for those with acute substance abuse issues, usually at their point of entry into services, who will not be able to make the sharp transition into an abstinence scheme. As such, the most apparent model needed within the Borough is wet provision: accommodation where alcohol may be used in a regulated manner in accordance with a phased 'stepping down' scheme. This will allow a greater number of people to make the transition into abstinence-based schemes or wider supported housing in the future, rather than failing to adapt to such accommodation at an earlier point in the recovery and being ejected – potentially becoming homeless.

## Physical and Sensory Disabilities

### Chapter Summary

#### Background

Disabled people are twice as likely as non-disabled people to be social housing tenants and 25% of disabled people needing adapted housing are living in unsuitable accommodation. These figures demonstrate that people with a physical disability occupy a unique middle ground on the accommodation spectrum: their care needs are frequently not substantial enough to require long-term placement by social services, yet general or supported housing is often ill-suited to their needs or in short supply: a pattern that emerges in Cheshire East.

As such, this vulnerable group benefit most acutely from ambient support rather than dramatic intervention, with the majority capable of independent living if the right enabling mechanisms are in place. Cheshire East therefore aims to deliver more accessible design specifications for general access housing, a sophisticated offering of adaptations and assistive technologies to enable independent living in as many cases as possible, a robust menu of support services that facilitate a shift to independence or aging in place, whilst limiting the length of stay needed in residential or nursing care to rehabilitative and transitional.

#### Key Findings

- This client group can be enabled to live independently with access to the right services and support. Chiefly, the majority of this group can benefit from home adaptations, largely provided by the Council through Disabled Facilities Grants and the Care & Repair team. Such adaptations allow individuals to live safely and independently at home, negating the need for costly care and accommodation options later in life.
- Medical and care advances are ensuring that many disabled children are living healthily and for longer. It is anticipated that this will create an upsurge in demand from disabled children, with younger people increasingly requiring home adaptations and specialist accommodation offerings.
- There are many disabled people whose disability is the result of frailty borne of old age. It is therefore a challenge to unpick those individuals or young people with a long-term disability who have a need for specialist accommodation.
- Those individuals who cannot be enabled to live independently through adaptations chiefly receive care packages at home, or go to live in institutional care, extra care, or sheltered housing schemes. There is a relative lack of supported housing for those with physical disabilities; moreover, access to supported accommodation is limited for younger or long-term disabled people.

#### Strategic Priorities

- Continue to promote DFGs, Care & Repair, and the Handypersons service as widely as possible, targeting more young people and proactive, private adaptations. This will allow adaptations to be increasingly used as a preventative measure, lowering the potential

dependence on care downstream, and will enable more people to 'future proof' their homes to enable independence in situ.

- Conduct reviews of the Care & Repair and Handypersons Services to ensure they take the optimal model to meet the changing needs of clients.
- Continue to promote general accessibility standards through planning processes, to ensure that as many new build homes as possible are fit for disabled habitation.
- Continue to promote, review, and support Telecare services.
- Create a service pathway for clients with physical and sensory disabilities including the above adaptive and preventative services and supported accommodation.
- This will prioritise improving access to supported housing for younger people with physical disabilities. This will help counter the anticipated rise in demand, and will entail exploring the possibility of lowering entry ages into the likes of extra care schemes, which are well-suited to cope with physical disabilities.

### **Key Evidence Sources**

- Moving Forward – Cheshire East Housing Strategy 2011 - 2016
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Cheshire East SHMA Extra Care Housing Report
- Improving the Life chances of Disabled People (2005)
- Putting People First: A shared vision and commitment to the transformation of adult social care (2007)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Valuing People
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis
- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

## Detailed Findings

### National and Local Policy Context

In 2005 the Government published 'Improving the Life chances of Disabled People'. This created a vision that disabled people should have the same opportunities and choices as non-disabled people to improve their quality of life and be respected and included as equal members of society. This involves giving disabled people access to support services and accommodation that enabled them to live independently and make informed choices about their care.

In 2007 'Putting People First: A shared vision and commitment to the transformation of adult social care' was published. At its heart was a pledge to ensure that all public bodies work together towards a society that enables individuals to have maximum choice and control over their lives, unlocking their ability to contribute and be fulfilled.

These strategies encourage choice and empowerment in accommodation options, and Cheshire East aims to allow disabled people to have access to a wide range of housing provision suitable to their needs and a robust menu of support services that allow care and adaptations *in situ*; these impulses will guide us to become a Borough where disabled people are facilitated to grasp independent living arrangements, remaining safe and comfortable in their homes and as central agents in the community. These goals are ratified in our commissioning intentions.

### Consultation Response

- Feedback reflected the need to ensure that, as prevalently as possible, general needs housing is increasingly able to accommodate disabled people in its accessibility and design. This will largely be enforced in new build developments through planning policy and the Local Plan, with an appropriate proportion of Lifetime Homes and higher accessibility standards prescribed in accordance with local needs.
- Regarding existing stock, groups asserted the importance of refreshing and upgrading stock to make it safer, more accessible, and ultimately more liveable in the long term for disabled people. The chief means of realising this are adaptations through home improvement agencies and the Disability Funding Grants. These mechanisms allow individuals to invest in physical alterations as well as assistive technologies. The latter allow community homes to better tolerate care and support without the need for intensive care packages of relocation of clients, and their expanded usage was advocated by attendees.
- Workshop feedback also noted that other kinds of supported housing can offer benefits for those with physical disabilities, despite a lack of specialist accommodation available for this client type currently. Extra care schemes are by nature built with disability in mind and can accommodate those people with higher-level physical disabilities without the need for institutional care. Indeed, the admittance of the physically disabled into extra care schemes was deemed a positive thing by focus groups, as the diverse nature of this group can inject a greater range of ages and needs, helping forge a more varied and aspirational community. Moreover, shared living and sheltered housing can create an amenable environment for a number of disabled people; such properties are more expensive to construct but offer a cheaper alternative to institutional care in the long term.

- Much comment was made on the need to prevent and predict some of the demand by addressing physical and sensory disability from a young age. Attendees suggested that DFGs could be increasingly used to invest to save, installing adaptations and equipment that will enable a child to learn to negotiate their disability independently in their home. Furthermore, it was thought that extra care schemes, which usually impose a minimum age of 55 could be expanded to include younger people: allowing the physically disabled access to better, more independent facilities, whilst improving the age and need mixture in each scheme.

### ***Current Pathways to Care and Support***

More so than other client groups, adaptations and accessibility make a huge difference in the lives of people with a physical or sensory disability. This client group can generally be catered for effectively through adaptations or support services, rather than requiring intensive (and expensive) social care, negating the need for complex home care packages and stays in institutional care. Such services are delivered through a variety of means, whose character and performance are discussed in this section. This is reflected in the high number of disabled people who utilise adaptations, assistive technologies, and floating support; moreover, of those who do require social care, the majority can be treated at home rather than requiring residential or nursing care packages.

### **Disabled Facilities Grants (DFGs)**

As such, adaptations and handyperson services are a cornerstone of Cheshire East's strategy for this client group. The Council has an annual budget of around £1 million for Disabled Facilities Grants (DFGs) to ensure that disabled people are able to maintain independent living and receive the care and support that they need in the home of their choice.

Disabled Facilities Grants (DFGs) are the Council's statutory funding provision for major adaptations. These means-tested grants of up to £30,000 fund around 160 adaptations each year, including ramps to enable safe access into and out of the property, stair lifts and vertical lifts to enable people to access their bedroom or bathroom, conversion of bathrooms to enable people to shower safely, and extensions to provide ground floor sleeping accommodation. The average value of a DFG is £5,600 – when compared to the potential annual cost of a residential care placement of £19,500, or a home care package of £4,153, the value for money of DFGs is demonstrably high.

The following table breakdowns the comparative DFG expenditure on different age groups. Expenditure on adaptations for children with physical disabilities is proportionately higher than other age groups. Children and young people represent 11% of DFG beneficiaries, but have received 23% of the funding. Conversely, older people represent 48% of DFG beneficiaries but only 37% of the funding. Whilst adaptations for young people are more expensive per case, they are critical in preventing care issues and funding pressures downstream, acting as a preventative influence that will enable individuals to remain at home with lower care needs. This is especially important given the greater number of children living with disabilities as a result in advances in medical care, meaning that accommodation and care services will struggle to cope with the increases (covered under 'Demand').

Age Group	Spending 2010-2013	Cases	Average spend per case
Children and Young People	£ 591,300	56	£ 10,559
Adults	£ 1,067,300	205	£ 5,206
Older People	£ 972,400	241	£ 4,035

Source: Private Sector Housing Reporting Data

### Care and Repair

An integral part of delivering DFGs is the Care & Repair service, which provides support to people living in their own home to ensure that their property is fit for purpose and they can continue living independently in their community for as long as possible. The service provides support to deliver major adaptations to users of social care services (whereby adaptations can form a part of their rehabilitation or care package) as well as to private customers who have identified the need and the funding for adaptations themselves. Care & Repair provides information, advice and support to repair and adapt the built environment, whilst engaging a holistic approach to considering the client groups' needs by signposting and making referrals to other support services. The service is targeted to homeowners, but through partnership working with Registered Providers the service is extended to delivering adaptations in a wider range of properties. Given the central importance of accessibility to people with a physical or sensory disability, this client group accounts for the bulk of Care & Repair's work. Cheshire East recognises the importance of Care & Repair as an enabler of independent living and peace of mind for those with disabilities.

Moreover, the Council's vision is for these services to be used in an increasingly preventative capacity across all client groups: continuing to branch out beyond those with social care requirements to deliver more proactive repairs and adaptations for those whose care needs are lower but are at risk of increasing with time, or as a result of inhabiting an unsafe property. Around 400 minor adaptations are provided each year to private clients, and the Council aims to grow this number to ensure as many properties are accessible for disabled people across the Borough.

Many individuals (largely families containing disabled children) are choosing to manage the DFG process themselves to broker adaptations that best suit their needs. For these fluctuating reasons there is a need to continually review and improve the Care & Repair services to ensure its delivery best meets the changing needs of DFG clients.

### Handyperson Service

Handyperson services provide low-level practical support that is highly valued by older people and people with physical disabilities, delivering 'that little bit of help' that that disabled individuals may not be able to perform themselves. Handyperson services support initiatives to reduce unnecessary hospital and care admissions, facilitate the timely transfer of care from hospital to home, prevent more costly future repairs, reduce opportunities for cold callers and rogue traders, and improve physical and mental health and well-being. Such services deliver a range of minor adaptations for this client group, such as grab rails and hand rails on the stairs to facilitate safe movement around the home, 'key safes' to enable the provision of care at home, and alterations to steps to facilitate safe access into and out of the home. Cheshire East's handyperson services are augmented by similar programmes that are run locally by housing providers on their own properties.

### Community Equipment Service

Similar facilitative and preventative outcomes are driven by the Community Equipment Service, which provides specific pieces of small equipment that can make all the difference to a disabled person's livelihood – such as an adapted toilet seat. The service vastly improves the accessibility and comfort of homes whilst lowering the risk involved in day-to-day activities, thereby enhancing the associated viability of independent living in situ.

### Supporting People

Supporting People provide a range of short-term accommodation and floating support services to people with a physical disability with lower care needs, who can be supported to realise community living or self-sufficiency. Capacity is comparatively low compared with larger groups with greater care needs (such as older people), but the figures indicate that existing supply for support services is overstretched, and that there is a need (albeit a slim need) for both short and long-term supported accommodation places tailored specifically to the needs of people with a physical or sensory disability.

Physical and Sensory Disability Services	Need 2020	Supply 2013	Gap
Accommodation Support	16	0	-16
Floating Support	34	20	-14

Source: Supporting People Needs Analysis

### **Demand**

#### Current Demand

Demand is difficult to gauge for people with a disability given that it overlaps heavily with other client groups – particularly older people, which captures many of the frail elderly who develop a physical or sensory impairment by virtue of their age. As such, throughout this section, comparisons have been made between the number of people with a physical disability over 65 and the number of people under 65, in order to give an indication of how many people have a long-term disability, and how many have developed physical or sensory conditions in the latter stages of their lives.

The number of people possessive of a physical or sensory disability and an active social care plan is detailed in the table below. The figures demonstrate that, as suspected, the majority of people with a physical or sensory disability are over 65 – and, moreover, fall within the 'frail/temporary illness' category. This implies that the number of people with a long-term physical or sensory disability (and thus a specialist housing need prior to old age) is relatively low: estimated to be around 414.

Client Type	Total	Under 65	65 and Over
Dual Sensory Loss	9	1	8
Frail/Temporary Illness	2256	87	2169
Hearing Impairment	34	1	33
Other Phy/Sen Impairment	908	321	587
Visual Impairment	76	4	72
Grand Total	3283	414	2869

Source: Social Services Monitoring Data (PARIS)

The next table attempts to fathom the accommodation requirements and preferences of this client group. This is difficult, given that there is no obligation for the living status of people with physical or sensory disabilities to be captured by social care workers in case records.

Accommodation Status	Grand Total	Under 65	Under 65 %	65 and Over	65 and Over %
Adult Placement Scheme	2	2	0.5	0	0.0
Family/Friends - Settled	42	21	5.1	21	0.7
Family/Friends – Short Term	2	0	0.0	2	0.1
Lives Alone	378	31	7.5	347	12.1
Living With Relative (Not Parent)	20	2	0.5	18	0.6
Not Known	2587	327	79.0	2260	78.8
Other Temporary Accommodation	3	1	0.2	2	0.1
Owner Occupied/Shared	62	6	1.4	56	2.0
Registered Care Home	47	2	0.5	45	1.6
Registered Nursing Home	43	6	1.4	37	1.3
Sheltered/Extra Care Housing	48	3	0.7	45	1.6
Supported Accommodation	11	4	1.0	7	0.2
Temporary Accommodation	1	0	0.0	1	0.0
Tenant (Local Authority)	29	5	1.2	24	0.8
Tenant (Private Landlord)	8	4	1.0	4	0.1
<b>Grand Total</b>	<b>3283</b>	<b>414</b>	<b>100.0</b>	<b>2869</b>	<b>100.0</b>

Source: Social Services Monitoring Data (PARIS)

As such, the residence of those who receive care is not an expansive dataset. However, it can still shed some illuminating conclusions:

- Although around 80% of living statuses have not been recorded, of the sample that remains (696) the majority (87%) reside within the community rather than in residential or nursing care. Within this group, the preponderance (54%) live alone, implying that community care services can be effective in enabling someone from this client group to live independently – even without the support of friends or family.
- There are some interesting differences between the under and over 65s. Proportionately, more people over 65 live alone, whereas more people under 65 live with friends or family; this probably reflects the fact that the support network of those over 65 may have dwindled as carers die or move into care themselves.
- Those over 65 are more likely to reside within institutions or care schemes - be that residential, nursing, sheltered, or extra care – whilst those under 65 tend to reside within the community. However, the percentage of people under 65 with a physical or sensory disability who reside in nursing homes is comparable to those over 65, implying nursing care is the likeliest destination for those under 65 with a severe long-term physical disability.
- It is important to note, however, that the vast proportion of people with a physical or sensory disability (regardless of age) are not known to social care, given that the majority of

this client group do not have substantial care needs and can be adequately supported in the community.

- In sum, there are relatively low number of people with a physical or sensory disability that is not a result of advanced years. Of those whose impairment is not captured under provision for older people – those with long term disabilities acquired earlier in life - the majority are best served by support services, adaptations, and community care, and are preponderantly able to function effectively in an independent environment if properly enabled. However, there are a small number of these people with severe needs that can only be catered for in institutional or scheme placement (residential, nursing, sheltered, or extra care). Evidence suggests that nursing care is, in this small number of cases, the most used, and the Council must ensure this is accessible and suitable. The Council needs to examine the number of long-term placements it is supporting for those with severe needs and, where possible, ensure provision is weighted towards sheltered or Extra Care models rather than institutional care, given the superior well-being and reablement outcomes such provision can realise.

#### Future Demand (Adults):

Projections from the Office of National Statistics (utilising prevalence rates from the Health Survey for England 2001) indicate that a small rise is anticipated in the number of adults with a moderate and serious disability in Cheshire East by 2030. However, this figure is not an exponential increase, and is predicted to ebb and flow on a yearly basis whilst equating to an aggregated increase by 2030.

<b>Moderate disability</b>	<b>2012</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
People aged 18-24	1,091	1,058	963	959	1,054
People aged 25-34	1,655	1,798	1,907	1,835	1,739
People aged 35-44	2,761	2,554	2,531	2,873	3,024
People aged 45-54	5,529	5,665	5,286	4,627	4,637
People aged 55-64	7,167	7,122	7,986	8,567	8,016
Total population aged 18-64 predicted to have a moderate physical disability	18,202	18,196	18,674	18,862	18,469

<b>Serious disability</b>	<b>2012</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
People aged 18-24	213	206	188	187	206
People aged 25-34	158	171	182	175	166
People aged 35-44	838	775	768	872	918
People aged 45-54	1,539	1,577	1,472	1,288	1,291
People aged 55-64	2,790	2,772	3,109	3,335	3,120
Total population aged 18-64 predicted to have a serious physical disability	5,537	5,502	5,718	5,857	5,700

Source: Office for National Statistics (ONS) [www.pansi.org.uk](http://www.pansi.org.uk)

Future Demand (Children):

To accurately gauge and map the appropriate type and quantity of accommodation required for this client group, it is necessary to anticipate the number of children with physical disabilities who may present an accommodation need as they age.

Year	Cheshire East Disability Living Allowance Claimants By Age				
	Under 5	5-11	11-16	16-17	Total
2007/Q1	190	540	610	190	<b>1530</b>
2008/Q1	200	580	620	220	<b>1620</b>
2009/Q1	220	610	670	220	<b>1720</b>
2010/Q1	220	640	720	240	<b>1820</b>
2011/Q1	220	630	740	250	<b>1840</b>
2012/Q1	240	670	760	270	<b>1940</b>
2013/Q1	230	700	770	250	<b>1950</b>

Source: NOMIS (Office of Labour Market Statistics), Benefits: Disability Living Allowance

These figures demonstrate that the numbers of children claiming Disability Living Allowance in the Borough is rising – and rising more steeply than the projections for disabled adults would suggest. The numbers of children transitioning into adulthood is comparable across the two datasets; however, whilst the adult projections predict a smaller year on year rise in the number of disabled people (amounting to a 2% increase between 2012 – 2030), the children’s figures show a total increase in the number of disabled children by 22% in the six year period between 2007 and 2013 alone. This rise can perhaps be explained by rising population levels and advancements in medical care ensuring that more disabled children survive at birth and live for longer.

In practical terms this amounts to an additional 10-30 people with a physical disability each year who are transitioning from childhood to adulthood, and this extra demand must be met with suitable housing provision. This is a slight rather than an exponential increase, but implies that, contrary to adult projections, there is a growing housing need from people with physical disabilities coming through future generations that must be addressed.

As with other client groups, work is required to engage more proactively and earlier with members of this client – especially in their childhood to encourage adequate future planning and build a better primary dataset for anticipating housing need. Moreover, there is a need to work across strategic housing, Adults Services, and Children’s Services to review the current model of provision in the Borough and ensure that it is optimally tailored to achieve best outcomes. For instance, members of this client group consulted indicated that an Extra Care scheme seemed like a desirable and progressive option, and the Council needs to develop this concept as part of a formal specification for people with a physical disability.

### Supply

The following table surveys the number of care interventions (individual units of care) received by adults with a range of physical or sensory disabilities. These figures capture all kinds of intervention, both short and long-term, and chart the number of times a service is delivered – potentially multiple times to the same client.

Care Type	Count of Provision Interventions				
	Grand Total	Under 65	Under 65 %	65 and Over	65 and Over %
Day care	185	34	6	151	4
Direct payments	609	203	33	406	10
Equipment and adaptations	65	6	1	59	1
Extra care housing	311	20	3	291	7
Family based care	86	24	4	62	1
Home care	1161	148	24	1013	24
Home care block contract	1	0	0	1	0
Intermediate care	509	34	6	475	11
Mental health day care	2	2	0	0	0
Network care	3	3	0	1	0
Nursing	432	24	4	408	10
Other	873	97	16	776	18
PCMH	1	0	0	1	0
Professional support	19	3	0	16	0
Residential	414	8	1	406	10
Respite nursing	66	3	1	62	1
Respite residential	112	8	1	104	2
<b>Grand Total</b>	<b>4849</b>	<b>617</b>	<b>100</b>	<b>4232</b>	<b>100</b>

Source: Social Service Monitoring Data (PARIS)

There are a number of conclusions that we can glean from this data:

- Care at home remains the most preponderant accommodation provision for this client group, emphasising their ability to live within the community with the correct care packages. However, home care still outweighs adaptations. If a higher frequency of adaptations were made earlier, this will negate the need for intensive care services to be provided at home. This compounds the aim of the Care & Repair service to encourage greater proactive engagement with adaptations from an earlier age – especially seeing as the majority of adaptations prescribed through social care are only being delivered for those over 65.
- Under 65s are substantially more likely to engage with direct payments and take greater control of their own care, whereas the older category prefer to have the Council broker their care plan.
- More over 65s received long-term residential and nursing care placements, made greater use of adaptations (corroborated in the DFG data), and were more likely to receive care in a sheltered or extra care scheme. This highlights that younger people with a physical or

sensory disability (those that are likely to have a lifelong disability or one brought on by an accident) are better able to live in the community than older people with a disability (for whom their condition is a by-product of their frailty and wider mobility issues). This could also indicate that there are fewer options for younger people with physical disabilities.

- There is a comparable percentage of over 65 clients living in extra care schemes as institutional schemes. This reflects the purpose-built physical amenity of these schemes as a suitable living arrangement for the physically disabled, giving them an intermediate and independent housing option between the community and institutional homes. However, very few individuals aged under 65 with a physical disability are found within extra care schemes, largely reflecting the lower age limit of 55 imposed in most of these schemes. This frequently curtails the options of those individuals under 65 with higher needs, resulting in a higher uptake of nursing home placements or expensive home packages. Extra care has the potential to yield benefits for younger people with physical disabilities, and this should be explored in the development of any future schemes. The presence of younger people in such schemes could also serve to enliven and diversify the communities there.
- This analysis is corroborated in the following section on institutional care provision, which demonstrates primarily that the majority of under 65s with higher care needs are utilising nursing care, with a large proportion having to leave the Borough to access this type of provision. This implies that a wider range of options (of which extra care is one) need to be more readily accessible for younger people with physical disabilities.
- The need to provide a wider range of options for younger people with physical disabilities is particularly acute given the high number of children with disabilities projected downstream. Currently, a much lower percentage of people under 65 are receiving adaptations than those over 65, and accommodation provision for those under 65 is polarised into home or institutional care.

### Institutional Care

The below table indicates that the bulk of institutional care caters for those over 65, supporting the assessment that the majority of people with a physical or sensory disability have acquired this impairment with age. The majority of people under 65 with a severe physical or sensory disability utilise nursing care provision; those over 65 equally use residential and nursing provision – but in much greater quantities. The table demonstrates that, for those under 65, 36% of their total provision (and 42% of their nursing care – their most used type) is found out of Borough; this represents a huge disparity with the over 65s, for whom 88% is located within the Borough. This suggests that Cheshire East is better provisioned to deal with older people with frailties and impairments than it is to deal with the long-term severely disabled, for whom appropriate care is found outside of the Borough – at greater cost to social services.

	Provision Type	Under 65	65 and Over	Total
Providers In CEC	Residential	3	363	366
	Nursing	14	342	356
	Respite Residential	2	59	61
	Respite Nursing	3	52	55
	<b>Total</b>	<b>22</b>	<b>816</b>	<b>838</b>
Providers Outside CEC	Residential	5	31	36
	Nursing	10	52	62
	Respite Residential	1	3	4
	Respite Nursing	0	8	8
	<b>Total</b>	<b>16</b>	<b>94</b>	<b>110</b>
CEC Provision (Care4CE)	Residential	0	0	0
	Nursing	0	0	0
	Respite Residential	6	40	46
	Respite Nursing	0	0	0
	<b>Total</b>	<b>6</b>	<b>40</b>	<b>46</b>
Grand Totals	<b>Residential</b>	<b>8</b>	<b>394</b>	<b>402</b>
	<b>Nursing</b>	<b>24</b>	<b>394</b>	<b>418</b>
	<b>Respite Residential</b>	<b>3</b>	<b>62</b>	<b>65</b>
	<b>Respite Nursing</b>	<b>3</b>	<b>60</b>	<b>63</b>
	<b>Total</b>	<b>38</b>	<b>910</b>	<b>948</b>

Source: Cheshire East Institutional Care Monitoring Data

## Domestic Abuse

### Chapter Summary

#### Background

Cheshire East Council wishes to take a holistic response to tackling the problem of domestic abuse. This involves a number of facets, the first of which is to continue the strong partnership arrangements that currently exist across the Borough in the CEDAP (Cheshire East Domestic Abuse Partnership). The strength of this partnership enables widespread awareness and referrals, and collectively funds the DAFSU (Domestic Abuse Family Safety Unit), which provides support to high risk cases and administers the MARAC (Multi-Agency Risk Assessment Conferencing) process.

This partnership seeks to reduce the risk of domestic abuse by preventing it in the first instance through outreach work and target hardening. The latter provides physical safeguards for homes, and is an effective and cost-efficient means of intervening early in emerging patterns of abuse and allowing families to live safely in their own homes without presenting to services. Expanding this preventative work is a priority and offers a proactive, preventative solution that will hopefully reduce the need for the consistent expansion of refuge care.

However, for those individuals who are affected by domestic abuse, there is a need to deliver an appropriate and flexible mixture of refuge accommodation and support services, the combinations and quantities of which occupy this chapter.

#### Findings

- The combination of an increased number of incidents (including high-risk cases), a growing trust in services, and an increasing number of referrals between agencies has resulted in mounting demand on services.
- Determining total numbers and outcomes for clients is a difficult task – especially those of low to moderate risk. The wide reach of services, the number of referrals between them, and the frequency with which clients are imported and exported from the Borough creates a complicated picture given that clients enter the system at a number of points and are not centrally logged unless they are of sufficiently high risk to reach the DAFSU or the MARAC process.
- There are strong correlations between domestic abuse prevalence rates, deprivation, and other vulnerable issues – especially mental health and substance abuse. Crewe and Macclesfield, which house the Borough's highest levels of deprivation, have the highest rates of domestic abuse per head. Moreover, a high proportion of people affected by domestic abuse have mental health issues or problems with substance abuse.
- There are imbalances within the provision of specialist accommodation that must be addressed in the upcoming recommissioning work. There is a lack of refuge accommodation in the north of the borough, and the majority of refuge provision is communal rather than dispersed.

### ***Strategic Priorities***

- Ensure services and accommodation safeguard and assist people affected by domestic abuse, particularly creating pathways for victims into supported accommodation.
- Develop a single point of access for domestic abuse services to streamline and capture total demand and create a more systematic approach to referrals and service provision.
- Review floating support and accommodation services to ensure that optimal move-on and throughput is being achieved.
- Work towards a consolidation of provision, potentially delivered by a single consortium, which will allow for a holistic view of available capacity across a range of providers.
- Continue to commission refuge provision whilst diversifying the range of such provision to better address a spectrum of needs. Through recommissioning work, look to balance the provision of communal and dispersed refuges. Explore the possibility of support centres in the Borough that provide hubs for services and reablement.
- Foster more peer support groups across to engage the community in aiding those affected by domestic abuse.

### ***Key Evidence Sources***

- Moving Forward – Cheshire East Housing Strategy 2011 – 2016
- DAFSU Annual Report 2012/13
- DAFSU Reporting Data
- DAFSU Service Specification Mapping
- Meeting the needs of households at risk of domestic violence in England: The role of accommodation and housing-related support services.
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Cheshire and Wirral Partnership (CWP) Data
- Social Services Monitoring Data (PARIS)
- Supporting People Needs Analysis
- Social Services Expenditure Return

- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

## *Detailed Findings*

### ***National and Local Policy Context***

The government defines domestic abuse as ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional.’ It is important to recognise that domestic abuse is not simply one-off incidents but frequently manifests as a pattern of abusive or controlling behaviour over time. It can occur in the home, within an active relationship, following a break-up or divorce, and has a profound impact on victim, perpetrator, and any children or associated family members.

Domestic Abuse has assumed an increasingly central role in the strategies of national and local government. The Departments of Communities and Local Government produced ‘Meeting the needs of households at risk of domestic violence in England: The role of accommodation and housing-related support services’, which made the link between effective accommodation and support services and improved well-being for those at risk of domestic violence.

Domestic Abuse services are coordinated in Cheshire East by the CEDAP: a multi-agency partnership that oversees the implementation of a co-ordinated community response involving all key partners in protection, provision, and prevention. The CEDAP involves the local authority, health sector, probation, specialist service providers and the police, and is accountable to both Adults’ and Children’s Safeguarding Boards. It has a mission statement to: ‘Reduce the human and service cost of domestic abuse through partnership and whole family work to prevent abuse from occurring, protect and support those affected and reduce the likelihood of further harm.’

The CEDAP follows national best practice in overseeing a DAFSU which monitors high-risk cases and administers the MARAC process: a multi-agency methodology supported by strong evidence of efficacy, and administered by IDVAs (Independent Domestic Violence Advocacy Services).

The CEDAP provides:

- Strategic governance.
- Co-ordination of individual and multi-agency interventions.
- Independent domestic violence advocacy and the administration of the MARAC process for high-risk cases.
- Co-ordination of refuge and floating support services through its Commissioning and Development Group.
- Recovery programmes for adult and child victims.
- Change programmes for young people (prevention).
- A voluntary change programme for those who abuse.

CEDAP has a number of key strategic priorities that fundamentally inform the accommodation outcomes that will be delivered through this strategy:

- Developing a Commissioning Strategy that maps which services and processes need to be provided for people in Cheshire East to enable their safety and recovery – as well as agreeing who should pay for them.
- Ensuring a ‘whole family approach’ to domestic abuse to address the needs of victim, perpetrator and children in a safe and integrated way.
- Focusing on prevention and early intervention.
- Co-ordinating efforts to prevent Teenage Relationship Abuse and to support any young people who are at risk.
- Improving monitoring and evaluation of interventions.
- Involving stakeholders (including partner agencies, other Council services, and clients) in delivering integrated solutions and making appropriate decisions about the best way forward.

The emergent Domestic Abuse strategy for Cheshire East (produced by CEDAP) is anchored by the following mission statement: *Reduce the human and service cost of domestic abuse through partnership and whole family work to prevent abuse from occurring, protect and support those affected and reduce the likelihood of further harm.*

This will be delivered through the focus on six strategic principles:

- Prevention and Early Intervention
- Protection
- Provision
- Partnership
- Participation
- Performance

### ***National Demand***

Across England and Wales:

- There were over 1 million victims of domestic abuse during 2009/10.
  - One incident of domestic abuse is report to the police every minute.
  - Domestic abuse has the highest rate of repeat crime, 35% of all households will have had a second incident within 5 weeks of the first.
  - On average 2 women every week are killed by a current or former partner.
  - 1 in 10 men (10.2%) and 1 in 5 women (19.9%) aged 16 or over have been victims of stalking in their lifetime. This equates to a gender-victim ratio of 1 in 3 victims of stalking are male.
  - In the UK, it is estimated that up to 24,000 girls under the age of 15 are at risk of female genital mutilation.
  - At least 12 “honour” killings per year in the UK24 and 5,000 “honour killings” worldwide.
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- In 2010 the Forced Marriage Unit (the joint initiative between Foreign & Commonwealth Office and Home Office), gave advice or support to 1735 cases. 86 percent of these cases involved females and 14 percent involved males. (These statistics reflect an upward trend).
- "In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents." (Royal College of Psychiatrists, 2004). This comes to a total of at least 750,000 children in the UK per year.
- Of 130 Serious Case Reviews since 2008 relating to children under 1yr old, domestic abuse was a factor in at least 60 cases, substance misuse was a factor in at least 46 cases and parental mental health in 34 cases (NSPCC 2011).
- Women who experience domestic violence are 15 times more likely to use alcohol and nine times more likely to use drugs than women that have not been abused (Barron, 2004).

### ***Consultations Response***

Consultation with services and providers has commenced and yielded the following key messages, most emerging from a stakeholder engagement workshop ran during the construction of the strategy:

- Feedback stressed that the nature of domestic abuse cases means that there will always be a need for fixed, short-term accommodation to remove someone from a dangerous environment – though it was thought that the focus should be on recalibrating current provision rather than necessarily commissioning more. Refuge remains the most appropriate accommodation for people in the MARAC process, given the high-risk nature of those clients, but dispersed can offer superior outcomes in certain circumstances. It was felt that the lack of specialist accommodation provision in Macclesfield was a key area for improvement.
  - Dispersed provision was considered the superior option for high-needs, longer-stay accommodation. This model allows for clients to retain their independence despite the upheaval in their personal lives. However, such provision is potentially more difficult to fund or acquire given its diffuse nature. One solution raised at the event was further partnership with housing associations to furnish vacant units that can then be supported with floating services.
  - A single access point for domestic abuse services was considered to be the best means to improve service uptake and improve reporting data by capturing all throughput. This would be best aided by the commissioning of services en masse from a consortium of providers, whose stock could then be monitored as a whole and drawn upon as a holistic pool.
  - Peer support services were touted as an effective support solution to augment formal services. A number of providers currently help coordinate such services with great success and more would be welcomed to bolster the support networks of clients.
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- It was also recognised that movements need to be considered on a sub-regional and even national scale given the importation and exportation of clients. Monitoring this diverse spectrum of clients would be aided by a single point of access for services, which should be able to capture the origin and eventual placement of clients.

### **Local Demand**

Demand for Domestic Abuse services is only a partial picture given that currently there is no single-point of access for clients. The CEDAP relays a strategic approach that is then followed by partner agencies when a client is identified as at risk. However, one success is a unified referral process for high-risk cases, whereby all partner agencies utilise the same assessment protocols. Once a case is deemed high-risk, it is referred to the DAFSU, the central body which administers the MARAC process and employs the IDVAs. As this is a central body, data can be provided on the number of high-risk cases that reach the DAFSU, broken into those accounted for under MARAC (the top 10% of high risk cases) and the caseload of the IDVAs.

As a general indicator, there were 1065 cases of domestic abuse reported to the police in 2012-13, of which 22% were repeat cases. There were in addition a total of 3171 domestic incidents that the police attended.

474 persistent or high risk domestic abuse cases were referred to the DAFSU in 2012/13; this represents a 3% decrease from the previous year but data from the first two quarters of 2013-14 shows a steep rise in referrals again. Of the 2012-13 referrals, 360 (76% of total referrals) were successfully contacted. Of those contacted, 306 (66% of total referrals) engaged actively with the service.

387 of the above clients were referred to the MARAC process in 2012/13. These cases represent the top 10% of all cases across the Borough in terms of risk, where a multi-agency approach is required to delimit a severe risk of serious injury or death. This is an 8% decrease on the previous year but is a 22% increase in the 2010/11 figure, demonstrating a fluctuating picture.

The repeat rate of MARAC re-referrals was 30% which, according to national guidelines, indicates demonstrable confidence from victims and agencies in re-referring incidents. The repeat rate has risen consistently over the last three years, indicating a mounting confidence in the service's benefits.<sup>25</sup>

In 2011/12, the greatest prevalence of high risk domestic abuse cases occurred in Crewe (158) and Macclesfield (100). Moreover, the rate of victimisation per head is highest in Crewe and Macclesfield, indicating that the prevalence of domestic abuse is tied to the greater level of social deprivation in these areas.

LAP	No. High Risk Cases	Rate of victimisation per 1000 population
Crewe	158	2

<sup>25</sup> DAFSU Annual Report 2012/13

Macclesfield	100	1.5
Congleton	78	1
Wilmslow	33	1
Nantwich	15	0.5
Knutsford	14	0.5
Poynton	6	0.2

Source: DAFSU Reporting Data 2011/12

In sum, we can conclude that:

- A complete picture of demand will be achieved with the development of a single point of access for all domestic abuse presentation.
- There is evidence from the first two quarters of 2012/13 that as the referral process is streamlined across agencies, the number of high risk cases has been rising.
- The greatest numbers of high risk cases occur in the major urban centres of Crewe and Macclesfield. This reflects population density and deprivation prevalence, which all serve as heightening factors in domestic abuse. Additionally in Crewe and Macclesfield there are growing East European communities who use the services of a Polish IDVA. However, the numbers could also indicate that rural residents struggle to access services and are not presenting to authorities. This community and other minority groups require increased attention in strategy and intervention.
- Recent rises in referral and engagement rates indicate that domestic abuse services in Cheshire East are increasingly inspiring confidence and positive action amongst clients.
- There are still some concerns that the numbers are deflated as a process of low self-referrals and, in some cases, low numbers of referrals from partner agencies. It is therefore important to ensure that outreach work and information is disseminated as widely as possible to sensitise and encourage those who suffer from domestic abuse to present to one of the partner authorities.

### **Supply**

Provision for families impacted by domestic abuse is split into two areas: floating support and refuge accommodation for victims who need to be removed from the home for their safety. Refuge provision is deemed as an extreme measure for high risk cases, whereas floating support can be preventative as well as reactive in nature, and includes work to sensitise vulnerable people to the dangers of domestic abuse and direct support to increase safety and wellbeing for all those affected.

Services are commissioned by partners within CEDAP and beyond in the north and south of the Borough. These partners comprise the Council, Clinical Commissioning Groups, the Police and the

Police and Crime Commissioner. Additionally Supporting People commissions some supported accommodation and floating support for people affected by domestic abuse. Services are greatly bolstered by the presence of Cheshire Without Abuse (CWA): a voluntary organisation that offers outreach services and refuge accommodation and is a very active member of CEDAP. Indeed, CWA, though not a contracted provider, is a lynchpin in providing for those affected by domestic abuse, and augments the accommodation and floating support delivered through contracted partners.

### Supporting People

Supporting People commissions a number of accommodation and floating support services independently from CEDAP to aid those affected by domestic abuse. The needs analysis indicated that there is a current and projected undersupply in both accommodation and floating support services.

Domestic Abuse Services	Need 2020	Supply 2013	Gap
Accommodation Support	27	19	-8
Floating Support	107	84	-23

Source: Supporting People Needs Analysis 2012/13

### Support Services

Support to remain safely at home is the first option considered by CEDAP in response to risk and needs assessment. The following table charts the capacity and uptake of support service provision. There is a degree of overlap between these figures as clients are referred between them. It is hoped that the development of a single point of access will streamline referrals and remove this element of ambiguity.

2012/13 Support Services	South	North	Cheshire Without Abuse (CWA)	Total
Referrals	142	118	496	756
Provided For	96	96	116	308
% Referrals Provided For	68%	81%	23%	41%
Units	45	32	-	-
Throughput Rate Per Unit	2.1	3	-	-

Source: DAFSU Specification Service Mapping November 2013

From this table we can deduce a number of things:

- CEDAP is heavily dependent on the work of CWA for support services in conjunction with contracted partners. This is a fine example of partnership working within the community, but this organisation must be adequately supported to ensure that it can properly manage its high caseload in an effective manner. The higher number of referrals dealt with by the CWA (and their higher throughput rates) partially reflects the fact they operate a 24/7 helpline, making them one of the most accessible contact points in the area, and their long-standing presence in the area, which enables them to move-on clients to peer and volunteer support programmes developed over time, creating space for new clients. The low percentage of referrals that CWA actually provides for indicates that Cheshire East contracted provision could assist by expanding provision and absorbing a higher proportion of the case load.
- A review of the floating support services is required to ensure that maximum value for money and productivity is being achieved from contractors. As such, CEDAP is planning to recommission contracted services by 2015, producing an enhanced, revised commissioning specification. This would look to extend the lessons of the CWA, looking to foment peer support groups within the community to improve support and expedite throughput.
- Demand is distinctly higher than supply at any given time; however, this could be better managed by improving the rate of throughput as conditions improve for those affected and they are supported back to independent living. It is therefore vital to ensure that this throughput rate is as high as possible, either by shortening support programmes, increasing unit supply, or moving clients into peer support mechanisms at an earlier but appropriate stage of their journey to independence.
- This specification will seek to aid in the creation of a holistic and well-sighted picture of supply and demand. Currently there are a range of providers receiving referrals from a number of sources. The CEDAP would ideally have a unified picture, with a single-point of access and a single provider (or consortium) with a pooled supply of support units.

### Refuge/Accommodation Services

Refuge services are utilised when it is necessary to remove an individual from their home because of the risk they face. Refuge accommodation is contracted in north and south zones; however, there is only actually refuge stock in the south, with the northern provider instructed to focus their resources into outreach and floating support. Thus, refuge provision is clustered in the Crewe area, where the contracted shared and communal units are augmented by the dispersed refuge operated by CWA.

The picture is complicated by the fact that refuge is regionally and nationally linked. When refuge is required, it is frequently to distance the victim of domestic abuse from the perpetrator, meaning that victims are 'exported' across local authority boundaries. As such, the commissioned Cheshire East refuge contains large quotas of people from outside the Borough; similarly, many Cheshire East residents occupy refuge spaces in neighbouring authorities. As such, a prosaic picture of local supply and demand is not appropriate given this unique nature of refuge provision. This strategy therefore

supports ongoing work to map this export and import flow more fully, which will be aided by the planned implementation of a single point of access for domestic abuse services.

2012/13 Refuge Services	South	North	Cheshire Without Abuse (CWA)	Total
Referrals	169	-	156	325
Provided For	87	-	51	138
% Referrals Provided For	51%	-	33%	42%
% CEC Residents Provided For	27%	-	66%	42%
Units	10 (6 Communal, 4 Shared)	-	14 (All Dispersed)	24
Throughput Rate Per Unit	8.7	-	3.6	5.8

Source: DAFSU Specification Service Mapping November 2013

The following conclusions have been drawn regarding supply:

- As with floating services, refuge services are always in high demand. However, given the transitional and temporary nature of refuge, it is the throughput rate combined with results which is the truest measure of success: how many people are effectively sheltered and supported to transition back into independent living in a timely manner. This is especially true in the case of those who present with complex needs, who may require longer or more intensive accommodation and floating support provision. CEDAP's recommissioning work, due for completion in 2015, will consider the efficacy and productivity of current refuge provision, and will look to consolidate provision into a central pool provided by a single contractor or consortium in order to provide a unified and lean service model with minimal voids.
- Lack of refuge provision in the north of the Borough is deemed to limit and imbalance the accessibility to refuge within the Borough and would ideally be redressed. However, services have stressed that this is not a fundamental issue given the peripatetic nature of refuge provision, which sees affected individuals leave their immediate vicinity as part of the process.
- Again, this client group are heavily dependent upon the work of CWA to provide refuge accommodation, though the number of referrals CWA provide for is comparatively low compared with contracted services. The balance of referrals and cases needs to be

considered to ensure that service coverage is appropriately spread across all providers with relevant mechanisms to transfer cases as required.

- Similarly, local demand is hard to capture given the number of people who leave the Borough to obtain refuge support. The implementation of a single point of access for domestic abuse services will allow total demand from Cheshire East residents to be captured, rather than just those Cheshire East residents who receive refuge support within the Borough. Linked to this, CEDAP is considering a system of prioritisation for refuge support to help stratify and regulate referrals that are received by local contacts, regional partners, and national agencies.
- The pressing issue is the composition rather than the quantity of refuge/accommodation supply. Experience proves that the communal units that Cheshire East commissions work well for residents with no complicating factors (older male children, significant mental health or substance misuse needs); however, the dispersed model currently operated by the CWA is an appropriate model for those with complex and longer term support needs. Dispersed accommodation provides a greater degree of independence, normalcy, and anonymity from abusers, and is often superior. As such there is a need for Cheshire East to move towards a mixed economy of supply in our contracted provision, rebalancing the communal units with a greater supply of dispersed accommodation.
- Contributing to this mixed model of provision should be greater integration with other client groups. Families affected by domestic abuse can benefit from being housed in mixed accommodation schemes, such as sheltered or extra care housing, where they can benefit from the community and support on offer therein. This is especially true of those individuals affected by domestic abuse who have substance abuse or mental health issues, as there is strong cross-over between these issues.
- Moreover, sector best practice indicates that a support centre model can drive superior benefits. In Cheshire East context, this would entail the provision of two specialised centres (one in the north and another in the south) that provide recovery and support activities, a crèche for children, as well as skills training to enable affected individuals to transition into independent living. These centres would act as contact points for clients, supporting the move towards a single point of access. This possibility of this model of provision will be explored and appropriately developed to inform future commissioning work.

### Supply Conclusions

As such, an ideal model of refuge accommodation emerges in which there is a better distribution of communal, shared, and dispersed accommodation across the Borough, as well as greater integration of families affected by domestic abuse with complex needs into other supported schemes. This refuge provision, along with a rationalised floating services offer, is enhanced and supported through a small number of specialised support centres, which act as hubs for contact and enrichment services. This prospective model will form the basis for the CEDAP's recommissioning work, which will simultaneously look to realise consolidated and optimised service provision, with higher through-put rates for clients with less complex needs and a unified pool of floating and refuge

units that can be drawn upon with minimum confusion and wastage and maximum clarity of reporting.

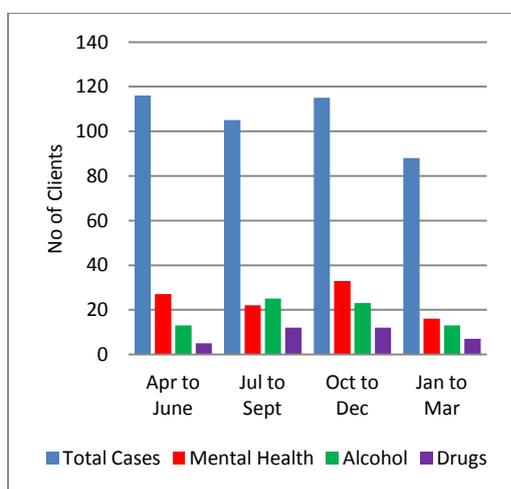
Further work needs to be conducted to finalise a commissioning specification for floating services and, especially, the new model of accommodation provision outlined above. This will take place as part of the recommissioning work, with the strength of the evidence base bolstered by the creation of a single point of access by 2015, which will allow the CEDAP to capture holistic referrals and usage, rather than simply those that present to the range of providers currently in place.

**Links with Substance Abuse and Mental Health**

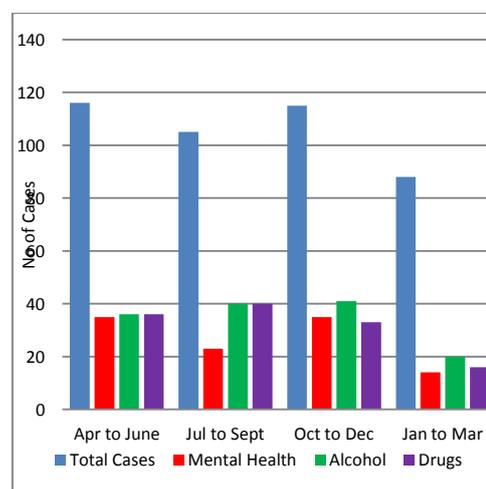
There is a demonstrable link between issues with drugs, alcohol, and mental health in the frequency and severity of domestic abuse incidents. Substance misuse and mental ill health are frequently related to domestic abuse and while their interrelationship is complex and not always causative it is important to address these issues together at a strategic and operational level in order to minimise the harm that is often associated with co-presentation.

One quarter of victims and perpetrators known to MARAC have some form of mental health problem and the vast majority of those who present to the CWA have some form of mental health issues. Regarding perpetrators, there is an even greater number (double that of victims) who have issues with substance abuse.

It is therefore important to recognise the associated benefits of adequately treating and housing those with mental health or substance abuse problems, as figures suggest this will have a positive residual effect on the frequency of domestic abuse cases.



MARAC Victims



MARAC Perpetrators

Sources: DAFSU Annual Report 2012/13

## Homelessness

### Chapter Summary

#### Findings

- Homeless clients are a complex group that encompass those affected with a range of issues and vulnerabilities. Addressing the accommodation and support needs of other client groups will positively impact upon homelessness as the issues that inform an individual's potential homelessness are treated before they manifest.
- The preventative work done by the homelessness team had helped engender a large fall in homeless numbers in previous years, though levels of homelessness are currently rising once again.
- However, in this time, temporary accommodation options have narrowed, with a greater reliance on temporary accommodation provided by the Council and bed and breakfast provision.
- There is limited instant-access accommodation within the Borough and limited temporary accommodation specifically catered for helping with complex needs – especially drug and alcohol problems. These factors slow throughput rate through temporary accommodation and inhibit effective transition towards permanent, independent tenancies.

#### Strategic Priorities

- Services whose clients are liable to present as homeless can struggle to create suitable accommodation compositions on their own given geography and the limited pool of clients they have to draw upon. Services should therefore take a holistic, partnership approach to placements, where possible creating cohorts across services to find suitable compositions and create efficiencies in how placements and tenancies are sourced.
- Improve access to temporary accommodation and broaden the range of options available to cater to a range of needs, simultaneously reducing the reliance on bed and breakfast provision. This will include specialist provision for those with complex or high needs, as well as partnerships with housing providers, landlords, and support services to deliver temporary placements that are effective for clients.
- Ensure that temporary accommodation acts as a developmental and progressive element of a client's service journey, with appropriate and mixed combinations of accommodation and support delivered to ensure that clients leave temporary accommodation ready to transition into a permanent tenancy. Commissioning work will ensure that such services will promote move-on and effective transitions into settled or supported accommodation.
- Improve access to, and provision of, tenancy support across all accommodation options to ensure tenancies can be sustained. This will be particularly targeted at realising new

accommodation with our housing partners, through new combinations of accommodation and support.

- Improve access and sign-posting to permanent accommodation for those leaving temporary or supported accommodation, continuing to prioritise temporary accommodation leavers in the Homechoice social lettings policy, and utilising the private sector liaison officer to source appropriate accommodation.

### ***Key Evidence Sources***

- Moving Forward – Cheshire East Housing Strategy 2011 – 2016
- Cheshire East Council Homelessness Strategy 2010 – 2013
- Cheshire East Temporary Accommodation Review
- Sustainable Communities: Settled Homes; Changing Lives (2006)
- More than a Roof (2003)
- Cheshire East Strategic Housing Market Assessment (SHMA)
- Red Quadrant Report
- Census 2011
- Joint Strategic Needs Assessment
- Cheshire and Wirral Partnership (CWP) Data
- Social Services Monitoring Data (PARIS)
- Cheshire East Monitoring Data for Institutional Care Facilities
- Supporting People Needs Analysis
- Homelessness Services Single Point of Access (SAP) Reporting Data
- Social Services Expenditure Return
- NOMIS (Office of Labour Market Statistics)
- PANSI and POPPI projections

### ***Detailed Findings***

#### ***National and Local Policy Context***

The Government has published a range of documents concerning homelessness. ‘Sustainable Communities: Settled Homes; Changing Lives’ looked to reduce the number of people living in unsettled temporary accommodation by preventing homelessness, providing support for vulnerable

to address issues that could inform homelessness, tackle the symptoms and wider causes of homelessness rather than addressing clients when already homeless, helping people avoid rough sleeping, and providing more settled homes.

This strategy, among other reports such as 'More than a Roof' identified that homelessness is best addressed through appropriate accommodation and by treating the personal issues that can drive homelessness. Such priorities recognised the interconnected nature of homelessness, and the fact that by providing adequate accommodation and care for other vulnerable groups, homelessness can be reduced.

In 2010 Cheshire East published its own Homelessness Strategy. The strategy identified a number of priorities to tackle homelessness within the Borough echoing Government impulses. The strategy chiefly focuses on prevention, processes, temporary accommodation, tenancy support, and permanent accommodation. The strategy emphasises that prevention and treatment of associated issues (such as substance abuse or mental health) are critical to reduce demand for homeless services in the future. As such, the homelessness strategy (as with this document) makes substantial connections across client groups.

For those whose homelessness cannot be prevented and who present with a housing need, sufficient temporary accommodation needs to be readily accessible. However, sourcing temporary accommodation should only be seen as one part of the process: homeless clients need to then be supported to transition into permanent accommodation, reclaiming their independence and freeing temporary accommodation spaces for new clients.

### ***Consultation Response***

A series of workshops on accommodation for homeless people were facilitated as part of a stakeholder engagement event to inform the construction of this strategy. These workshops yielded the following primary themes:

- Homelessness is a complex picture and represents a point where a variety of needs intersect. As such, the reduction and prevention of homelessness frequently involves appropriate accommodation and support for other client groups: for instance, housing care leavers and those with substance issues, as well as giving them the skills to manage a general needs or supported tenancy, will vastly reduce homelessness.
- More specialised accommodation was said to be needed for homeless people with complex needs, with a higher intensity of support at first depending on needs (such as a wet house for substance users) followed by a stepping down model that leads to effective move-on into community living via a bolstered provision of hostels, shared housing, and self-contained rooms or flats. Crucially, it was thought that accommodation provision (even that which is temporary) needed to be stable and befitting of the intensity of a client's needs. Realisation of this would result in a reduction in bed and breakfast spend, which is inappropriate for high-needs clients who are best served with specialist accommodation or hostels.
- It was stressed throughout the workshops that, given the complex and diverse needs that homeless clients present with, it is important to ensure that throughout their

accommodation pathway they are supported by a consistent multi-agency approach. Homelessness clients are liable to fall in the gaps between services given these complex needs, and it was recognised that these clients often need time within the support system so services can develop a clear picture their needs. This involves finding them stable accommodation – though this could come from a number of areas depending on the specific nature of their need.

- This partnership should chiefly entail a multi-agency approach to assessing and placing clients, drawing on the skills and resources of all relevant Council services and partners. This will help unpick and appropriately address the often complex web of issues that result in homelessness, as well as creating opportunities and efficiencies across services to find placement cohorts and appropriate accommodation compositions.

### ***Current Pathways to Care and Support***

#### Single Point of Access

Access to homelessness services are now coordinated via a Single Point of Access (SAP). This mechanism governs access to accommodation services (detailed under ‘supply’) and floating support services, delivered under Supporting People, as well preventative work. The SAP encourages a joined-up approach to referrals and assessments. It is promoted as the one-stop access point for homelessness services, ensuring that clients are not missed by the homelessness team; this in turn makes comprehensive monitoring data available to the service. Finally, the SAP helps ensure that service capacity is pooled and can be drawn from as a whole.

#### Supporting People

Supporting People supplies floating support services as well as accommodation placements for homeless individuals and families with support needs. These placements also act as an effective prevention tool, providing support for clients to overcome any connected issues (for instance, substance abuse) and better manage a tenancy before they become homeless.

The needs analysis demonstrates that accommodation services are notably oversubscribed; this reflects the number of homeless people or those at risk of homelessness in need of accommodation support to manage a tenancy and secure a move-on placement beyond temporary accommodation.

Floating support services report an oversupply, reflecting the greater need for accommodation-based services amongst this client group, given their lack of fixed housing for floating support to augment.

Homelessness Services	Need 2020	Supply 2013	Gap
Accommodation Support	315	171	-144
Floating Support	121	216	95

*Source: Supporting People Needs Analysis*

### Housing Advice and Homechoice

The homelessness team strive to uphold a preventative approach to contacts, and will look to furnish housing information and advice as a means to combat homelessness before it happens. Referrals for housing advice and information are chiefly made to the Housing Options service and the Homechoice allocations system. 550 contacts with the homelessness team were resolved with the provision of advice and information in 2012/13.

### Rough Sleeping

The 'No Second Night Out' (NSNO) initiative was launched in July 2012 in conjunction with Cheshire West and Chester Council, Adullam, and Shelter. Its goal is to respond quickly to provide emergency temporary accommodation and referrals to services for those who are new to sleeping on the streets, stopping them from doing so endemically. Between July 2012 and June 2013 there were 111 referrals to NSNO in the East, 64 of these were accepted onto the scheme and 37 were deemed to be unacceptable for various reasons.

In addition to this, the Government encourages all Council's to have Severe Weather Emergency Protocol (SWEP) arrangements in place as part of its pledge to end rough sleeping. The SWEP is a process that is put in place to ensure that people sleeping rough are not at risk of harm or, in the worst case, of dying during periods of cold and severe weather. The arrangements detailed in the protocol are triggered when the night time temperature is predicted to be zero degrees Celsius or below for three consecutive nights. For the first time in 2013/14 the protocol will be operated in conjunction with Crewe YMCA, who will be providing units of emergency accommodation to reduce the need to use Bed and Breakfast placements. In 2012/13 28 clients were accommodated under the SWEP provision for a total of 100 nights.

### ***Demand***

The first table, below, demonstrates the number of contacts the homelessness team have resolved in the last year and the nature of these resolutions. The first two categories pertain to services for all homelessness presentations (not just those who were accepted as statutory homeless), whilst the latter two relate to contacts that were resolved with more general housing advice or redirection to the Homechoice service. This shows that the service resolved 2574 contacts over the course of the year.

Month	Threatened with homelessness	Emergency Homeless	Housing Advice	Homechoice Information	Other	Total
Apr-12	71	53	51	2	16	<b>193</b>
May-12	73	66	26	4	14	<b>183</b>
Jun-12	82	65	26	6	15	<b>194</b>
Jul-12	111	65	57	4	10	<b>247</b>
Aug-12	101	79	44	18	61	<b>303</b>
Sep-12	80	63	56	14	62	<b>275</b>
Oct-12	74	64	34	14	29	<b>215</b>
Nov-12	76	57	24	6	22	<b>185</b>

<b>Dec-12</b>	53	43	20	5	15	<b>136</b>
<b>Jan-13</b>	95	78	42	9	28	<b>252</b>
<b>Feb-13</b>	94	67	48	5	13	<b>227</b>
<b>Mar-13</b>	77	47	34	1	5	<b>164</b>
<b>Total</b>	<b>987</b>	<b>747</b>	<b>462</b>	<b>88</b>	<b>290</b>	<b>2574</b>

*Source: Homelessness Services Single Point of Access (SAP) Reporting Data*

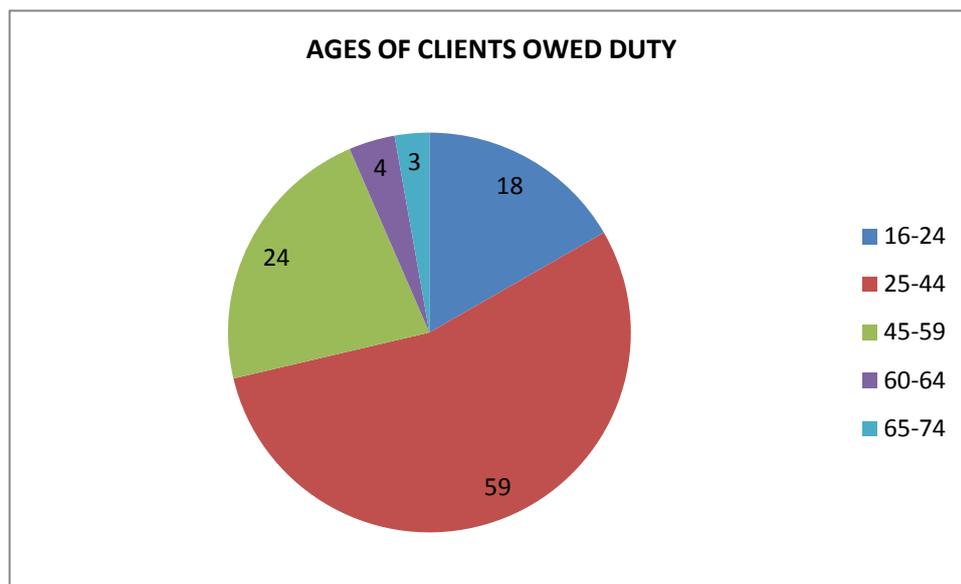
Of these total presentations, there were 108 people who were assessed as statutorily homeless in the year (4%). This reflects the prominent preventative focus that underpins the work of the homeless team, whereby many contacts can be resolved successfully before the person becomes statutorily homeless – normally when contact is made when an individual is threatened with homelessness prior to becoming homeless. 727 cases of homelessness were prevented in the year ending 31<sup>st</sup> March 2013, a slight increase on the previous year when there were 724 preventions. The main prevention tools utilised are advice and information, appropriate referrals, and the appropriate sourcing of accommodation. The latter is achieved through a combination of the private sector (with and without landlord incentives), the social housing waiting list (Homechoice), and referrals to supported accommodation projects. However, preventions can only take place where contact is made with the service at an early stage, and there is thus an emphasis on encouraging contact as soon as possible; however, many people only present to the homelessness team when already homeless, rather than when threatened with homelessness.

The success of preventions is one reason for the declining number of total homeless acceptances: those assessed by the Council as being statutorily homeless and thereby evoking our duty of care. The total number of homeless people has been in steady decline since 2004/5; however, it has started to increase again from 2009/10 – reflecting the pressure on households brought about by recession.

<b>Year</b>	<b>2004/5</b>	<b>2005/6</b>	<b>2006/7</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
<b>Homeless Acceptances</b>	525	376	304	203	109	55	80	111	108

*Source: Homelessness Services Single Point of Access (SAP) Reporting Data*

Of the 108 people who were assessed as statutorily homeless, the majority are adults, with 83 (77%) of the homeless population falling within the age range of 25-59.



However, there are a prominent proportion of young people increasingly becoming homeless, which emphasises the importance of focusing on youths – and particularly those transitioning out care. Moreover, these figures do not fully represent the housing problems faced by young people. This can be holistically considered by taking the 18 homeless people under 24 in conjunction with the 180 referrals received by the Young Person’s Housing Support workers (funded by Cheshire East) in 2012/13. This service alone made 43 homelessness preventions in this period. Thus we can conclude that young people are a major priority within the homeless client group, with prevention continuing to be a priority in Cheshire East through appropriate support – and particularly those in the latter stages of care.

### **Supply**

Despite the decreasing number of total people declared homeless, the provision to accommodate those accepted is becoming more limited and polarised. As demonstrated below, the spread of accommodation options for statutorily homeless individuals has narrowed in recent years, with a mixed economy of qualifying offers, assured tenancies, and client-driven arrangements falling away to a majority of temporary accommodation and homelessness at home. These have always been the preponderant groups, but have only in recent years have developed such a pronounced hegemony, with the number of people placed in temporary accommodation doubling from 2009/10 and 2012/13. This is a worrying trend: up until 2009/10 temporary accommodation and bed and breakfast usage were declining, but have increasingly become the normative accommodation models despite only incremental increases in the number of homeless people since 2009/10.

Outcome	2012/13		2011/12		2010/11		2009/10	
Placed in Temporary Accommodation	70	76%	65	59%	33	41%	21	38%
Homeless at home	37	34%	46	41%	35	44%	21	38%
Accepted qualifying offer	0	0%	0	0%	2	3%	7	13%
Accepted assured tenancy	0	0%	0	0%	8	9%	4	7%
Made own arrangements	1	0%	0	0%	2	3%	2	4%
<b>Total</b>	<b>108</b>		<b>111</b>		<b>80</b>		<b>55</b>	

*Source: Homelessness Services Single Point of Access (SAP) Reporting Data*

### Temporary Accommodation

Current temporary accommodation provision is broken down as per the below table. The table demonstrates that whilst there is a range of provision in the three major centres of the Borough, this is insufficient to adequately meet the number of people for whom the homeless duty is accepted – as well as the number of emergency homeless or those who need temporary accommodation whilst they are assessed. Consultation with services attests to the high degree of demand and the near-constant occupancy of these temporary units.

Location	Temporary Accommodation Units	Unit Composition
Congleton	13	Thirteen units across five properties. Two units adapted for disabled clients.
Crewe	3	Two three-bed flats and one three-bed bungalow commonly used for families.
Macclesfield	9	CEC hostel. Three bed-sits, four one-bed flats, one two-bed flat, and one three-bed flat.
<b>Total</b>	<b>25</b>	

Regarding the constitution of temporary accommodation provision, two key themes that emerged through consultation were the unsuitability of temporary accommodation to deal with clients with complex needs and the lack of direct access temporary accommodation.

The only direct-access accommodation in the Borough is the Council-owned hostel in Macclesfield. This means that Macclesfield is the only place where individuals who present out of office hours can be housed, creating problems for those with transport problems. It also means that, even if there are free units elsewhere, they cannot be utilised. This places an excessive reliance on the Macclesfield hostel, which is not helped by its composition mixture and the higher average length of stay there.

Many people present with a range of issues that have informed their homelessness, such as mental health or drug and alcohol issues. This makes them problematic to house within the temporary units in Congleton and Crewe, which are managed by providers. This leads to the majority of high-needs cases being housed in the Council-owned hostel in Macclesfield, creating difficulties surrounding client composition and environment. In 2012/13 30% of clients housed in the Macclesfield hostel declared themselves as having serious drug or alcohol issues; many more may not have declared at all. The much longer average length of stay in the Macclesfield hostel (thirteen weeks as opposed to six elsewhere) therefore reflects the difficulty in rehousing the high-needs clients who reside there. The hostel is not specially tailored to help them cope with the complex issues that inform their homelessness, and they subsequently struggle to transition out of temporary accommodation.

As such, consultation yielded the suggestion that specialist accommodation, particularly for those with substance issues, is required to reduce the reliance on the Macclesfield hostel as a place for homeless people with complex needs, and enable them to more effectively move-on from temporary accommodation. This in turn would be complemented by more direct access accommodation across the Borough, again easing the reliance and congestion experienced at the Macclesfield hostel.

### Bed and Breakfast

Bed and breakfast spend can be seen as a litmus test for the suitability of (and access to) homelessness provision within the Borough. If there are no vacancies within temporary accommodation (either through lack of suitable provision or low through-put rates) then the authority will firstly try and access hostel accommodation out of the area. Failing that, they will be placed in bed and breakfast, which in the majority of cases is not suitable but can be the only available option.

The table below records the number of bed and breakfast placements at crucial years. 2008/09 represented the high point of homelessness acceptances in recent years, reflected in the high level of bed and breakfast spend. However, despite the relative decline in the number of homeless people since, the amount of people housed in bed in breakfast provision is comparably high in 2012/13. This implies that whilst homelessness levels have declined, the range of temporary accommodation options has also declined and the throughput rate into settled accommodation is low, resulting in fewer options to house new clients. Moreover, an increase in bed and breakfast provision is indicative of a growing number of cases with complex needs, who cannot be housed in other kinds of temporary accommodation, leaving no alternative recourse.

As such, these trends again indicate the need for an increase in move-on from temporary accommodation, and specialist temporary accommodation that can house individuals with high or complex needs.

Year	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
Number of People Housed in B&B	150	154	No data	42	188	126
Average Duration	6	18	No data	8	17	17

*Source: Homelessness Services Single Point of Access (SAP) Reporting Data*

### Supporting People

Supporting People placements are aimed at those with on-going support needs that are inhibiting their ability to secure move-on accommodation beyond initial placements in temporary accommodation or bed and breakfast. As shown above, Supporting People accommodation services

report a large undersupply, and are unable currently to match the demand for them. This indicates that many people are struggling to move-on from temporary accommodation (for behavioural, familial, or support reasons) and frequently need support to enable their transition from homelessness back into a secure tenancy. A bolstered supply of such accommodation and support hybrids are therefore required. However, this could take the form of floating support (which is currently under-utilised) targeting individuals in dispersed temporary accommodation brokered with landlords.

Supporting People accommodation services are delineated in the table below, indicating that the majority of provision is in Congleton, with a limited number in the major population centre of Macclesfield. This poses issues for those individuals with limited means to travel.

LAP Area	Homeless Families	Homeless Individuals	Total
Congleton	20	51	71
Crewe	8	39	47
Macclesfield	0	10	10
<b>Total</b>	<b>28</b>	<b>97</b>	<b>128</b>

### Supply Conclusions

These findings lead us to conclude the following surrounding supply:

- More direct-access accommodation is required. Currently, only the Macclesfield hostel is direct access (available for entry outside of office hours). This creates problems when it is full, as individuals have to be placed in bed and breakfast in the short-term because other units, even if available, are not accessible until office hours.
- More temporary accommodation is required catering for complex or high needs – particularly those with drug and alcohol issues. Currently, homeless clients with complex needs are catered for in inappropriate temporary accommodation. This inhibits them from recovering from their issues and securing a settled tenancy, driving up the time they spend in temporary accommodation. This slows throughput and occupies units, driving up bed and breakfast spend on new clients. Temporary accommodation needs to become a place to recover and prepare for settled accommodation, and homeless clients need to be assessed to determine whether they are best referred to other specialist accommodation or social services that can better address their needs.
- Greater access to temporary accommodation is required. Previously, more temporary places were provided by landlords and provider partners in the form of assured short-term tenancies. Work needs to be conducted to broker more such placements and make them effective for clients and palatable for landlords.

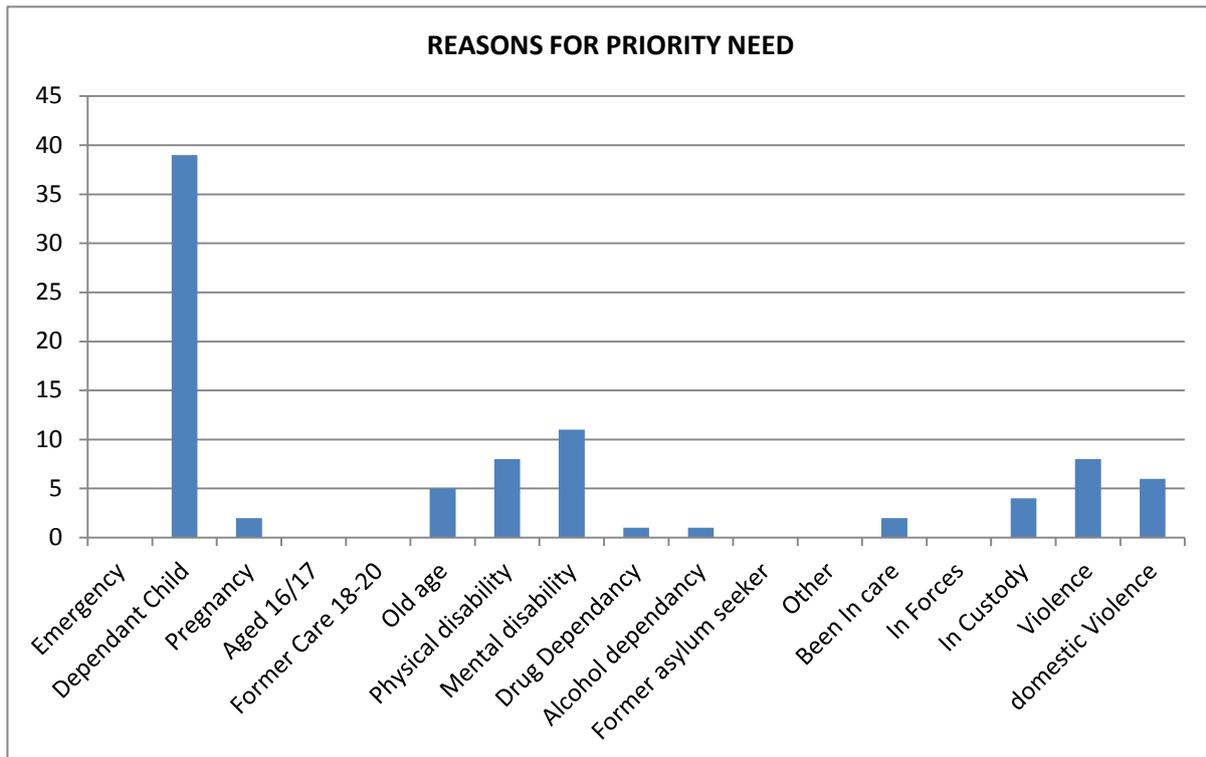
- To make these viable, such tenancies should be augmented with effective support services to enable individuals to manage the tenancy and prepare for progression to permanent accommodation. Throughout all temporary accommodation, appropriate services must be put in to ensure that temporary accommodation becomes a salubrious phase geared towards move-on, converting more accommodation into the kind of enabling schemes made available through Supporting People. It is important to note that this does not necessarily mean the erection of new supported accommodation schemes, but could entail floating support services assisting individuals in temporary placements brokered with landlords.
- When individuals are capable of moving on from temporary accommodation, the Council will continue to make sure it sign-posts how to access housing, and will continue to prioritise those leaving temporary accommodation on the social housing register. At a wider strategic level, the Council will continue to demand the development of more properties with one or two bedrooms, as well as bringing more empty properties back into use to increase available provision.

### ***Links with other client groups***

Homelessness has strong causal links with a range of other issues and client groups. Many people who present as homeless are in need because of the culmination or manifestation of other issues, primarily substance abuse, mental health, domestic abuse, or a history of care. An online consultation survey conducted in 2012 across organisations coming into contact with homeless people in Cheshire East highlighted there were gaps in provision for clients with complex needs: a matrix of primarily mental health, drug, and alcohol issues.

The below graph shows the number of people the Council owed a homelessness duty to in 2012/13, broken down by priority need. As can be seen, after the possession of a dependent child, the most prominent reasons for someone being homeless are old age, physical disability, mental disability, drug and alcohol dependency, and domestic abuse (violence).

As such, much preventative work that will positively affect homelessness is the successful support and treatment of other client groups, delimiting the number who cannot be supported into suitable accommodation and subsequently present as homeless. It was chiefly considered in consultation exercises that the key to addressing homelessness is to take a multi-agency approach that targets the root issues that result in the loss of housing. By recognising the significant interchange of client groups that occur under the homelessness banner, the Council is better placed to provide solutions that address the specific and often multiple needs of each client. Similarly, services can better source placements by looking to appropriately match people with housing needs from across service areas, creating new cohorts and better accommodation compositions from a broadened pool of clients.



### Older People

Older people are significantly under-represented amongst those in housing need accessing services. This is most likely due to the high priority afforded to them by public services and the large supply of specialist housing provision to meet their needs – although projected demand shows more will soon be required. In 2012/2013 just 7 people over the age of 60 were accepted as homeless across Cheshire East, 7% of all those accepted.

### Physical Disability

The below table shows the number of people with a physical disability that the Council accepted as homeless in the last three years. The figures show that disabled people constitute a sizeable minority that has remained a relatively constant proportion of the Council's total duty. The minority representation in the homelessness duty perhaps reflects the range of services and adaptations open to this group through the Council.

For the small number of homeless people who are disabled, the provision of temporary accommodation is limited for their needs: there is one adapted flat in Crewe and two units in Congleton, though no such provision in Macclesfield. Those that cannot be accommodated due to disability have temporary accommodation sourced in suitable B&Bs.

Financial Year	Number of acceptances where vulnerable due to Physical Disability	Percentage of all accepted cases
2012/2013	8	7%
2011/2012	14	12%
2010/2011	9	11%

### Drugs and Alcohol

Moreover, it is accepted amongst services that the effects of drug and alcohol dependency are not accurately reflected in the figures concerning priority need. Alcohol dependency is not one of the main reasons for priority need when assessing homelessness: only two cases in the last three years have this as the acceptance reason. However, it is clear from an analysis of clients placed in the Council's hostel accommodation in the last twelve months that this is a major contributory factor to people losing their homes. This is corroborated by looking at wider substance abuse figures. In a previous chapter we saw that an estimated 250 people in drug and alcohol treatment have an acute housing need. Moreover, of those in treatment, six identified themselves as street homeless upon entry and eight declared that they were currently sofa-surfing. As such, drugs and alcohol are a major contributing factor in homelessness that is not necessarily captured in figures pertaining to statutory duties.

### Mental Health

The number of people with mental health issues accepted as homeless is a notable proportion of the total client group, and has been steadily rising over the last three years. This corroborates consultation responses that emphasise the prominent role mental health plays in homelessness clients, frequently presenting in conjunction with substance abuse issues.

In terms of homelessness services specifically aimed at people with mental health issues, a protocol with the mental health unit at Macclesfield hospital has been developed to deliver planned discharges where adequate support and accommodation are sourced. YMCA Crewe have also secured funding to coordinate an accommodation, recovery and resettlement service called "Links" for homeless people and those at risk of homelessness admitted to hospitals in Crewe and Macclesfield.

Furthermore, Cheshire East Council's internal care provider Care4CE operates a Reablement team. This service aims to give clients extra support to transition out of care or treatment and remain independent. It is open to anyone over 18 years old who has been referred following assessment.

Financial Year	Number of acceptances where vulnerable due to Mental Health	Percentage of all accepted cases
2010/11	11	14%
2011/12	19	16%
2012/13	20	18.5%

### Pregnant Women

The prospect of having a child will radically alter the life of any individual; it can also affect the pressures placed upon a mother, be these financial or social. This is especially true of teenage parents, who are at increased risk of postnatal depression and poor mental health in the three years following birth. They are also more likely than older mothers to have low educational attainment, experience adult unemployment, and be living in poverty at age 30. Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents, and have a much higher risk of being born into poverty. As such, pregnant women are a key subgroup within the homeless population, with there being a particular risk of pregnant teenagers presenting to homeless services.

Pregnancy also impacts upon the housing rights of an individual: pregnant women are a priority group for whom local authorities must provide temporary accommodation. Pregnancy also ensures a priority banding on the social housing waiting list.

Figures from the Office of National Statistics indicate that nationally conceptions for under 18's are in decline. This pattern is reflected in Cheshire East, which also has a lower percentage of youth pregnancies than the regional average.

Year	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13 (Q1-3)
Conceptions to Under 18s in Cheshire East	202	239	237	197	209	151	118

Source: Office of National Statistics (ONS)

This decline in youth pregnancies is reflected in the reducing number of people whose priority need was due to pregnancy upon presentation to the homelessness team.

Year	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Priority Need Due to Pregnancy	17	14	6	1	2	3	2

Source: Homelessness Services Single Point of Access (SAP) Reporting Data

There are many units of specialist mother and baby accommodation in Cheshire East, with provision evenly split between the north and south as depicted in the below table. Demand for these services has reduced in-line with the figures above, despite the promotion of the services through the Single Point of Access.

Area	Accommodation Units
North	14
South	16
<b>Total</b>	<b>30</b>

*Source: Supporting People Needs Analysis*

## Action Plan

VPHS Policy	Target Group	Client	Action	Lead Agency	Timescale
<b>Outcome 1: Deliver services to enable vulnerable people to live in their homes independently for longer.</b>					
VPHS 1	Cross-cutting		Complete the recommissioning of the Supporting People services, addressing shortfalls and changing needs as identified in this strategy	Supporting People	<ul style="list-style-type: none"> <li>• Gather client data – July 2014</li> <li>• Compile findings and analysis – March 2015</li> <li>• Consult on proposals – August 2015</li> <li>• Tender documents produced and signed-off – March 2016</li> </ul>
VPHS 1	Cross-cutting		Implement the findings of the review of the handypersons service to deliver improved outcomes	Strategic Housing	April 2014
VPHS 1	Cross-cutting		Review the Housing Options service and assess a range of delivery models.	Strategic Housing	April 2014
VPHS 1	Mental Health		Review the mental health reablement service with the view to extending it to a staged aftercare programme.	Social Services; CWP	October 2014

VPHS 1	Mental Health	Work with colleagues in the CWP to review the primary care mental health service.	Social Services; CWP	October 2014
VPHS 1	Cared for Children/Care Leavers	Utilise the established working group to complete the review of care leavers accommodation to inform the service commissioning for this client group	Children's Services; Strategic Housing	June 2014
VPHS 1	Drugs and Alcohol	Continue to liaise with and inform the drug and alcohol service recommissioning work, engendering a recovery focus in future services.	Public Health; Strategic Housing	April 2014
VPHS 1	Domestic Abuse	Input findings of this strategy in the DAFSU service recommissioning work intended for completion by 2015, particularly regarding the composition of refuge provision within the Borough.	Strategic Housing; Adult Services	2015
VPHS 1	Homelessness	Input findings of this strategy into the on-going homelessness review.	Strategic Housing	April 2014
VPHS 2	Physical and Sensory Disabilities	Review the care and repair services to ensure they are being delivered in the optimal model to meet the changing needs of clients	Strategic Housing	Cabinet update to inform direction in March 2014
VPHS 2	Physical and Sensory Disabilities	Continue to deliver and promote the pilot project to unlock adaptations services for self-purchasing customers, those with personal budgets, and those who do not meet FACS criteria for social care.	Strategic Housing	On-going
VPHS 2	Physical and Sensory Disabilities	Work with partners to devise an accessibility standard for general needs housing to ensure universal accessibility for disabled people.	Strategic Housing	April 2015
VPHS 2	Cross-cutting	Continue to support the provision of existing Telecare and contribute to the development of more sophisticated Telecare provision to support the	Strategic Housing	On-going

		independence of clients.		
VPHS 2	Physical and Sensory Disabilities	Continue to modernise and rationalise the Disabilities Facilities Grants programme, working with Registered Providers to achieve value for money and optimal performance.	Strategic Housing; Social Services	On-going
VPHS 2	Physical and Sensory Disabilities	Continue to deliver and develop adaptations services for self-purchasing customers and those with personal budgets, who proactively look to improve their living situation.	Strategic Housing; Social Services; Public Health	On-going
VPHS 3	Cross-cutting	Promote specialist accommodation for older people via neighbourhood plans, Community Right to Build Orders, and Community Land Trusts.	Strategic Housing; Planning Policy	On-going. Concerted engagement with planning officers and community land trusts by April 2014
VPHS 3	Cross-cutting	Include a requirement for external engagement (community activity, inviting other groups to use scheme facilities) in future contracts for extra care and sheltered housing schemes.	Adults Services	On-going
VPHS 3	Cared for Children/Care Leavers	Continue promoting foster care and adoption to prospective carers and parents, utilising the award-winning Four4Adoption programme	Children's Services	On-going
VPHS 3	Domestic Abuse	Work with community partners and providers to foster more peer support groups to improve the support networks of those affected by domestic abuse.	Adult Services	On-going

**Outcome 2: Deliver an improved offer of specialist, supported accommodation within the Borough, tailored to the needs of vulnerable people.**

VPHS 4	Cross-cutting	Utilise the findings of this strategy as a basis to develop an ideal model of stock composition for each client group, which can be used as a specification for future commissioning.	Strategic Housing; Social Services	<ul style="list-style-type: none"> <li>• Mapping exercise for each client group – June 2014</li> <li>• Needs analysis – October 2014</li> <li>• Draft accommodation specifications and pathways produced – April 2015</li> </ul>
VPHS 4	Cross-cutting	Hold forums with accommodation and support providers across vulnerable client groups to identify any stock that can be effectively repurposed or refreshed to better meet supported accommodation needs across client groups.	Strategic Housing; Supporting People; Social Services	Quarterly
VPHS 4	Cross-cutting	Work individually with providers to review supported accommodation with a view to rationalise stock and client compositions.	Supporting People; Social Services	On-going
VPHS 4	Cared for Children/Care Leavers	Conduct a review of residential placements, their capacity, voids, and appropriateness, with a view to rationalise uptake of provision	Children's Services	April/May 2014
VPHS 4	Cared for Children/Care	Establish stronger relationships with local providers of placements and a providers' forum to better manage the market.	Children's Services	April 2014

	Leavers			
VPHS 4	Cared for Children/Care Leavers	Review of external agency placements to account for optimal source, cost, location, capacity, and support mix.	Children's Services	April/May 2014
VPHS 4	Care Leavers/Homelessness	Explore as part of established working group the pooling of emergency accommodation budgets.	Children's Services; Strategic Housing	October 2014
VPHS 4	Homelessness	Continue to foster the development of more flexible social rented accommodation through planning processes and the reuse of empty homes, prioritising one and two bedroom flats which homeless clients generally require.	Strategic Housing	On-going
VPHS 5	Cross-cutting	Continue to deliver through the development of the Local Development Framework the allocation of sites available specifically for specialist housing.	Strategic Housing; Planning Policy	On-going
VPHS 5	Cross-cutting	Review Council-held assets for development opportunities.	Strategic Housing; Engine of the North	On-going. Begin work developing proposals for two already-identified sites by June 2014.
VPHS 5	Cross-cutting	Work with partners and providers to identify opportunities for the development of further extra care or sheltered housing schemes.	Strategic Housing; Social Services	On-going. Approach partners regarding identified Council land assets by June 2014.

VPHS 5	Cross-cutting	Review existing extra care and sheltered schemes to identify outcomes, investment implications, and delivery models.	Strategic Housing	June 2014
VPHS 5	Cross-cutting	Establish cross-service briefings prior to quarterly RP meetings, to ensure the Council presents a unified picture of vulnerable accommodation requirements to RPs.	Strategic Housing; Social Services; Supporting People	Establish mechanism by June 2014. Thereafter, meetings accord with quarterly RP meetings.
VPHS 5	Drugs and Alcohol	Utilise the established cross-agency working group to explore and the develop options to address the need for high-needs, specialist accommodation within the Borough.	Public Health; Strategic Housing; Adults Services	Initial scoping, needs assessment, and proposition development – April 2014
VPHS 5	Physical and Sensory Disabilities	Work with partners (developers, RPs, support service providers) to examine and assess the benefits of Extra Care and Sheltered Housing models for people with physical and sensory disabilities across all ages in any future developments.	Strategic Housing; Adults Services	Initial contact and scoping – June 2014
VPHS 5	Domestic Abuse	Explore the possibility, outcomes, and delivery models of support centres to inform future commissioning work.	Adult Services; Strategic Housing	As part of recommissioning work, scheduled for completion in 2015.
VPHS 6	Cross-cutting	Utilise this strategy as the basis to create revised accommodation specifications and accommodation pathways for all client groups to inform future commissioning work.  To inform this specification, complete a mapping exercise for each client group using the working groups to be established as part of the implementation of this strategy, determining which accommodation options are needed in which	Strategic Housing; Public Health; Social Services; Supporting People	<ul style="list-style-type: none"> <li>• Mapping exercise for each client group – June 2014</li> <li>• Needs analysis – October 2014</li> <li>• Draft accommodation</li> </ul>

		quantities at each stage of any client's possible service journey.		specifications and pathways produced – April 2015
VPHS 6	Cross-cutting	Ensure that where clients are assessed as requiring an accommodation service, individuals are supported to consider the options that enable optimal independence and agency.	Social Services	On-going
VPHS 6	Mental Health	Development of a new mental health supported accommodation pathway aligned to the StAR process, including accommodation mapping, needs and gap analyses.	Adult Services.	See first action above under VPHS 6
VPHS 6	Cared for Children/Children Leaving Care	Develop a model, alongside current foster carers, for 'staying put' placements for care leavers	Children's Services	April 2014 and on-going
VPHS 6	Homelessness	Improve access and sign-posting to permanent accommodation for those leaving temporary or supported accommodation, continuing to prioritise temporary accommodation leavers in the Homechoice social lettings policy, and utilising the private sector liaison officer to source appropriate accommodation.	Strategic Housing	On-going

**Outcome 3: Improve access to services and the quality of information available to vulnerable people and commissioners, so both can make informed choices about accommodation, care, and support.**

VPHS 7	Cross-cutting	Develop a housing GIS functionality to accessibly and visually map housing provision across the Borough.	Strategic Housing	April 2015
VPHS 7	Cross-cutting	Promote the newly-developed Single Point of Access for all Supporting People services.	Strategic Housing; Supporting People	On-going
VPHS 7	Cross-cutting	Work with Cheshire Homechoice to review the social housing allocations policy and the priority and access of various vulnerable groups.	Strategic Housing	On-going
VPHS 7	Learning Disabilities	Continue, as part of the Learning Disabilities Lifecourse Project, to develop agreed intelligence on the number and distribution of people with learning disabilities, to better inform housing need and planning.	Adults Services	April 2014
VPHS 7	Domestic Abuse	Explore information-sharing protocols to create better shared databases of client movements and status.	Adult Services	June 2014 for initial scoping and explorative work
VPHS 8	Cross-cutting	Review existing information and advice services to ensure that proactive engagement is maximised and the benefits of intermediate accommodation options explained.	Strategic Housing; social services	June 2014
VPHS 8	Cross-cutting	Continually review social care assessment and referral processes to ensure that independent living is promoted where appropriate.	Social Services	On-going
VPHS 8	Older People	Deliver a consultation exercise aimed at over 55s to promote later life planning.	Social Services	April 2015

VPHS 8	Cared for Children/Care leavers	Deliver a consultation exercise and marketing campaign aimed at younger people, adults, and their families, encouraging the creation of a future plan with the Council's help.	Social Services	April 2015
VPHS 8	Learning Disabilities	Support the 'Preparing for Adulthood' campaign promoted for those with SEN and learning disabilities, linking the campaigns outcomes and initiatives into the Council's pathways for this client group.	Social Services	On-going
VPHS 8	Mental Health	Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention/presentation	Social Services	On-going
VPHS 9	Cross-cutting	Establish cross-service working groups to further the individual actions for each client group, and link the strategy's conclusions into pre-established groups.	Strategic Housing; Social Services; Public Health; Supporting People	June 2014
VPHS 9	Cross-cutting	Use the strategy to create criteria to inform the capital planning process, enshrining the strategy's outcomes in financial assessment.	Strategic Housing; Finance	April 2014
VPHS 9	Cross-cutting	Create a supplementary planning document for Vulnerable Persons Housing utilising this strategy as the base to inform the Local Plan and future development of specialist accommodation in accordance with residents' desires and needs.	Strategic Housing; Planning Policy	April 2015
VPHS 9	Mental Health	Establish a mental health strategic working group to forward these actions and ensure full integration of accommodation strategy into a bolstered strategic approach to mental health in the Borough.	Adults Services	June 2014



## Draft Vulnerable Persons Housing Strategy

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Consultation Response Document

February  
2013

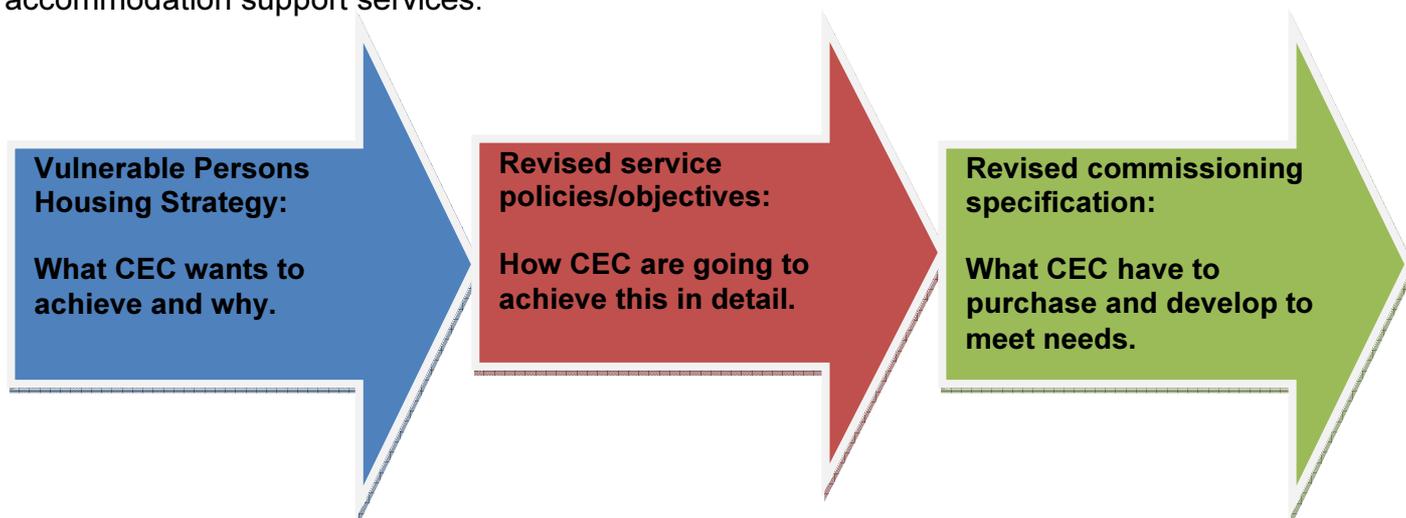
# Vulnerable Persons Housing Strategy Consultation

## Introduction

Cheshire East is developing a housing strategy to specifically cater for the needs of vulnerable people within the Borough, and wants to ensure that the views of constituents and other key stakeholders are reflected in this work.

The vulnerable persons housing strategy will set the priorities, direction, and actions designed to improve the performance and choice of specialist housing and related accommodation services for vulnerable people. It will do this by painting a picture of the accommodation landscape, mapping demand from residents against supply and assessing gaps.

The strategy outlines at a high-level the outcomes that Cheshire East wants to drive for vulnerable people's housing, as well as providing the evidence base that has informed these outcomes. The strategy and its action plan will shape all subsequent work involving the provision of vulnerable persons housing: individual policies and service objectives will form to incite the outcomes identified in the strategy, and the strategy will inform the future commissioning of housing and accommodation support services.



The strategy will focus on eight primary vulnerable groups, which will each be the subject of a chapter in the strategy. These are listed below in the order they appear in the strategy; this does not reflect any system of priority given to these groups:

- Older People
- Learning Disabilities
- Mental Health Issues
- Cared for Children and Care Leavers
- Drug and Alcohol Issues
- Physical and Sensory Disabilities
- Domestic Abuse
- Homelessness

## **Your Role and Views**

Your contribution and response to this consultation will shape the eventual strategy, and subsequently all policy and commissioning decisions made surrounding vulnerable persons housing.

The strategy is currently in draft format based on initial analysis of the evidence base and consultation with internal Council services and a cross-section of wider partners and providers. This draft will continue to be refined in response to the input of stakeholders, including your response to this consultation.

The following questions relate to the draft strategy (hosted as a separate document in the same section of the website) and must be read in conjunction with this draft.

You can choose to respond by submitting your completed version of this form to the reception areas of Delamere House, Crewe, or Macclesfield Town Hall and marking it as for the attention of the Strategic Housing team. You can also post the form to the following address: Strategic Housing, Westfields, Sandbach, CW11 1HZ. Alternatively you can return an electronic version of the form to [housingconsultations@cheshireeast.gov.uk](mailto:housingconsultations@cheshireeast.gov.uk).

This form is also translated into an online survey that you can complete directly from the Cheshire East website: <http://CheshireEast.VPHS.sgizmo.com/s3/>

The closing date for the submission of consultation responses is **3 April 2014**.

**About You:**

**1. How would you describe yourself (tick all that apply)?**

I live in some form of supported accommodation

I utilise social care or support services

I am related to or care for someone who lives in supported accommodation

I represent an organisation that works with vulnerable people

I class myself as a member of one of the vulnerable groups targeted within the strategy

**2. Age Range:**

Under 16

16 - 18

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 - 74

Over 75

**3. Organisation (if applicable):**

**4. Postcode (this is required to understand the needs of different areas):**

## Scope

The Strategy breaks vulnerable people into eight key client groups. It is recognised that there will be a crossover between these groupings as addressed throughout the Strategy.

It is important that the Strategy effectively identifies and includes all vulnerabilities to ensure it is as comprehensive as possible.

**5. Are there any other vulnerable groups you think the strategy should cover?**

Yes, (please select and detail in the box provided)

No, feel the strategy covers all relevant vulnerable groups

Unsure/ Don't know

**6. Are there any groups included that you think the strategy does not need to cover?**

Yes, (please select and detail in the box provided)

No, feel all groups mentioned are relevant to this strategy

Unsure/ don't know

**7. Overall, how appropriate would you rate the scope of the strategy out of five? (Where one equals highly appropriate and five equals not at all appropriate).**

Highly appropriate  
1

2

3

4

Not at all appropriate  
5

**8. Do you have any further comments to make on the scope of the strategy?**

## Findings

This section principally relates to the 'Key Findings' and 'Key Evidence Sources', which are found in the summary at the start of each chapter. These are then expanded upon in the 'Detailed Findings' section of each chapter.

The findings are the evidence base and subsequent conclusions that inform the priorities and actions for each client group; it is therefore important that these are robust and widely agreed so that the housing landscape depicted in the Strategy is accurate, and the foundations of the Strategy are sturdy.

### 9. How accurate do you feel the current findings contained within the Strategy are of each client groups housing situation within Cheshire East?

	Very Accurate	Accurate	Not very accurate	Not at all accurate
Older People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cared for Children and Care Leavers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical and Sensory Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 10. Are there any other findings or evidence sources that you would like to see added or explored within the strategy?

Yes, (please select and detail in the box provided)

No, feel the strategy covers all relevant findings and/or evidence sources

Unsure/ Don't know

### 11. Overall, how would you rate the usefulness of the Strategy's findings out of five? (Where one equals very useful and five equals not at all useful).

Very Useful  
1

2

3

4

Not at all useful  
5

**12. Do you have any further comments to make on the findings within the strategy?**

A large, empty rectangular box with a thin black border, intended for the user to provide further comments on the findings within the strategy.

## Priorities

This section concerns three elements:

- the overall **Policy Framework** (page 13), which sets out the cross-cutting outcomes desired for all vulnerable people in Cheshire East;
- the '**Strategic Priorities**' sections in each chapter which outline important objectives for each client groups;
- and the **Action Plan**, which lists the actions that will help achieve these outcomes and priorities.

These elements form the strategic direction and intent of Cheshire East Council, and it is important that this direction of travel is the most beneficial route that will achieve what vulnerable people need from housing in the Borough.

## Policy Framework

**13.a. How strongly do you agree or disagree that the framework addresses the housing needs of vulnerable people in Cheshire East?**

Strongly agree

Agree

Neither agree  
nor disagree

Disagree

Strongly disagree

**b. Are there any other accommodation outcomes for vulnerable people that the Council should work towards?**

Yes, (please select and detail in the box provided)

No, feel the strategy covers all relevant accommodation outcomes

Unsure/ Don't know

**Strategic Priorities**

**14.a. How accurate do you feel the priorities identified in the chapters for each client group are both in terms of how they reflect the findings associated to that group and your understanding of their needs?**

	Very Accurate	Accurate	Not very accurate	Not at all accurate
Older People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cared for Children and Care Leavers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical and Sensory Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Are there any other strategic priorities the strategy should consider for each client group?**

Yes, (please select and detail in the box provided)

No, feel the strategy covers all relevant priorities

Unsure/ Don't know

**Action Plan**

**15.a. How effective do you feel that the actions are in achieving the priorities identified for each client group?**

	Very effective	Effective	Not very effective	Not at all effective
Older People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cared for Children and Care Leavers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical and Sensory Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Are there any other actions that you think are required to improve housing outcomes for vulnerable people?**

Yes, (please select and detail in the box provided)

No, feel the strategy covers all relevant actions

Unsure/ Don't know

**Overall**

**16. Overall, how would you rate the relevance of the Strategy's identified priorities? (Where one equals very relevant and five equals not at all relevant).**

Very Relevant 1	2	3	4	Not at all Relevant 5
<input type="checkbox"/>				

**17. Do you have any further comments to make on the priorities within the strategy?**