Vulnerable and Older People's Housing Strategy

Cheshire East Council

For vulnerable and older people, an appropriate range of support services and specialist housing can be required to realise an independent lifestyle. This housing strategy for Cheshire East charts the current landscape of vulnerable and older people's housing within the Borough, before using this to inform strategic priorities that will shape the commissioning cycle and planning processes.

May 2014

Table of Contents

Executive Summary

Introduction

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

- Map the current picture of accommodation supply and demand by client group to baseline a picture of vulnerable and older people's 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 and older people.
- Provide and incite an evolving evidence base to inform planning decisions and emergent policies.

Scope

Older and vulnerable people can possess a range of needs that may engender specific housing requirements. This strategy seeks to order vulnerable and older people by their primary needs, 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 and older people. These priorities are summarised below by client group; the detailed reasoning and supporting evidence is contained in the main body of the strategy.

It is important to recognise budgetary efficiency in the pursuit of a more optimal accommodation landscape. New development will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed,

accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

Older People

- 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.

- Encourage people to proactively engage with services and plan for their futures whilst their needs are low, raising awareness of adaptations and supported living options before residents develop substantial care needs and an associated requirement for more intensive services or accommodation. This will involve a review of existing information and consultation work aimed at people over the age of fifty-five. This preventative approach will better equip people to remain in an independent setting for longer.

- For those with escalating needs, the Council will encourage wherever appropriate the transition of older people into specialist supported accommodation, and especially housing that enables them to live independently for as long as possible. This will involve a greater reliance on and promotion of floating support and care, as well as the creation of a more mixed economy of housing. Within this, sheltered and extra care schemes will be promoted earlier rather than intensive institutional models, which should be used only for those with acute or emergency needs.

- Address projected undersupplies in intermediate accommodation options for older people, prioritising the development and promotion of extra care and sheltered housing schemes with partners and, where possible, on Council-owned land. New development will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

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 accommodation stock and tenant compositions within existing budgets, prioritising the creation of independent tenancies within flats and bungalows, rather than the current preponderance of shared housing.

- Promote and develop sheltered and extra care housing as options 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 campaigns outcomes and initiatives into the Council's pathways for this client group.

Mental Health Issues

- Look to recalibrate interim and temporary accommodation with adequate support in order to ensure that short-term placements for people with mental health issues are viable. This ensures clients have somewhere to stay until a settled placement - either in general needs accommodation with support or a supported accommodation scheme - is sourced. This links with similar requirements raised in the 'homelessness' chapter.

- Work with partners and providers to optimise the supply of supported accommodation for people with mental health issues in the Borough, supporting schemes that promise self-contained tenancies with access to flexible support. Any new development of supported accommodation will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

- Similarly, the provision of assessment flats will be explored in conjunction with RPs. Such provision could be used to adequately gauge the extent of someone's issues should they present as homeless, as interim accommodation whilst settled supported accommodation is sought, or as a refuge with more intensive provision to help negotiate a heightened episode so that such episodes are not exacerbated or allowed to jeopardise access to accommodation or treatment.

- Produce a revised working protocol between the CMHT and the Housing teams in order to better assess and source accommodation for mental health clients. This will entail closer working with RPs to accessing more tenancies with floating support or treatment for mental health clients, thereby alleviating pressure on supported accommodation schemes.

- Explore alternative models of accommodation provision for dementia clients, including the dementia village model that aims to create a safe environment that maximises independence for as long as possible through flexible combinations of accommodation and care.

- Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention and/or presentation.

- Promote greater assessment for, and use of, assistive technologies for people with dementia to ensure that more people can live safely at home for longer.

- 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.

Young People in Need and Cared for Children

- 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 for cared for children, 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.

- Establish a working group to examine barriers identified in this strategy that can inhibit young people and care leavers' pathway through accommodation, including benefits and the kinds of accommodation available.

- There is a need for a more strategic and market-shaping approach to provision for young people in need and especially care leavers. Cheshire East will create an ideal accommodation offer for care leavers, incorporating the findings of this strategy. This will assume a 'step-up, step-down' model, and include a greater provision of dedicated long-term supported accommodation for care leavers, taster accommodation, and move-on accommodation for those deemed tenancy-ready – including shared housing options. Any new development of supported accommodation will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets.

- This will involve further work with Registered Providers to scope delivery possibilities and identify general needs stock that can be married to floating support for use by known care leavers or young homeless people who are deemed tenancy ready. Such move-on is important to reduce high demand pressures on 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.

- Review protocols for young offenders to ensure that access to housing is optimised. Explore options for improved short-term, secure accommodation for young people in custody awaiting sentencing.

Drug and Alcohol Issues

- Support the on-going drug and alcohol service recommissioning work in engraining a recovery-oriented and early-intervention 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 specialist accommodation for high-needs alcohol clients within the Borough, conducting market analysis to understand best practise in this field and constructing a business case to drawn down the prerequisite support costs. The need for such 'wet' 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 adaptations, Care & Repair, and the Handypersons service as widely as possible, encouraging more 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.

- Remodel the Care & Repair, Handypersons, and Minor Adaptations services so that they develop in-line with the personalisation agenda.

- Continue to promote general accessibility standards through planning processes, to ensure that an appropriate portion of new build homes are accessible for the physically disabled according to need.

- Continue to promote, review, and support assistive technologies and Telecare services.

- Continue to help disabled people in need of affordable and more accessible accommodation through the development of more affordable housing designed for their needs as well as the continued prioritisation of this client group in the Homechoice social lettings system

- Improve access to intermediate housing for people with physical disabilities – and especially younger people. This will entail exploring the possibility of lowering entry ages into the likes of extra care schemes and ensuring physically amenable design standards for supported accommodation in the future.

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 the access to, and supportiveness of, temporary accommodation, broadening the options available to a range of needs and simultaneously reducing the reliance on bed and breakfast provision. This will include specialist provision for those with complex or high needs, a greater supply of instant-access interim accommodation especially in the South of the Borough, and greater support going into temporary accommodation. Interim and temporary accommodation should be better supported to enable the well-being and safety of those residing within it, with a degree of support available to residents to ensure that clients leave temporary accommodation ready to transition into a permanent or supported tenancy.

- Improve the supply of, and access to, supported accommodation placements for homeless clients. Supported accommodation should prioritise those with complex needs who cannot yet move-on into general needs tenancy. This will help alleviate the pressure on interim and temporary accommodation to house those with complex needs (whose average stays are longer), freeing it up for lower-needs clients for whom it is a stop-gap en route to settled housing. This requires a recalibration of supported accommodation stock within existing

budgets to ensure that supply and support is focused optimally at the accommodation entry-points in the service journeys of homeless clients.

- Continue work enabling homeless clients to transition into permanent or supported accommodation from interim or temporary accommodation. Homeless clients will continue to be prioritised within the Homechoice social lettings policy, and the private sector liaison officers will continue to source appropriate move-on in the private rented sector. In each accommodation route, wrap-around support services will be brokered where possible to ensure that more clients can be safely accommodated by housing providers.

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: 'People are supported to live in their own homes independently for longer.' This will be achieved by:

  o 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 and older people as possible.

  o Promoting the use of assistive technologies and home adaptations to remove physical barriers and enable independent living.

  o Building capacity within local communities to support vulnerable and older people, maximising autonomy and limiting social isolation.

- Outcome 2: 'People can receive the support they need in a wide range of specialist, supported accommodation within the Borough.' This will be achieved by:

  o Continuing to refine and appropriately adapt the menu of specialist and supported housing that caters for vulnerable and older client groups, looking to create synergies across groups where appropriate.

  o Working with partners to develop new housing models for vulnerable and older people, prioritising sheltered and extra care housing as a means of promoting independent living.

  o Promote wherever possible a stepped accommodation model that enables a planned transition towards independence through phased options mapped to service journeys.

- Outcome 3: 'People are able to make informed choices about the accommodation, care, and support options within the Cheshire East.' This will be achieved by:

  o Working to achieve comprehensive and consistent intelligence on vulnerable and older groups to best inform service commissioning and decision-making.

- o Ensuring that accommodation services and advice are accessible, clear, and promote future planning and proactive service engagement.

- o Utilising the Vulnerable and Older People's 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 life, providing safety and security whilst concomitantly improving well-being, health, and prospects. This is especially true for vulnerable and older people, for whom an appropriate range of support services and bespoke housing can be required to achieve independent living.

This is Cheshire East's strategy for vulnerable and older people's housing. Its principle aim is to set the priorities, direction, and actions designed to improve the performance and choice of housing and related accommodation services for vulnerable and older people. It looks to achieve this aim by:

- Mapping the current picture of accommodation supply and demand by client group to baseline a picture of vulnerable and older people's housing within the Borough.
- Using 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.
- Integrating effective and appropriate housing into a multi-disciplinary and cross-agency approach for improving well-being for vulnerable and older people.
- Providing and inciting 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 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 for the future; 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 Cheshire East Local Plan, ensuring that the future physical development of accommodation for vulnerable and older people accords with the needs identified in this strategy and subsequent commissioning specifications.

Vulnerable Persons Housing Strategy:

What CEC wants to achieve and why.

Revised service and planning policies:

How CEC are going to achieve this in detail.

Revised commissioning specification:

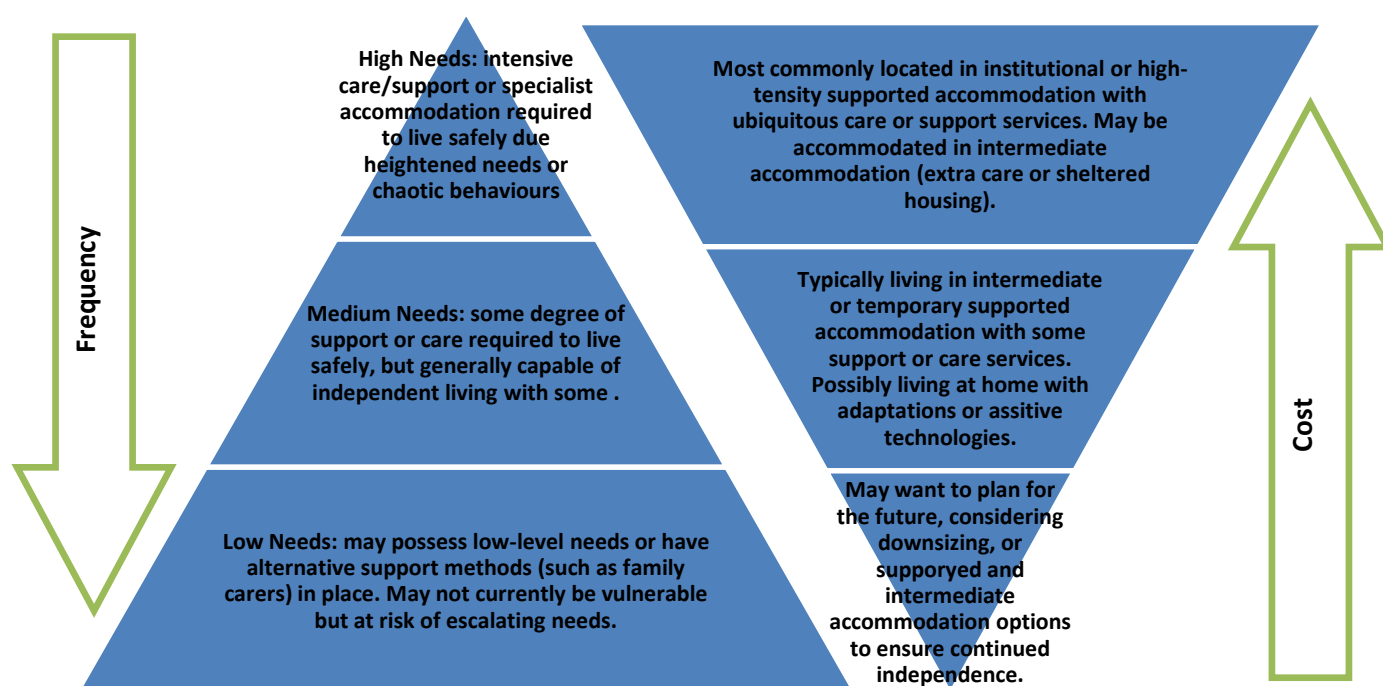What CEC have to purchase and develop to meet needs.

Scope

Older and vulnerable people can possess a range of needs that may engender specific housing requirements. This strategy seeks to order vulnerable and older people by their primary needs, 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

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 and older 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.

Finally, the strategy recognises the spectrum of needs that are encountered throughout vulnerable groups and older people, meaning a range of accommodation and service combinations can be required for different clients at different times. This spectrum is broadly summarised below.

Frequency

High Needs: intensive care/support or specialist accommodation required to live safely due heightened needs or chaotic behaviours

Most commonly located in institutional or high-tensity supported accommodation with ubiquitous care or support services. May be accommodated in intermediate accommodation (extra care or sheltered housing).

Medium Needs: some degree of support or care required to live safely, but generally capable of independent living with some .

Typically living in intermediate or temporary supported accommodation with some support or care services. Possibly living at home with adaptations or assitive technologies.

Low Needs: may possess low-level needs or have alternative support methods (such as family carers) in place. May not currently be vulnerable but at risk of escalating needs.

May want to plan for the future, considering downsizing, or supporyed and intermediate accommodation options to ensure continued independence.

Cost

Council Duties

In doing so, the Strategy supports the Council in fulfilling its duties to vulnerable and older 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 and older 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.

National Strategic Links

- Laying the Foundations: A Housing Strategy for England
- Care Bill
- Care Leaver Strategy (2013)

- Lifetime Homes: Lifetime Neighbourhoods
- No Health Without Mental Health
- Alcohol (2012) and Drug (2010) Strategies

Local Strategic Links

- 'Moving Forward' CEC Housing Strategy
- Cheshire East Three Year Plan – Outcome 5: People live well and for longer
- 'Ageing Well in Cheshire East'
- Cheshire East Strategic Housing Market Assessment
- Cheshire East Learning Disability Lifecourse Project
- Cheshire East Placement Sufficiency Statement for Cared for Children
- The Future of Cheshire East Drug & Alcohol Services- Service Recommissioning
- DAFSU Annual Report 2012/13
- Cheshire East Homelessness Strategy
- Joint Dementia Commissioning Workplan

VOPHS Outcome 1

People are supported to live in their own homes independently for longer.

VOPHS Outcome 2

People can receive the support they need in a wide range of specialist, supported accommodation within the Borough.

VOPHS Outcome 3

People are able to make informed choices about the accommodation, care, and support options within Cheshire East.

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

VOPHS Outcome 1

People are supported to live in their own homes independently for longer.

VOPHS 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 and older people as possible.

VOPHS 2: Promote the use of assistive technologies and home adaptations to remove physical barriers and enable independent living.

VOPHS 3: Build capacity within local communities to support vulnerable and older people, maximising autonomy and limiting social isolation.

VOPHS Outcome 2

People can receive the support they need in a wide range of specialist, supported accommodation within the Borough.

VOPHS 4: Continue to refine and appropriately adapt the menu of specialist and supported housing for vulnerable and older client groups, looking to create synergies across groups as appropriate.

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

VOPHS 6: Promote wherever possible a stepped accommodation model that enables a planned transition towards independence through phased options mapped to service journeys.

VOPHS Outcome 3

People are able to make informed choices about the accommodation, care, and support options within Cheshire East.

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

VOPHS 8: Ensure that accommodation services and advice are accessible, clear, and promote future planning and proactive service engagement.

VOPHS 9: Utilise the VOPHS as a flagship strategy to unite and shape the approach to vulnerable and older people's accommodation across 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 the accommodation landscape. Its completion is a testament to the commitment across the Council and its partners to work together to deliver holistic solutions for vulnerable and older people. The strategy will continue to inform and catalyse specific commissioning and strategic work within the represented services.

The strategy builds upon Cheshire East's extant supported housing strategy, produced by Red Quadrant, expanding upon the remit and client groups contained in the previous work. Such expansion was considered necessary to capture the subtle distinction, detail, and overlap between client groups, ensuring a more comprehensive and holistic strategy.

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, commissioners, housing providers, and support service providers. Feedback from this event informed the strategy, along with the responses received as part of the six-week public consultation held between March and April 2014, where people were asked to comment on an initial draft of the strategy. The key messages that emerged from all aspects of the strategy's consultation are summarised in each chapter under 'consultation response', and shape the nature of each chapter.

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 the following findings.

- 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.

- Each chapter finishes with a 'Chapter Conclusions' section which summarises the findings of the chapter and Cheshire East's priorities that have emerged from these.

- 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 vulnerable individuals and older people with support needs. Moreover, there are a range of generic housing services that can help provide information, assistance, and support that can also be drawn upon by the client groups served by this strategy.

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 appropriate 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 the installation of a walk-in shower or lift, through to adding additional ground-floor living space to a property.

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 and older people, and can serve as a key means of managing needs independently within the home, minimising the risks to vulnerable and older people with low-level needs and negating care emergencies that can necessitate more intensive models of care provision. Telecare includes 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 - and 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 care for those assessed as having substantial needs and critical needs in accordance with FACs criteria. There are also providers in the private and social housing sectors who can help individuals to broker privately-commissioned solutions.

Supporting People

Introduction

The Supporting People programme funds a range of housing support services. Services are tailored to a variety of vulnerable client groups (including older people with support needs) 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 at the point of delivery and 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. 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 accommodation	(130.1)	30.7
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)
Total	**(1,612.4)**	**3,409.4**

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
Total Costs	**2873.8**
Residential care package	5408.7
Homelessness	95
Tenancy failure costs	50.7
Health service costs	315.2
Crime costs	413.6
Total of benefits	**6283.2**
Overall net benefit	**3409.4**

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
All Client Groups (Average)	**£2.43**	**5927**	**£89.15**	**£216.63**	**£7,400,208**	**£17,982,505**
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
Total	217	4456	4673

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
Total	343	345	688

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%
Total	**100%**	**100%**

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

Abbreviation	Title/Definition
Care4CE	Cheshire East's internal, care-providing arm
CEDAP	Cheshire East Domestic Abuse Partnership
CWA	Cheshire Without Abuse
CWP	Cheshire and Wirral 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 and older 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.

<u>Reablement</u>

Reablement can be used as a general term to encompass services that enable vulnerable and older people to live independently – often despite substantial needs. Reablement entails utilising support mechanisms and appropriate accommodation to allow vulnerable and older 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 and older people 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.

<u>Residential Care</u>

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.

<u>Shared Housing</u>

Shared housing is a type of (usually supported) 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.

<u>Sheltered Housing</u>

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 and older 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 accommodation within the community in which there is perpetual or routine support provision built in to help occupants gain tenancy skills and experiences. Supported accommodation is usually seen as a temporary form of accommodation, designed to prepare individuals for managing their own tenancy. Supported accommodation differs from specialist provision, which is generally a permanent housing option that allows for flexible care - rather than just support - services.

Support Service

As discussed under 'Domiciliary Care/Care at Home', support services are those designed to aid vulnerable or older individuals with life or tenancy skills, 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.
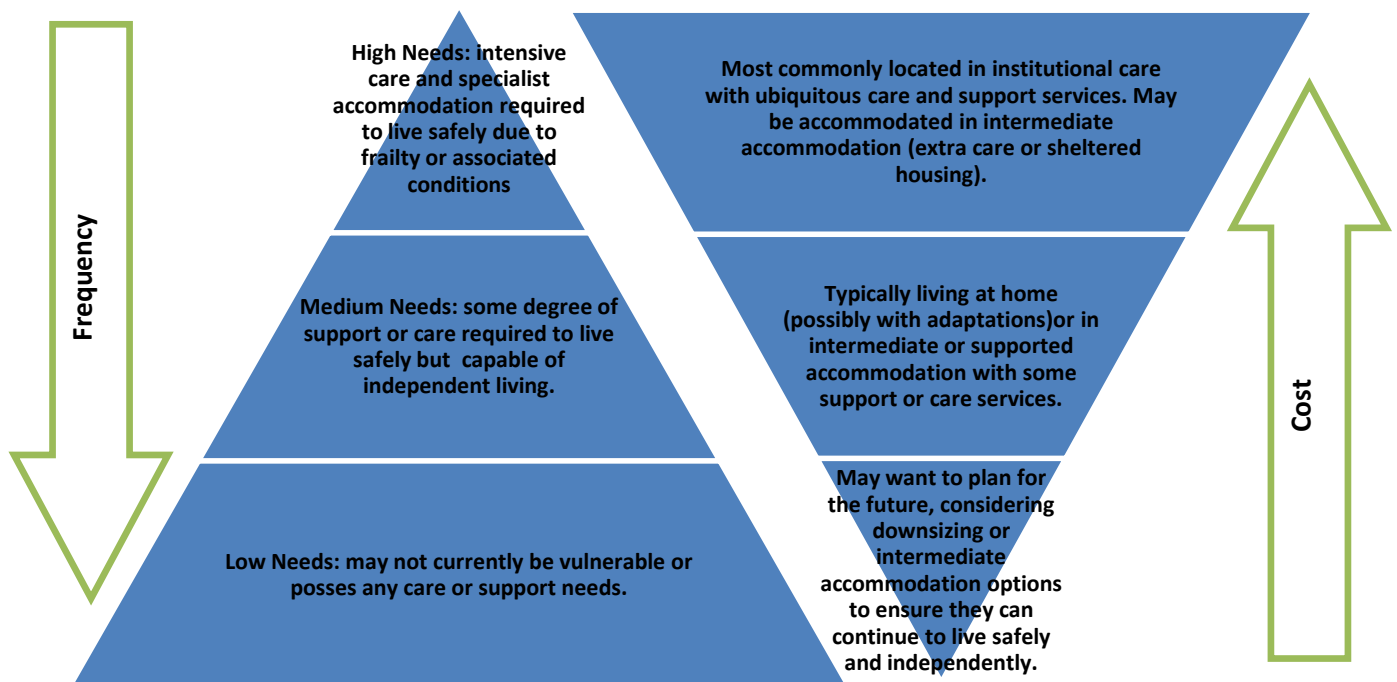
Older People

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 can also present a number of challenges for individuals, particularly surrounding mobility and health. Many older people are capable of living independently, but care and support needs or the risk of a debilitating care crisis generally increase with age. 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.

Different housing solutions are required for different levels of need. This chapter seeks to cover all of these, but will first contextualise which solutions are appropriate for which people. Not all older people are necessarily vulnerable and can live safely in a general needs setting; however, many may wish to downsize to a property that is more amenable to their current or future needs. Others require some assistance or support to live independently, and may require a specialist housing solution (such as a specifically designed or adapted property) or some degree of support or care services. Lastly, for those with more acute needs who may be deemed elderly frail, a more intensive combination of provision may be required, which could include specialist accommodation (such as institutional care or extra care) in which intensive support or care services can be delivered. The following diagram seeks to summarise these typical levels of need; this is obviously not a concrete stratification with all clients falling into any one rubric, but provides an indication of the needs and accommodation spectrum discussed above.

Frequency

High Needs: intensive care and specialist accommodation required to live safely due to frailty or associated conditions

Most commonly located in institutional care with ubiquitous care and support services. May be accommodated in intermediate accommodation (extra care or sheltered housing).

Medium Needs: some degree of support or care required to live safely but capable of independent living.

Typically living at home (possibly with adaptations)or in intermediate or supported accommodation with some support or care services.

Low Needs: may not currently be vulnerable or posses any care or support needs.

May want to plan for the future, considering downsizing or intermediate accommodation options to ensure they can continue to live safely and independently.

Cost

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 moving to a more intensive form of accommodation. Achieving this requires two elements:

- The preventative reduction of need through the provision of appropriate services and accommodation to those who currently have low needs. This could encompass the inclusion of bungalows and homes with improved accessibility standards, adaptation services, or Telecare functionality as part of the type mixture on new developments, or homes built to the Lifetime homes standard. This will encourage older people to downsize and consider ways in which to negate a care crisis in the future, reducing their future reliance on more intensive and less independent provision.

- A more balanced and attractive range of intermediate accommodation to ensure maximum independence and quality of life for those with escalating needs. 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 promoting independence. The models best designed to do this are sheltered and extra care, which can provide a viable alternative to institutional care within the community for those with medium or high needs.

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 previous Government's 'Lifetime Homes: Lifetime Neighbourhoods.'

Cheshire East Council has reflected these national trends in its key 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.

Consultation Response

- There is a need to balance choice and affordability in older people's accommodation. Choice is desirable wherever possible and is also beneficial in a preventative sense as clients take greater responsibility for their own care. However, lots of specialist community placements for high-needs clients will cost more than consolidated provision within larger schemes.

- People frequently wish to remain their family homes for as long as possible, often remaining in situ until their needs reach a level that can no longer be safely supported in their property. As such, there is the need to promote intermediate housing options that will help limit the risk of a care crisis for those with additional support needs. Intermediate options include the likes of extra care and sheltered schemes, which were championed as optimal throughout consultation. It was felt that such schemes should emphasise independent living with ready access to flexible support and care as required.

- Flexibility and accessibility emerged as two key themes. Aside from specialist or intermediate housing options for those with additional support needs, the construction of 'future proof' houses through accessible building standards was deemed increasingly important, as this has the intention to improve the amenability and security of general needs stock as occupants age, limiting the escalation of needs and the requirement to relocate.

- It was felt that not all older people are necessarily vulnerable and require specialist or supported accommodation. In response, this distinction has been more clearly made in the final Strategy and accessible, general needs accommodation better addressed. The title of the Strategy has also been revised to 'Vulnerable and Older People's Housing Strategy' to emphasise that not all older people are necessarily vulnerable.

Current Pathways to Care and Support

<u>Supporting People</u>

Supporting People funds 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 older population 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.

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

<u>Adaptation Services</u>

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 adaptation and home 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.

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 working age adults. This implies that older people are having a greater frequency of less costly adaptations: preventing escalating care needs. A greater discussion of major adaptations can be found in the Physical and Sensory Disabilities chapter, as DFGs chiefly cater for radical renovations designed to make a property liveable for someone with a disability or severe frailty, rather than lower-level amenability issues as more commonly encountered by older people.

Older people are also the chief customers of the Care & Repair and Handypersons services. Care & Repair 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 and advice to deliver minor and major adaptations to both users of social care services (whereby adaptations can form a part of their rehabilitation or care package) and private customers who have identified the need and the funding for adaptations themselves. 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.

The Handypersons 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.

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 1,300 older and disabled people benefit from minor adaptations prescribed by health and social care professionals every year, and a further 400 people self-purchase minor adaptations to supplement social care and prepare their home for later life.

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 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 existing 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 whilst the population aged 75 and over is expected to increase by 70% in the same period. 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.

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.[1]

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

Local Age Profile

Whilst the above discussion concerns the total elderly population in Cheshire East and its expansion in the coming years, this section looks to analyse the distribution of this age profile across the Borough, identifying areas with particularly high concentrations of older people. Such information is useful in the strategic planning of older people's housing. Population data is interpreted in the Strategic Housing for Older People (SHOP) toolkit to create a projection for specialist housing requirements (accommodation catering for mid to high level care and support needs) in later sections. However, it is worth presenting the raw data here to discern priority locations for accessible general needs or affordable housing for those with lower-level needs, such as bungalows or housing built to lifetime homes standards. Such development provide safer, downsizing options for communities with high proportions of older people, and Cheshire East will increasingly look to foster such accommodation in areas where there is are high proportions of older people in need of accessible market or affordable housing. The below table shows the areas (as defined in the Cheshire East Local Plan) which contain the highest numbers and the greatest relevant proportions of older people. Unsurprisingly, the greatest numbers of older people tend to be found in the larger conurbations. However, it is notable that a number of the smaller population centres have a disproportionately large elderly population, and may similarly benefit from older persons housing to allow their prominent older population to safely remain within their communities.

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[1] Public Health England, Health Profile 2013: Cheshire East, 24 September 2013, http://www.apho.org.uk/resource/item.aspx?RID=126943

Local Plan Definition Town	Total Over 55	Local Plan Definition Town	Over 55 %
Crewe	19059	Prestbury	43.6
Other	18888	Chelford	43.3
Macclesfield	15124	Audlem	42.2
Congleton	9208	Goostrey	41.4
Wilmslow	7235	Mobberley	41.1
Sandbach	5996	Poynton	40.5
Nantwich	5886	Disley	38.9
Poynton	5275	Shavington	38.5
Knutsford	4654	Holmes Chapel	38.4
Alsager	4357	Wrenbury	38.3
Middlewich	3721	Other	37.8
Bollington	2512	Alsager	37.0
Handforth	2190	Alderley Edge	36.3
Holmes Chapel	2153	Bunbury	35.9
Shavington	2050	Knutsford	35.3
Alderley Edge	1914	Congleton	34.8
Disley	1728	Haslington	33.4
Audlem	1666	Sandbach	33.4
Goostrey	1593	Handforth	33.3
Haslington	1584	Bollington	33.1
Prestbury	1483	Nantwich	32.9
Mobberley	1254	Wilmslow	30.6
Bunbury	766	Macclesfield	29.0
Wrenbury	756	Middlewich	27.4
Chelford	528	Crewe	26.2
Over 55 Total	**121,580**	**Total Over 55 %**	**32.7**

Source: NOMIS (Census 2011)

The following table shows the number of people over 55 who have expressed a need for affordable housing on the Cheshire Homechoice choice-based letting system. This therefore provides an indication of areas in which a larger proportion of older persons housing should cost below the market-value (be that to purchase or rent) in order to meet demand. Again, this demonstrates that the major population centres receive the most Homechoice applications from older people, as more older people hail from these larger communities and want to continue living there. However, there are a number of smaller townships who receive a comparatively larger proportion of applications from older people who require discounted housing: Prestbury demonstrates that it is primarily attractive to older people, whilst Poynton, Nantwich, Sandbach, and Alsager are the larger towns that are most desirable to older people in need of discounted housing.

First Choice Location	Households in which the Youngest Applicant is Over 55	First Choice Location	Over 55s as % of Total Applicants
Macclesfield	221	Prestbury	64.7
Crewe	168	Macclesfield Rural	48.2
Congleton	110	Disley	40.4
Nantwich	98	Bollington	39.6
Sandbach	89	Holmes Chapel	38.5
Crewe Rural	80	Nantwich Rural	35.1
Alsager	59	Holmes Chapel Rural	33.3
Poynton	57	Poynton	31.0
Wilmslow	55	Congleton Rural	28.6
Knutsford	47	Alsager Rural	26.6
Nantwich Rural	47	Sandbach	26.5
Macclesfield Rural	40	Alsager	25.9
Bollington	36	Crewe Rural	21.3
Holmes Chapel	35	Nantwich	20.8
Middlewich	27	Congleton	19.4
Alderley Edge	24	Alderley Edge	18.9
Alsager Rural	21	Macclesfield	18.7
Disley	21	Knutsford	18.3
Knutsford Rural	14	Sandbach Rural	18.2
Holmes Chapel Rural	11	Wilmslow	14.9
Prestbury	11	Knutsford Rural	14.6
Handforth	10	Middlewich	11.6
Congleton Rural	6	Crewe	10.7
Sandbach Rural	2	Handforth	6.1

Source: Cheshire Homechoice April 2014

Market Aspirations and Expectations

Nationally, the majority of older people live in owner occupied housing (68%), 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 with 75% of pensioners being 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 total population 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.

This colours the aspirations of many older people in the area. The SHMA and Extra Care SHMA surveyed older people to gain an understanding of what kinds of housing they would consider for the future. The majority (72.1%) would prefer to remain at home with support as required whilst another significant proportion (22.9%) would consider purchasing a different (presumably more manageable) property on the open market. This partly reflects the fact that most older people in Cheshire East own their own homes and partly that the majority of older people are able to live safely at home with the right combination of support services. To realise these aspirations, a greater

swathe of accessible houses (for instance bungalows or homes built to the lifetime homes standard) need to be developed, so that older people have the option of downsizing or relocating to a property that is more manageable. 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. Of the specialist housing options, 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. These types of provision can, if utilised properly, provide an alternative to residential provision in all except the most high-needs cases – an alternative that, according to these figures, older people within the Borough would welcome.

Housing older people 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

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.[2]

Supply

This section discusses the nature of specialist accommodation provision for older people within the Borough and attempts to plot this against projected demand to fathom the need for different types. To do this, the Council has drawn upon the Strategic Housing for Older People (SHOP) toolkit, which

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[2] Extra Care SHMA, 2010

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

Extra care seeks 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. Cheshire East's definition of extra care can be found in the glossary and definitions section contained in the introduction.

Many local authorities are looking to develop extra care schemes as an alternative for institutional care. In Cheshire East, for instance, residents in the Beechmere extra care scheme are very infrequently referred to care homes, despite catering for a number of people with complex needs, including elderly frail and dementia. 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%.[3]

Cheshire East possesses a range of extra care accommodation. These are split between three schemes provided as part of a PFI initiative initiated by the local authority, 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 spilt is: 18% /20%/62%, as at September 2012.[4] 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 care if the right balance of high, medium, and low needs is struck.

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, 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 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.

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[3] Joseph Rowntree Foundation, 'Costs and outcomes of an extra care housing scheme in Bradford' (2008)

[4] Red Quadrant Report, March 2013

Given Cheshire East's commitment to maximum efficiency, new development will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

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

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

The below table ranks Cheshire East's key service centres by need for extra care housing by 2030. The majority of areas without adequate extra care provision are rural areas; however, there is a substantial projected need in most towns aside from Middlewich, Nantwich, and Crewe. The first table in Appendix 1 ranks mid-layer super output areas by extra care need to provide even more locally-specific needs data.

Local Plan Definition Town	Extra Care Supply	2030 Extra Care Need
Macclesfield	0	194
Sandbach	0	76
Wilmslow and Handforth	53	73
Congleton	45	73
Poynton	0	69
Knutsford	0	64
Alsager	0	57
Crewe	217	14
Nantwich	115	-3
Middlewich	71	-25

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

<u>Sheltered Housing</u>

Sheltered Housing provides specialist accommodation and housing support for older people, mostly through a dedicated development of flats of mixed tenure augmented by 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 a range of needs, who benefit from sociability and flexible care or support as required.

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, Cheshire East's SHMA and other feedback has indicated the growing popularity of sheltered housing schemes amongst the Cheshire East population in principle. The Council is therefore proactively working with Registered Providers and accommodation service providers to consistently remodel and decommission hard-to-let sheltered stock, such as bedsits or inaccessible properties, replacing them with more popular and attractive units, such as bungalows or independent flats. This is slightly reducing total stock levels but greatly improving quality, amenability, and popularity.

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 a range of 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.

As with other new specialist housing development, Cheshire East will encourage new sheltered accommodation to be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

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

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

The following table breaks this high-level figure down further into Cheshire East's key service centres, before ranking them by need for sheltered housing. This indicates there is uniformly high need for sheltered accommodation, especially in the major population centres. Moreover, the more detailed table in Appendix 1 shows 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.

Local Plan Definition Town	Supply	2030 Need
Crewe	238	915
Macclesfield	258	712
Congleton	117	473
Nantwich	196	362
Sandbach	82	298
Wilmslow and Handforth	362	270
Poynton	95	252
Alsager	128	159
Middlewich	94	136
Knutsford	312	9

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

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.

There is a substantial risk nationwide that institutional care is used as a default gambit for any older person who demonstrates complex care needs. However, many institutional residents may not need such an intensive solution. Early admission into institutional care can impose otherwise avoidable costs. 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 publically-funded social care. As such, the inappropriate usage of institutional care should be avoided to benefit vulnerable and older people and provide more cost effective arrangements.

Better outcomes can be achieved through a mixed economy of specialist accommodation, where individuals are encouraged to live in housing that enables their independence for as long as is safe and prevent the escalation of care needs. Such a trajectory could ultimately see someone reside in institutional care, but this should be situated as a temporary or final phase in their accommodation pathway. Kerslake and Sitwell[26], suggest that at least one third of residential care placements and as much as 2/3 could be avoided through an earlier move into other forms of specialist housing – such as extra care or sheltered – and Cheshire East advocates the use of these intermediate forms of accommodation to safely manage need and promote independence for as long as possible.

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%.[5] 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.

However, this landscape has been determined as far from optimal. In its review of Residential Care, Cheshire East noted that expensive, intensive institutional care provision was unsustainable in the current fiscal landscape: Adult Social Care budgets nationally are reducing by about 5% per annum[6] at a time when, in Cheshire East, there is an annual £4m growth in adult social care accounted for. This is currently being met through efficiency savings, but such budgetary recalibration can only go so far.[7] As such, the report concluded that the Council needed a more radical shift in strategic direction away from high-end residential care to preventative, reablement solutions incorporating a mixed economy of specialist accommodation with greater degrees of extra care and sheltered accommodation.[8]

The projected need figures generated utilising the SHOP toolkit indicates the robust residential and nursing care provision in Cheshire East. The Borough 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.

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

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

By 2030, an undersupply is projected in the majority of key service centres 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, has the potential to draw people from outside the borough; this could include self funders, who may migrate to social care funding as they age or their needs intensify. The final table in Appendix 1 shows that 59% of MSOAs have a medium or high projected need for residential care in 2030 whilst 53% have a need for nursing care; this is a lower proportion than the number of MSOAs with high or medium needs for extra care (65%) or sheltered housing (90%).

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[5] NHS North West Figures

[6] Association of Directors of Adult Social Services Budget Survey (2011)

[7] Cheshire East Council Pre-Budget Report 2011/12

[8] Cheshire East Council: Adult Social Care Scrutiny Committee, 'Residential Provision Review'

Residential			Nursing		
Local Plan Definition Town	Supply	2030 Need	Local Plan Definition Town	Supply	2030 Need
Crewe	135	271	Wilmslow and Handforth	60	167
Wilmslow and Handforth	116	106	Alsager	0	103
Sandbach	80	54	Sandbach	40	97
Nantwich	145	52	Poynton	36	89
Knutsford	64	49	Knutsford	48	67
Alsager	59	42	Nantwich	139	62
Middlewich	44	37	Crewe	375	40
Poynton	102	20	Middlewich	60	23
Macclesfield	330	12	Macclesfield	378	-29
Congleton	215	-7	Congleton	245	-33

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.

Chapter Conclusions

Key Findings

- The number of older people in Cheshire East is expected to increase exponentially in coming years. These individuals will need to have access to appropriate housing and associated services, without which their potential or future needs cannot be met. Moreover, they may contribute to underoccupancy if not encouraged to downsize into attractive specialist accommodation, making the Borough's stock profile less economical in terms of space and personal finances.

- 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 people.

Strategic Priorities

- 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.

- Encourage people to proactively engage with services and plan for their futures whilst their needs are low, raising awareness of adaptations and supported living options before residents develop substantial care needs and an associated requirement for more intensive services or accommodation. This will involve a review of existing information and consultation work aimed at people over the age of fifty-five. This preventative approach will better equip people to remain in an independent setting for longer.

- For those with escalating needs, the Council will encourage wherever appropriate the transition of older people into specialist supported accommodation, and especially housing that enables them to live independently for as long as possible. This will involve a greater reliance on and promotion of floating support and care, as well as the creation of a more mixed economy of housing. Within this, sheltered and extra care schemes will be promoted earlier rather than intensive institutional models, which should be used only for those with acute or emergency needs.

- Address projected undersupplies in intermediate accommodation options for older people, prioritising the development and promotion of extra care and sheltered housing schemes with partners and, where possible, on Council-owned land. New development will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

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. Different degrees requiring varying levels of support: 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 tasks 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 the aforementioned 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 supported accommodation stock, as well as designing progressive accommodation paradigms that meet the future needs and wishes of our residents. This principally entails improving the supported accommodation offering in the Borough, ensuring it is ideally composed to promote independence, as well as bolstering the uptake of Sheltered Housing and Extra Care schemes by people with learning disabilities where appropriate.

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)

- Schools Survey

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 and older 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

- Supported accommodation in a sheltered-style model emerged strongly as the ideal accommodation type for people with a learning disability. Contributors stressed that the best results were driven in accommodation where each individual has their own front door but with access to some shared areas. 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. For these reasons, many respondents and workshop attendees believed that extra care and sheltered housing models could work for people with learning disabilities, as they offer individual tenancies with flexible care and support arrangements.

- Groups corroborated that a large proportion of Cheshire East's existing supported accommodation 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 off 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, supported accommodation arranged into individual apartments 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, support services, and supported accommodation are the chief mechanisms to realising independent living for people with learning disabilities, and it is important that Cheshire East can enable people with learning disabilities to have a range of accommodation options to meet the entire spectrum of needs and desires, whether that means living at home with family or moving into supported accommodation, or holding a general needs tenancy with floating support.

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 people who have been moved into specialist supported accommodation so that they can live semi-independently with some help. This emphasises the ability of this client group to live within the community provided they have access to suitable support and housing, either from personal networks or support services.

Supporting People:

Supported accommodation (fixed accommodation where services are delivered on-site) and floating support services (which journey to assist people living with family or in their own homes) act as a key transitional tool that enables individuals with moderate or low care needs to safely sustain a tenancy and develop the life skills needed to live independently. Moreover, such provision 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 in their lives, escalating care requirements and costs are stymied, and fulfilling lifestyle patterns engrained. Ultimately, support services and 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 supported accommodation and 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 - transitional accommodation designed as an incubator until settled accommodation can be safely accessed. These figures reflect that there is support available for those with learning disabilities in Cheshire East to ensure that they can live independently; however, it is important to ensure that the range of supported accommodation is appropriate and well-matched to the needs and preferences of the client group, and that services can flex to meet an anticipated rise in future demand.

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

Source: Supporting People Needs Analysis

Demand

<u>National Context:</u>

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.[9]

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 those currently requiring social care services.[10] 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.[11]

<u>Adults:</u>

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 within any geographic area. 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 known 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.[12]

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[9] Mencap, September 2011

[10] Emerson and Hatton, 'Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England' (2008)

[11] Mencap, 'Housing for People with Learning Disabilities'.

[12] Public Health England, 'Learning Disabilities Profile 2013 – Cheshire East'

1159 adults with a learning disability are known to social services at the time of writing; this means they have been assessed as having substantial or critical care needs. This figure roughly accords with the number of adults with a learning disability known to Cheshire East GPs, which was projected as 1163 by Public Health England in their 2013 profile.[13] However, this figure potentially furnishes only a partial picture: it does not necessarily take account for people with moderate care needs (may not have presented or received services from health bodies or Councils), those without a care plan or formal support brokered by the Council (those who have not presented to services), or those who receive care out of the Borough. Work is currently underway as part of the Learning Disability Lifecourse project to collate the intelligence from the local authority with that of GPs, as well as tapping into the unknown population who have not presented to services, in order to create a definitive cohort of people with learning disabilities in Cheshire East.

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. Cheshire East currently has sufficient supported accommodation for people with a learning disability until 2030, if current uptake ratios are projected forward using population growth estimates. However, this does not reflect any unmet demand from people who would ideally be placed in supported accommodation but cannot be currently – potentially because of a lack of provision or the unavailability of suitable co-inhabitants in shared accommodation – or those who have not yet presented to services but will be encouraged to by the Preparing for Adulthood initiative.

	2013	2015	2020	2025	2030
Projected 18+ Population with LD known to CEC	1159	1176	1205	1235	1272
Projected 18 + Population with LD as Primary Care type known to CEC	900	914	937	962	991
Projected 18 + Population with LD known to CEC in need of Supported Accommodation	368	374	383	393	405

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.

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[13] Public Health England, 'Learning Disabilities Profile 2013 – Cheshire East'

School records are an effective means of tracking the young population with learning disabilities or related conditions. The latest national statistics regarding Special Educational Needs (SEN) produced by the Department for Education showed that in 2013 the number of young people at school with a statement of SEN was 2.8% (229,390) pupils.

A student with special educational needs (SEN) typically has significantly greater difficulty in learning than the majority of pupils of their age. A SEN statement sets out a child's needs and the help they should be given to help them fulfil their potential. In addition to pupils with SEN statements there were 1,316,220 pupils nationally (16%) with certain SEN without statements. These pupils receive School Action and School Action Plus,[14] and can be charted through figures pertaining to these schemes. In Cheshire East there are around 54,000 school-age children, of which 1,656 (3%) have a statement of SEN. The primary needs that inform these statements are broken down below, indicating the proportion of children whose SEN are the result of various learning difficulties and associated conditions.

Primary Need	Pupils with statements of SEN				
	National	National %	CEC	CEC %	% Variation
Specific Learning Difficulty	11,128	4.85%	43	2.60%	-2.25%
Moderate Learning Difficulty	35,524	15.49%	253	15.28%	-0.21%
Severe Learning Difficulty	29,243	12.75%	234	14.13%	1.38%
Profound & Multiple Learning Difficulty	10,316	4.50%	37	2.23%	-2.26%
Behaviour, Emotional & Social Difficulties	31,813	13.87%	292	17.63%	3.76%
Speech, Language and Communications Needs	31,393	13.69%	203	12.26%	-1.43%
Hearing Impairment	6,674	2.91%	56	3.38%	0.47%
Visual Impairment	3,759	1.64%	32	1.93%	0.29%
Multi- Sensory Impairment	557	0.24%	12	0.72%	0.48%
Physical Disability	14,170	6.18%	123	7.43%	1.25%
Autistic Spectrum Disorder	50,146	21.86%	318	19.20%	-2.66%
Other Difficulty/Disability	4,667	2.03%	53	3.20%	1.17%
Total	229,390	100.00%	1,656	100.00%	

Source: School Census 2013

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[14] **'School Action'** means that when a class or subject teacher identifies that a pupil has special educational needs, the teacher provides interventions that are 'additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies'.

 'School Action Plus' is defined as when the class or subject teacher and the SENCO [Special educational needs coordinator] are provided with advice or support from outside specialists, so that alternative interventions additional or different strategies to those provided for the pupil through School Action can be put in place.

Atop these figures, schools data also furnishes the number of children receiving School Action and School Action Plus, who require a lower-level of educational support.

Area	Pupils with SEN without statements					
	School Action Plus	School Action Plus %	School Action	School Action %	Total SEN pupils without statements	Total SEN without Statements%
National	473,035	5.7	779,635	9.5	1,316,220	16.0
Cheshire East	2,375	4.4	4,310	8.0	7,016	13.1

Source: School Census 2013

This leads to a total Cheshire East figure of 8,672 pupils with some form of SEN. Of these, it is anticipated that only those with severe or moderate learning difficulties will experience the need for some kind of specialist accommodation in the future, with others being able to live independently despite requiring additional support in a learning environment. However, an exact cohort of young people with learning disabilities is difficult to define. Although the numbers of children with severe learning disabilities can be estimated reasonably exactly, the scope of children with moderate learning disabilities, who may not have presented to public services, is difficult to fathom. Improving intelligence on the number of children with learning disabilities will require schools data to be reconciled with that from other sources, such as Children's Development Centres and GPs; this exercise is currently being undertaken as part of the needs analysis workstream of Cheshire East's Learning Disabilities Lifecourse project, which will draw upon and refine the data presented here.

Even with accurate data on the number of children with learning disabilities, an exact cohort who will experience housing need is difficult to fathom, given that much depends on the early intervention and assistance that these young people access. Moreover, not all young people with learning disabilities and associated conditions will present with a housing need upon their eighteenth birthday. For this client group, future planning and early intervention are of great 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. 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.[15]

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[15] Mencap, 'Housing for People with Learning Disabilities'

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.

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
Total	**900**

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. Moreover, this indicates that people with learning disabilities are generally encouraged to live independently, with supported accommodation helping clients to learn to live on their own or with other people besides family. Supported accommodation remains the most attractive and beneficial model for the majority of clients provided the composition of stock is right, helping clients to gain the skills and experiences to live on their own.

- 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 solely 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 further exploration as such accommodation models offer similar benefits to the best supported accommodation (independent setting with support as required) provided that the correct support can be delivered. Consultation feedback suggests that these accommodation models offer an environment that people with learning disabilities are amenable to, and Cheshire East will further explore the viability and development of these models for people with learning disabilities.

- 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 for people with learning disabilities. As such, a greater provision of supported accommodation or greater uptake of sheltered and extra care schemes by 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.

Town	Bungalow 33%		Flats 19%		House 48%		Total 100%	
	Capacity	Filled	Capacity	Filled	Capacity	Filled	**Capacity**	**Filled**
Chelford	0	0	1	1	0	0	**1**	**1**
Congleton	33	31	3	3	25	23	**61**	**57**
Crewe	20	18	12	12	41	33	**73**	**63**
Handforth	18	16	1	1	4	3	**23**	**20**
Holmes Chapel	0	0	0	0	2	2	**2**	**2**
Knutsford	13	12	2	2	27	24	**42**	**38**
Macclesfield	27	25	56	55	56	51	**139**	**131**
Middlewich	2	2	0	0	4	4	**6**	**6**
Nantwich	11	10	3	3	21	19	**35**	**32**
Sandbach	10	10	0	0	4	3	**14**	**13**
Wilmslow	0	0	0	0	3	3	**3**	**3**
Wistaston	0	0	0	0	3	2	**3**	**2**
Total	**134**	**124 (93%)**	**78**	**77 (99%)**	**190**	**167 (88%)**	**402**	**368 (92%)**

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.

- This is often a difficult balance to achieve with the clients available, resulting in a higher degree of voids. 88% of shared houses are filled; whilst this generally reflects the high demand for supported accommodation, 88% is 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) that these types of provision afford, as well as the decreased onus on achieving a perfect need or behavioural composition given that shared space or functions are limited.

- This corroborates consultation findings, which emphasised that, for people with learning disabilities, individual tenancies within a wider shared scheme are the ideal model, allowing

an optimal 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 supported accommodation consisting of individual tenancies is the ideal model. Such a model could potentially be delivered in a sheltered housing and extra care scheme, given that they offer private tenancies with adaptable support on site.

- There is therefore a need to both continually refresh supported accommodation 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 supported 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.

- Finally, current supported accommodation is unevenly distributed, with Poynton, Wilmslow, Holmes Chapel, Sandbach, and Knutsford possessing significantly less supported accommodation for people with learning disabilities than the major population centres of Macclesfield, Crewe, and Congleton.

Chapter Conclusions

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 that requires on-going refinement as part of the Learning Disabilities Lifecourse project.

- Consultation and client feedback indicates that individual tenancies (with their own front door) within a communal scheme are the optimal supported accommodation paradigm for people with learning disabilities.

Strategic Priorities

- Work as part of the Learning Disabilities Lifecourse project to create an increasingly accurate picture of the number of people with learning disabilities in the Borough, as well as their levels of need and associated housing requirements.

- Work with providers to rationalise and recalibrate supported accommodation stock and tenant compositions within existing budgets, prioritising the creation of independent tenancies within flats and bungalows, rather than the current preponderance of shared housing.

- Promote and develop sheltered and extra care housing as options 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 campaigns outcomes and initiatives into the Council's pathways for this client group.

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 or treatment 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 Community Mental Health Teams (CMHTs): a public health partnership involving Cheshire East social care workers and NHS-funded health professionals. The CMHTs provide different treatment tiers scaled to the needs of clients, referring to care services, support services, health services, supported accommodation or institutional care as appropriate.

For people with heightened or enduring mental health issues who are unable to be housed safely within the community or those with a pre-existing housing need (for example, clients with acute depression, bipolar disorder, schizophrenia, or latter stage 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 there needs to be a flexible and mixed menu of accommodation and support that can cater for a range of needs and allows clients to effectively engage with each stage of their treatment.

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.

There is a strong history of joined-up partnership working – reified in the CMHTs – 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 treatment services follow 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 discharge and aftercare.

It is important that accommodation provision is capable of supporting this process, for instance by providing stable accommodation in which recovery can take place; without this, clients may struggle to engage with rehabilitative treatment and services may be unable to reach those they are treating.

Dementia

Cheshire East Council currently does not have a holistic commissioning strategy for people with mental health issues, though there is a Joint Commissioning Plan for people with dementia between the Council and the South and East Cheshire Clinical Commissioning Groups (CCGs). The vision of this commissioning plan is to:

'... make a real and positive difference to the lives of people affected by dementia. We want to ensure that people with dementia and their carers receive high quality, compassionate, timely care whether they are at home, in hospital or in a care home.'

The Joint Commissioning Plan identifies the following objectives for people with dementia. These will be reinforced through their housing and associated services:

1. Individuals are diagnosed in a timely manner.
2. Individuals, their carers/families have information and support to enable them to help them make choices appropriate to their needs.
3. Individuals, their carers/families are supported and provided with information about local travel schemes to enable them to access services.
4. All health and social care staff will receive appropriate dementia training to support individuals, carers/families.
5. Individuals have access to treatment and support to enable them to have a sustained and improved quality of life.
6. Individuals and their families/carers have access to Assistive Technologies to enable them to have a sustained and improved quality of life.
7. Individuals, their carers/families have appropriate, timely support to enable them to make informed choices about power of attorney/financial planning/advanced decisions/end of life planning.
8. Individuals and their carers/families are safeguarded and treated with dignity and respect.
9. Individuals, their carers/families will be guided and supported to access information relating to NHS funded Continuing Healthcare Assessments, Personal Health Budgets and Social Care funded individual personalised budgets..
10. Individuals are enabled and supported to have a dignified death in their chosen place of care.
11. Individual's experiences and those of their carers/families are captured and inform future research at local and national levels.
12. Individuals have the right level of support to manage pain and receive appropriate medication for their needs.

Principally situated within the joint commissioning strategy is the need to ensure that Cheshire East is a dementia-friendly community, where both public services and the wider community are equipped with the knowledge and understanding to effectively assist people with dementia in all

aspects of their lives. A flagship event will be hosted and coordinated by Cheshire East to galvanise energies towards this central pillar of the Plan, in conjunction with other public agencies in the Borough.

Other Mental Health Issues

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.

The Council aims to explore a more strategic and cross-service approach to mental health issues as an outcome of this strategy, to unify the objectives of mental health services, create superior protocols for helping people with mental health issues, and better inform a detailed specification of accommodation requirements. Such work will use the information and conclusions of this strategy as its starting point.

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. Considerable pressure on supported accommodation was noted by providers and CMHTs, with the number of clients with mental health issues presenting to social services and GPs increasing.

- 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. Moreover, this issue is forecast to grow more pressurised. In 2013/14, mental health issues accounted for 19% of all applications to the Supporting People single point of access and 15% of all referrals. This placed mental health as the most prominent client group outside of single homeless people, meaning the undersupply registered in supported accommodation provision for this group constitutes a priority in the context of this strategy.

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

CMHTs contain social workers employed by Cheshire East as well as health professionals. As such, much mental health treatment is delivered through social services to complement the more clinical treatment (such as prescriptions) provided by the health element of the CMHTs. Treatment services look to help people in their own homes or, where possible, encourage contact at CMHT resource

centres. However, this is not possible for many people, either because the chaotic or high-level nature of their needs necessitates more intensive monitoring, or because the client has a housing need and requires placement into supported or specialist accommodation. 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.

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
Grand Total	559	734	1293

Source: Social Services Monitoring Data (PARIS)

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 highlights that for the majority of clients with mental health issues, treatment and care can be provided on a floating or flexible basis provided the client has settled accommodation. This accommodation can be the client's own home or, if they had a

housing requirement or sufficiently high needs, supported accommodation sourced for them.

- 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 for people with mental health issues.

- Equipment and adaptations represent a relatively low proportion of social services provided to people with mental health issues. However, there are progressive assistive technologies, equipment, and adaptations that can deliver significant positive outcomes for people with dementia. Cheshire East is committed to promoting these more extensively, with the Joint Commissioning Strategy for Dementia highlighting that more people should be assessed for assistive technologies when presenting to social services with dementia. Principally, these technologies, items of equipment, and adaptations can enable people with dementia to live in their own homes for longer, negating both the risk of a care crisis and the need for relocation into more costly specialised accommodation.

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.

Demand

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, with one in twenty having a form of dementia at this age. 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.[16] Dementia costs the UK economy £17bn a year and this will increase to £50bn in the next 30 years.[17]

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[16] Cheshire East Joint Strategic Needs Assessment, Dementia and its Impacts, September 2012

[17] Audit Commission, 'Under Pressure: Tackling the Financial Challenges for Councils of an Ageing Population' (2010)

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.

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
Total population aged 65 and over	**5,240**	**5,732**	**6,690**	**7,915**	**9,335**	**78**

Source: Office for National Statistics (ONS) www.poppi.org.uk

As of October 2013 there were 604 clients of social care who received dementia care. The discrepancy between this figure and the estimated total cohort (shown in the above table) arises because this figure captures only those who have presented to social care and are FACs eligible, meaning that those people with low or moderate dementia needs are not included. If the number of social care clients moves in-line with the total estimated cohort, it will increase to 1075 by 2030.

Dementia clients are higher users of institutional care (see following 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.

Other Mental Health Issues

Cheshire East CMHTs (one based in Crewe and the other in Macclesfield) currently provide treatment for the following number of people with mental health issues. They chiefly receive referrals from GPs, who are expected to try pharmaceutical treatments before referring to the CMHTs should the problem prove to be persistently serious.

Treatment Stage	Crewe	Macclesfield	Total
SPA	103	151	**254**
Recovery	261	306	**567**
Review	382	485	**867**
Outreach	27	37	**64**
Total	**773**	**979**	**1752**

Source: CMHTs Casenotes Reporting April 2014

Mental health issues are tied to wider societal factors, and have experienced an increase during the recent recession. It is notable at an operational level that demand for mental health services is on the rise, with both CMHT and Supporting People services (to whom CMHTs refer) reporting

congested service through-puts and accommodation undersupplies. This partially reflects reductions in funding to healthcare, meaning more people are leaving hospital with acute mental health needs that must be met within the community.

Accommodation Status

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 social care 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 has below been extrapolated to provide a projection for the living arrangements of the 1035 mental health clients captured by adult social care data. As stated above, social care data does not reflect the entire mental health cohort given that it captures only those who are eligible for social care - meaning that those people with low or moderate mental health needs, who may still be receiving some lower-intensity treatment or support brokered by CMHTs, are not included.

The below table suggests that, even amongst the higher-needs clients who qualify for social care, 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, with more dementia clients utilising institutional care - and especially nursing care – than non-dementia clients, who have a greater tendency to reside in supported accommodation and intermediate housing options such as extra care and sheltered. Cheshire East aims to ensure that any institutional placement is part of a structured care plan that aspires to rehabilitate rather than simply manage a mental health issue, and that other supported or intermediate accommodation options are explored first as part of someone's treatment journey.

Non-Dementia			Dementia		
Living Status	Projected Non-Dementia Total	%	Living Status	Projected Dementia Total	%
Family/Friends Settled	192	32	Lives Alone	127	30
Registered Care Home	115	19	Registered Nursing Home	79	18
Lives Alone	48	8	Owner Occupied/Shared	73	17
Living Alone with Relative (Not Parent)	48	8	Registered Care Home	67	15
Registered Nursing Home	48	8	Family/Friends Settled	42	10
Supported Accommodation	48	8	Living Alone with Relative (Not Parent)	24	6
Owner Occupied/Shared	38	6	Sheltered/Extra Care Housing	6	1
Tenant (Local Authority)	38	6	Tenant (Local Authority)	6	1
Sheltered/Extra	10	2	Tenant (Private	6	1

Care Housing			Landlord)		
Temporary Local Authority Accommodation	10	2	Supported Accommodation	0	0
Tenant (Private Landlord)	10	2	Temporary Local Authority Accommodation	0	0
Grand Total	604	100	Grand Total	431	100

Source: Social Services Monitoring Data (PARIS)

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 through adult social care) are housed outside of the Borough; this applies mainly to institutional care but there are also a small number of external supported accommodation placements funded by Cheshire East.

Supported Accommodation

The following table summarises the kinds of supported accommodation provision available within Cheshire East. Supported accommodation for people with mental health issues can be difficult to broker, given that this client group above all others requires careful monitoring of social developments, and are often the most combustible in a shared environment. 87 of the units detailed below are directly funded through Supporting People, with the remaining 61 being provided outside of this programme.

Consultation has revealed that CMHTs and supported accommodation providers 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 at 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.

For these reasons, beneficial results for people with mental health issues can be realised in sheltered housing or extra care schemes as well as supported accommodation placements, seeing as the former housing models combine stable, individual properties with the possibility of regular and adaptive support. Indeed, as shown under the 'Demand' section, CMHTs do currently refer mental health clients to extra care and sheltered housing schemes where appropriate.

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

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

There are a number of themes and issues that surround the supported accommodation stock in Cheshire East:

- The current provision is well-divided between shared properties (arrangements where a small community of clients receives floating and on-demand support) and independent flats. The latter paradigm, as per the above analysis, is often deemed the most preferable composition for clients with higher needs. As demonstrated in the previous section, extra care and sheltered 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.

- 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.

- A key issue is the undersupply of supported accommodation felt within the Borough, as reported by Supporting People. This creates issues for people whose mental health issues prohibit them placement within general needs accommodation – those who require a degree of support to live independently. This results in a growing number of mental health clients who are presenting to the homeless team having been unable to secure accommodation upon discharge from hospital or upon entry to treatment. This is problematic given that the majority of interim or temporary accommodation provision within the Borough is not able to cater for people with complex needs (including mental health patients), meaning that mental health clients are increasingly being placed in bed and breakfast through lack of appropriate alternatives. As such, there is a need for:

  o A recalibration of interim and temporary accommodation to cater for those with complex needs (including mental health) in the short term whilst they await placement in supported accommodation – this could include assessment flats (see next point)

- o Bolstered working arrangements between the CMHTs and the homelessness team to better address mental health clients who have a housing need and find more routine placements in general needs accommodation. The demand pressure on supported accommodation could be alleviated if the required support levels were able to be delivered on a regular, floating basis to clients residing within general needs tenancies. This requires a coordinated approach between the CMHTs and housing teams in securing accommodation within the community, with assurances given to landlords that the required support levels to stabilise the tenant's condition and enable them to live safely will be provided.

- Consultation has also suggested the creation of a number of assessment flats in conjunction with RPs. This could be used to adequately gauge the extent of someone's issues should they present as homeless, as interim accommodation whilst settled supported accommodation is sought, or as a refuge with more intensive provision to help negotiate a heightened episode so that such episodes are not exacerbated or allowed to jeopardise access to accommodation or treatment.

- 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.

- Crucially, it is important that there is suitable accommodation provision mapped to each stage of the StAR process, ensuring that all clients can be housed appropriately at the various stages of their treatment and can 'step-down' into less intensive care and accommodation combinations as they move from recovery to aftercare. 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. For others who are able to be treated at home from the outset, this will simply entail the recalibration of their treatment services, which is done by CMHTs at StAR gateway reviews.

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.

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
Provision in CEC	Nursing	120	33	153
	Residential	94	60	154
	Respite Nursing	3	1	4
	Respite Residential	11	2	13
	Total	228	96	324
Provision Outside CEC	Nursing	13	11	24
	Residential	9	16	25
	Respite Nursing	1	0	1
	Respite Residential	0	7	7
	Total	23	34	57
CEC Provision (Care4CE)	Nursing	0	0	0
	Residential	0	0	0
	Respite Nursing	0	0	0
	Respite Residential	6	2	8
	Total	6	2	8
Grand Totals	**Nursing**	**133**	**44**	**177**
	Residential	**103**	**76**	**179**
	Respite Nursing	**4**	**1**	**5**
	Respite Residential	**17**	**11**	**28**
	Total	**257**	**132**	**389**

Source: Cheshire East Monitoring Data for Institutional Care Facilities

As aforementioned, it is important that Cheshire East looks to reduce dependency on institutional care to encourage preventative and rehabilitative outcomes whilst lowering social care costs. The non-dementia cohort will especially be targeted for community care or supported accommodation as a priority, given that, as shown previously, they are capable of being treated or housed in such settings – especially if captured by services before their mental health issue intensifies.

Dementia clients are more likely to require institutional accommodation at some point in their treatment journey, given that there condition will intensify by nature with limited scope of prevention. For these clients, it is important that their entry into intensive, institutional settings is made at an appropriately late point in their treatment journey to maximise independence; such transition should arise only after lower-level supported or intermediate accommodation options have been utilised. Given that the intensification of dementia needs is expected as a client ages, it is pragmatic for the full range of accommodation options to be available in one place. This has led to the popularisation of dementia villages in places such as Holland, where dementia clients can transition from low-level accommodation and care packages (such as independent flats with flexible care) to more intensive provision within the same, specially-designed site. Cheshire East will explore

such options for future development to ensure that accommodation for people with dementia is optimal.

Chapter Conclusions

Key Findings

- Numbers of mental health patients with a housing need is currently rising, with a large increase also projected in dementia clients in coming years.

- Given the diverse spectrum of mental health issues, the majority of mental health 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 supported accommodation or sheltered or extra care schemes, but can be realised in general needs accommodation with appropriate floating support.

- For those with more acute mental health needs (such as dementia clients) nursing and residential care remain the most commonly-used provision. 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 independent units, with the former being the most prevalent – despite independent tenancies within a communal scheme being deemed the better paradigm.

- Supported accommodation places are under considerable demand pressure, resulting in difficulties in placing mental health clients who require some degree of support to live safely. More people with mental health needs are presenting as homeless, and current interim and temporary accommodation is not always able to support these needs.

Strategic Priorities

- Look to recalibrate interim and temporary accommodation with adequate support in order to ensure that short-term placements for people with mental health issues are viable. This ensures clients have somewhere to stay until a settled placement - either in general needs accommodation with support or a supported accommodation scheme - is sourced. This links with similar requirements raised in the 'homelessness' chapter.

- Work with partners and providers to optimise the supply of supported accommodation for people with mental health issues in the Borough, supporting schemes that promise self-contained tenancies with access to flexible support. Any new development of supported accommodation will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets. With revenue budgets committed, accommodation services will have to be decommissioned and recalibrated to fund new ones; this will be determined on the basis of effective business cases aligned to the priorities of this strategy.

- Similarly, the provision of assessment flats will be explored in conjunction with RPs. Such provision could be used to adequately gauge the extent of someone's issues should they present as homeless, as interim accommodation whilst settled supported accommodation is sought, or as a refuge with more intensive provision to help negotiate a heightened episode so that such episodes are not exacerbated or allowed to jeopardise access to accommodation or treatment.

- Produce a revised working protocol between the CMHT and the Housing teams in order to better assess and source accommodation for mental health clients. This will entail closer working with RPs to accessing more tenancies with floating support or treatment for mental health clients, thereby alleviating pressure on supported accommodation schemes.

- Explore alternative models of accommodation provision for dementia clients, including the dementia village model that aims to create a safe environment that maximises independence for as long as possible through flexible combinations of accommodation and care.

- Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention and/or presentation.

- Promote greater assessment for, and use of, assistive technologies for people with dementia to ensure that more people can live safely at home for longer.

- 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.

Young People in Need and Cared for Children

Chapter Summary

Background

This chapter concerns all vulnerable young people within Cheshire East. To capture the different ways in which vulnerable young people access services, it makes a tripartite distinction between:

- Cared for Children: children to whom the authority has a parental duty and are in Cheshire East's care.

- Care Leavers: a subgroup within Cared for Children, care leavers are children in the local authority's care who are nearing adulthood. These children are placed on a pathway plan to help them gain the specific skills and experiences required to live independently as adults once the local authority's duty of care expires.

- Young People in Need: those 16-25 years olds who have not been through the care system, but present to the authority with a housing need – often described as 'young homeless'.

Appropriate accommodation shapes the variety and experience of placements available to young people, as well as patterning the pathways out of care for by care leavers, which can be abrupt or phased depending on the flexibility of the accommodation menu and associated support services in the area.

Cheshire East recognises the need to deliver a range of housing and housing support options appropriate to the needs and preferences of young people. Whilst children in care have a range of provision especially for them (in the form of residential homes and foster placements), there is substantial cross-over between young people in need and care leavers, who routinely access mainstream housing, generic floating support services, hostels, supported lodgings, as well as settled supported accommodation.

Outcomes for chiefly concern giving young people in need the same opportunities and quality of life as their peers. Throughout the entire gamut of accommodation options available to young people, Cheshire East aims to support young people to develop the tenancy management and independent living skills required to live on their own in the long-term and void future loss of accommodation. This entails providing a stepped menu of accommodation that allows planned moves for young people out of care or supported accommodation and into independent living. To achieve this a multi-disciplinary approach will continue to be utilised in determining and addressing the broader needs of young people that may act as barriers to them achieving settled accommodation or independent living.

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.

<u>Children in Care</u>

'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

The Southwark ruling (May 2009, G vs. Southwark) clarified that the Section 20 duty of the 1989 Children Act takes precedence over the duties within the 1966 Housing Act. 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. These legislative developments 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.

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 unsecure. 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.

Young People in Need

Adolescence is a difficult time for young people, which is compounded when they have a disruptive or abusive relationship with a primary carer. The majority of young homeless people have such a relationship, and their homelessness is a product of this relationship or the issues that formed it, such as mental health or substance abuse on the part of the carer or young person. Young people in

need are typically those who have left home or have been evicted from accommodation and are rough sleeping or sofa-surfing prior to presentation to services. As with care leavers they may require emotional as well as practical support.

Care leavers can easily present as young homeless people following their departure from care, given that they frequently have behaviours or needs that mean they are unable to maintain a tenancy without appropriate support. Indeed, around a quarter of rough sleepers nationally have a background in care.[18] This emphasises the need for local authorities to deliver outcomes first time for children in care, starting individuals upon accommodation pathways that equip them with the support and skills required to live independently, thus reducing costs and representation later on.

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.

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[18] CRISIS, 'The hidden truth about homelessness: Experiences of single homelessness in England.'

- The chapter has been expanded beyond its initial scope to holistically cover young people with housing needs, rather than just those known to the care system. This has been in response to consultation feedback that a general chapter on children is a logical place for information on homeless young people, rather than its previous location under homelessness. Young people in need encompasses those young people who present to services with a housing need, rather than just those that are already known to the Council by virtue of a parental duty.

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.
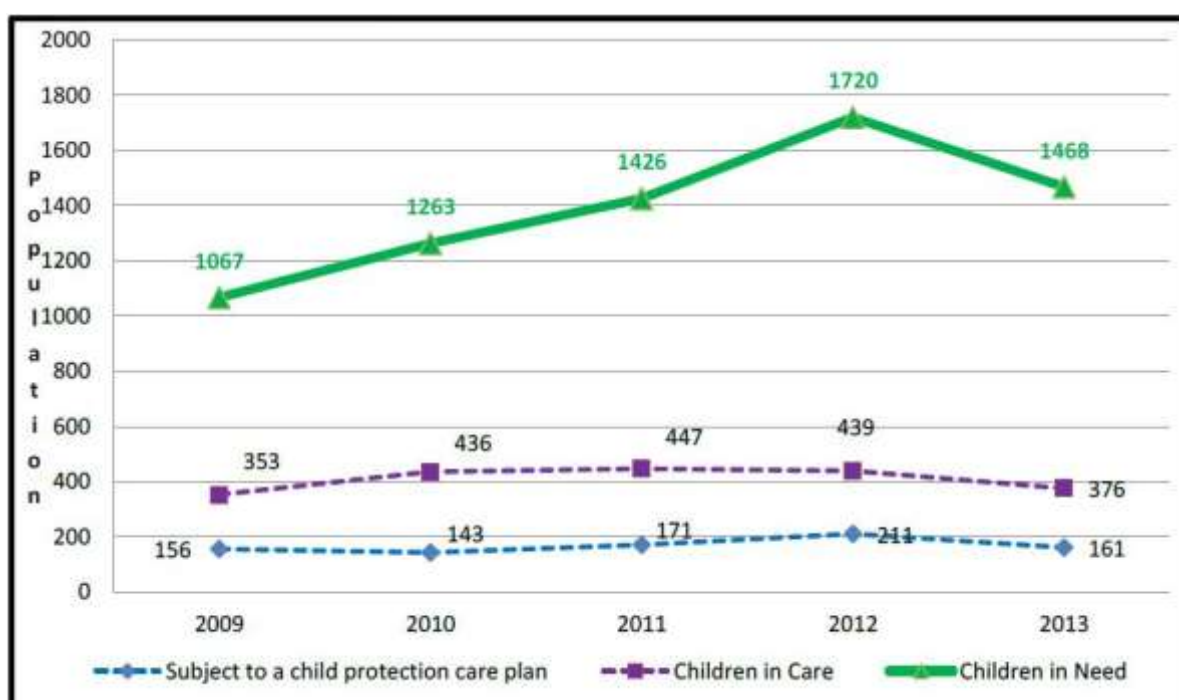
Source: Cheshire East Sufficiency Statement

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 LSAOs in Cheshire East with the highest percentage of adults with no or low qualifications and the highest

levels of deprivation. 7 of these LSAOs 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%
Total	376	100%

Source: Cared for Children at 31/03/13

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.
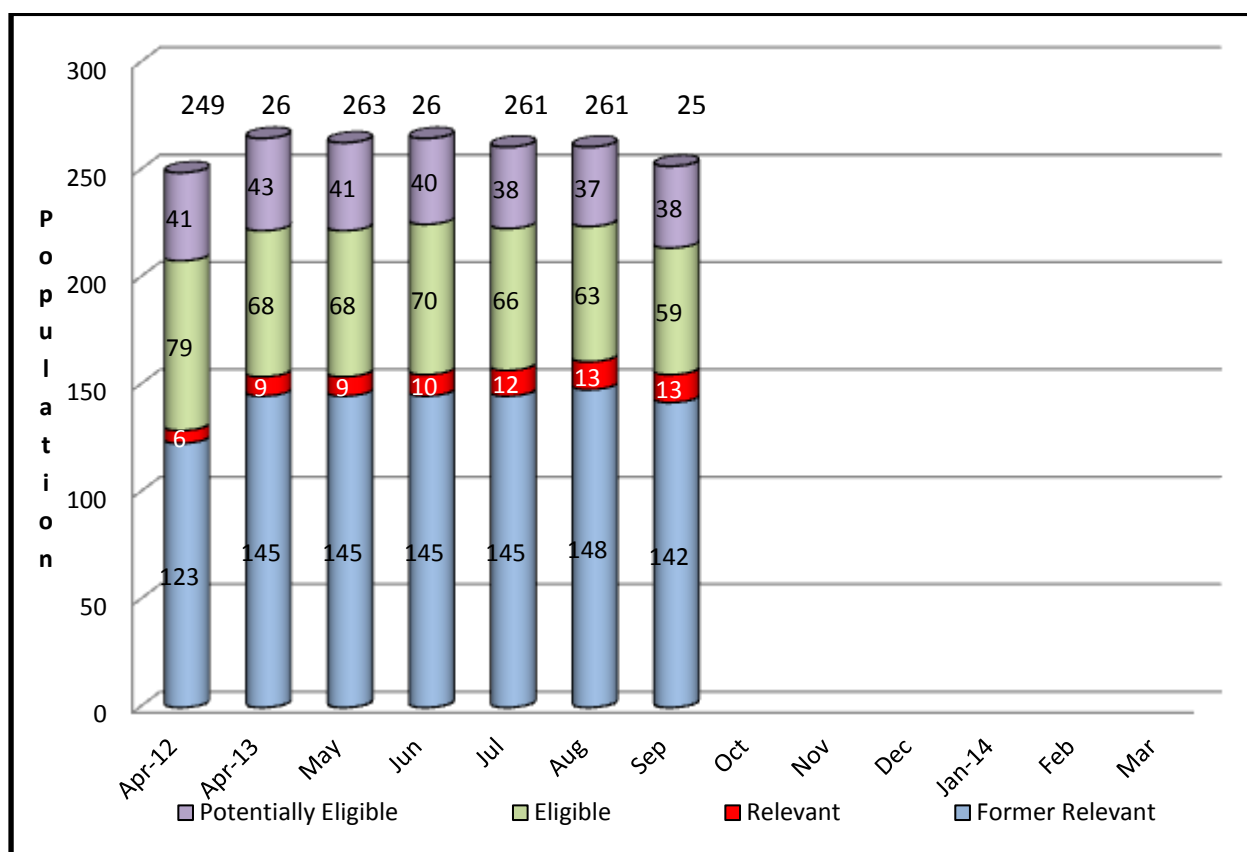
Source: Cared For Children Monitoring Report (October 2013)

Children's services must find accommodation for all care leavers once they reach the age of eighteen, though pathway planning (which entails the sourcing of transitional accommodation) begins when they are 16-17. There are 66 children in Cheshire East's care in 2014/15 who will qualify as care leavers (aged 16 or 17). Of these, 36 will turn 18 in 2014-15 and will thus require placement beyond residential or fostering care. This is similar to the 2013-14 year, in which 42 cared for children turned 18.

Young People in Need

There are a prominent proportion of young people threatened with homeless. In total, there were 75 presentations by 16-17 year olds to homelessness officers in 2013-14. Further to this, 256 applications were made for Supporting People funded services and accommodation by young people at risk of homelessness. 39 of these were from care leavers. This shows that youth homelessness is particularly prominent amongst those transitioning out care, but that there is still a significant proportion (217 people) threatened with homelessness that do not have a background in care – those who have left home or been evicted from accommodation.

These figures for youth homeless presentations do not fully represent the housing problems faced by young people. This should also be taken 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 youth homelessness preventions (the sourcing of alternative accommodation for young people for six months) in this period and helped the majority of those remaining return home.
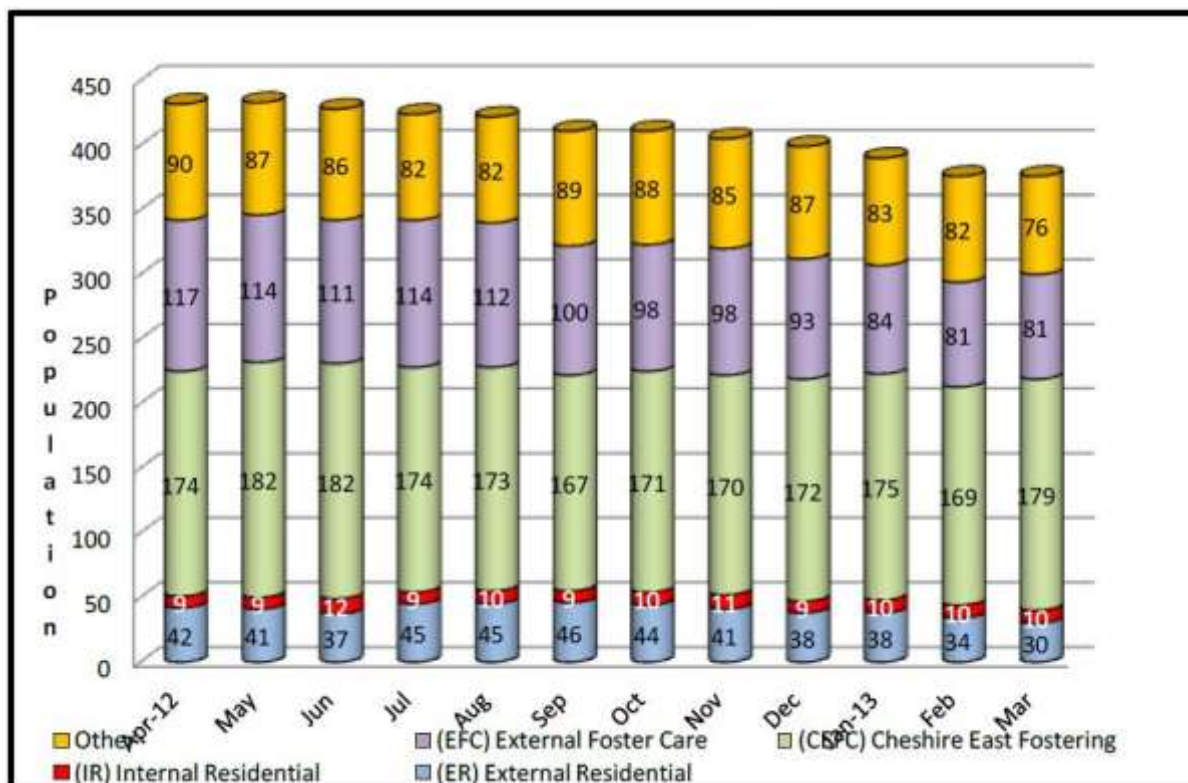
Most 16-17 year olds threatened with homelessness but are not care leavers are assisted under Section 17 of the Children's Act, meaning that they are not formally accepted into the local authority's care and remain eligible for benefits. A small proportion become 'looked after' under Section 20 of the Children's Act, meaning the local authority assumes corporate parenting duties and the young person becomes ineligible for benefits.

Not all of those young people who present to services are accepted under the homelessness duty or housed in supported accommodation through Supporting People. This could be due to chaotic and challenging behaviours prohibiting acceptance under the homeless duty or into supported accommodation, or it could be due to their housing need being resolved in other ways, such as the young person returning to their family home. As with older homeless clients, where young people in need of accommodation cannot be housed in temporary or supported accommodation, they are placed in bed and breakfast, which places them at considerable further risk given that it offers limited structured support.

Thus we can conclude that young people are a major priority within the wider homeless client group, with prevention and referrals to specially designated supported accommodation continuing to be a priority in Cheshire East through appropriate support.

Supply

The table below illustrates the changing spread of placements for children under Cheshire East Council's care. This incorporates both cared for children and care leavers; the latter constitute the bulk of the independent living and supported accommodation placements under the 'other' category.

450
400
350
300
P
o 250
p
u 200
l
a 150
t
i 100
o
n 50
0

| Apr-12 | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan-13 | Feb | Mar |

Values shown in bars:
- Other (yellow): 90, 87, 86, 82, 82, 89, 88, 85, 87, 83, 82, 76
- (EFC) External Foster Care (purple): 117, 114, 111, 114, 112, 100, 98, 98, 93, 84, 81, 81
- (CEFC) Cheshire East Fostering (green): 174, 182, 182, 174, 173, 167, 171, 170, 172, 175, 169, 179
- (IR) Internal Residential (red): 9, 9, 12, 9, 10, 9, 10, 11, 9, 10, 10, 10
- (ER) External Residential (blue): 42, 41, 37, 45, 45, 46, 44, 41, 38, 38, 34, 30

Legend:
- □ Other
- ■ (IR) Internal Residential
- ■ (EFC) External Foster Care
- ■ (ER) External Residential
- □ (CEFC) Cheshire East Fostering

Source: Cared For Children Monitoring Report (October 2013)

<u>Cared for Children</u>

Cared for Children access accommodation that is unique to their situation – chiefly residential children's homes and foster care placements. There are a number of themes that specifically concern these types of provision:

- Cheshire East houses the majority of its cared for children in foster placements within the Borough. However, 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

Accommodation for care leavers is arranged with them during the latter stages of their care (16-17) as part of their pathway plan to best enable them to segue into a general needs tenancy (possibly with some support) beyond 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. Some care leavers may still be located in residential or foster care at 16-17, but social workers will be planning

accommodation pathways for these young people that will enable them to live independently when they turn 18.

The below table shows the types of accommodation that care leavers inhabit as of April 2014. This demonstrates that the majority of care leavers are split between foster care, residential placements, and supported accommodation (which is largely delivered by a small number of private providers located in the south of the Borough).

Accommodation Type	16-17 Total
Fostered with Family/Friend	7
Residential Homes	14
Independent Living	3
Other Foster Carer	25
Placed with Own Parents	2
Other Residential (Supported Accommodation and Supported Lodgings)	13
Residential School	2
Total	66

Source: Cared for Children Monitoring Reports (April 2014)

There are a number of conclusions we can draw surrounding the supply of accommodation currently available for care leavers:

- Supported accommodation and independent placements for care leavers are currently managed on an ad-hoc basis utilising the accommodation landscape that has organically developed in the Borough. Due to lack of specialist supply, many care leavers utilise accommodation that is intended for young homeless people (such as short-term hostel accommodation funded through Supporting People); this creates additional demand pressure on these services, even though they are not always optimal for care leavers. The Council will therefore work to use the conclusions of this strategy to forge an increasingly structured menu of planned and dedicated 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.

- Service modelling has demonstrated that the chief gaps in provision lie in long-term supported accommodation, which can house care leavers unable to make the transition into independent living. Such provision is currently sought in the private sector, but it is limited and often expensive. Where no long-term supported accommodation placements can be found, care leavers are often placed in Supporting People funded short-term accommodation or emergency beds alongside young homeless people. This is an imperfect and temporary solution that does not always equip care leavers with the skills required to live independently, given the time restrictions on such accommodation. Cheshire East will therefore prioritise the creation of long-term supported accommodation for care leavers, which can provide a settled housing solution until they are ready to live independently.

- To make this accessible for young people, supported accommodation provision needs to be better balanced between the north and south of the Borough, given that the private providers in the area are located solely around Crewe.

- Taster accommodation would also make a beneficial addition to Cheshire East's supported accommodation stock. This type of accommodation would provide a short-term independent living experience for care leavers as part of their tenancy-readiness assessment. This can provide care leavers with a short-term experience of the realities of tenancy management before they are tasked with living independently, with the option of 'stepping down' into supported accommodation if required.

- The landscape of move-on accommodation needs to be diverse and appealing enough to encourage care leavers to make the transition from supported accommodation to independent living, once they have the prerequisite skills and behaviours. Consultation suggested that many young people would prefer shared housing arrangements initially, which can provide the sociability preferred by many young people, before living on their own further down the line. To make this effective, enhanced client matching is required to establish compositions that will be supportive and stable. Moreover. further agreement will be explored with RPs regarding the availability of properties for identified care leavers able to live in the community in a shared or solo setting - possibly with some floating support

- Care leavers are often unable to sustain independent tenancies following drops in their housing benefit at the age of 22. Some local authorities are agreeing an exemption on the benefit reduction until the age of 25 to allow care leavers greater time to become settled and sustain their independent tenancy, rather than having to seek supported or emergency accommodation having made progress into independence. Cheshire East will explore the viability of a similar exemption.

- In terms of foster care, the Council will look to secure as many 'staying put' placements as appropriate and viable to ensure that any extant 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.

Young People in Need

There is much cross-over between the kinds of accommodation utilised by care leavers and that available to young people who present as homeless. The kinds of accommodation available to young homeless people (and some care leavers) are discussed below. The goal of services at this point is to find independent accommodation placements for these young people and enable them to sustain them through the provision of appropriate support and skills.

- Cheshire East has a supported lodgings contract which allows access to 14 short-term beds for young people with a housing need. Alongside general young homeless people, a number of care leavers are placed in supported lodgings if no placements can be sourced in supported accommodation or independent tenancies.

- In addition to this, there is the Night Stop incentive that uses volunteers to provide emergency accommodation for up to three nights for people aged 18-25. Since Night Stop started in April 2009, 153 young people in Cheshire East have accessed the 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. This indicates that Night Stop, unlike supported lodgings, is primarily used as emergency accommodation to capture those young people who have left home at short-notice and have nowhere to stay, rather than care leavers. Such crises can often be resolved by relationships being repaired with family members, emphasised by the fact that 34% of young people who accessed Night Stop returned home to family rather than requiring further placement.

- Provided they are over 18, general needs accommodation for young people can be sought through choice-based lettings in conjunction with RPs. However, the complex issues that many homeless young people or care leavers exhibit can often make this combination unfeasible and difficult to broker without some level of support or time spent in a supported living environment, to ensure the young people are ready and able to live independently.

- Supported accommodation for young people is provided through a combination of private companies commissioned on an ad hoc basis and regular bed spaces funded through Supporting People. There are three private providers of supported accommodation who work in the Crewe area; however, there are no private supported accommodation providers in the north of the Borough, limiting the options for placing children there.

- As for supported accommodation funded through the Supporting People programme, there are 92 units of supported accommodation and 78 units of floating support available for young homeless people (including teenage parents and young offenders). The Supporting People needs analysis projects that there is an undersupply in both supported accommodation placements and floating support. Young people represented 8% of the total applications to the Supporting People single point of access and 9% of the total accepted referrals from 2013/14.

Young People	Need 2020	Supply 2013	Gap
Accommodation Support	83	77	-6
Floating Support	37	30	-5

Source: Supporting People Needs Analysis 2013

Young Offenders

Young offenders are largely captured under young people in need, and utilise much of the accommodation detailed in the above section. However, there are some specific accommodation issues for young offenders that need to be discussed separately.

There were 163 young offenders in Cheshire East in 2013/14. The unstable living situations of many of these young offenders contribute to their issues and offending history. As with other children in need, children's services and the homelessness team work together to try and find accommodation for young offenders in general needs or supported housing. Young offenders experience other issues common across all young people in need, such as being unable or unwilling to travel to accommodation placements sourced for them.

However, aside these general considerations, sourcing such placements is particularly difficult if a young person has offended seriously, multiple times, or has been sentenced. This can lead to young offenders being placed in inappropriate temporary settings for want of an alternative, such as bed and breakfast, or being remanded into custody early.

There are 15 units of supported accommodation commissioned through Supporting People specifically for offenders. However, this is not always appropriate for young offenders for whom placements in children's accommodation are sought to best enable rehabilitation and prevent future offences. Demand is projected to remain high from young offenders, who are subsumed within the children's figures for demand and supply presented above.

Cheshire East is committed to improving its protocols and housing offer to ensure that young offenders are able to access secure and supported accommodation that can set them on a path to independent living, rather than compounding their issues and increasing the likelihood of future offences. Alongside this general requirement to improve access to supported accommodation, Cheshire East will also explore further the options for secure, short-term accommodation for young people who are awaiting sentencing in custody, to ensure they are safe until a decision is made.

Chapter Conclusions

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.

- For cared for children, 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.

- Care leavers are chiefly split between foster care, residential placements, supported accommodation, and independent placements. There is little accommodation (and specifically long-term supported accommodation) allocated specifically for care leavers, meaning they are frequently reliant on emergency beds or short-term hostel services nominally intended for young homeless people.

- Many young people in need of accommodation (including care leavers and young offenders) struggle to access accommodation, either because of demand pressures on supported accommodation or their needs and behaviours precluding them from acceptance into

independent or supported housing. This leads to an over-reliance on emergency accommodation or inappropriate temporary placements – such as bed and breakfast.

Strategic Priorities

- 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 for cared for children, 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.

- Establish a working group to examine barriers identified in this strategy that can inhibit young people and care leavers' pathway through accommodation, including benefits and the kinds of accommodation available.

- There is a need for a more strategic and market-shaping approach to provision for young people in need and especially care leavers. Cheshire East will create an ideal accommodation offer for care leavers, incorporating the findings of this strategy. This will assume a 'step-up, step-down' model, and include a greater provision of dedicated long-term supported accommodation for care leavers, taster accommodation, and move-on accommodation for those deemed tenancy-ready – including shared housing options. Any new development of supported accommodation will be sustained wherever possible from within existing revenue budgets or through the utilisation of personal budgets.

- This will involve further work with Registered Providers to scope delivery possibilities and identify general needs stock that can be married to floating support for use by known care leavers or young homeless people who are deemed tenancy ready. Such move-on is important to reduce high demand pressures on 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.

- Review protocols for young offenders to ensure that access to housing is optimised. Explore options for improved short-term, secure accommodation for young people in custody awaiting sentencing.

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 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 are 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

As of April 2013, Cheshire East has the responsibility of commissioning some aspects of Public Health services, including substance misuse services. These services involve elements of treatment that were previously the remit of health bodies. This has led to a reassessment of substance misuse services within the area (enshrined in the recommissioning specification, which are summarised below) and their relationship to housing (covered in this strategy).

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 recommissiong work is exploring bringing these together into a holistic set of services delivered by one provider (potentially at the head of a consortium) 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.

Building on these themes, the vision in Cheshire East for the future Substance Misuse Service is to inspire a future without substance misuse for all, through services that are accessible at the right time, in the right place, and through the right people and a commitment to improving personal health and wellbeing. The specification for new drug and alcohol services will ensure that future services will provide:

- Will improve our prevention and early intervention service approaches, aftercare support and ongoing recovery support to maximise the potential for achieving a substance free life.

- Will be adaptable and flexible to respond to changing local service demand, as well as being responsive to the changing demographics of our population and the challenge of a large local authority area of both rural and urban conurbations.

- Will understand that service users can have multiple needs, have responsibilities such as being a parent, partner or a carer within a wider family context. 'Case Co-ordination' and 'Seamless' movement or transition between services must be assured to succeed in providing a 'holistic' 'whole family' approach to substance misuse services. Multi-disciplinary working is essential.

- Will ensure continuity of care through this holistic model, including for those leaving the criminal justice system.

- Will offer 'step up and step down' treatment and support that is seamless, co-ordinated and monitored. Follow-up review arrangements will occur upon treatment exit to monitor achievements of a life free from substance misuse, and learning from relapse.

- Will support parents, partners, families, and carers* through step up and step down treatment and support services in a clear and integrated manner.

The Role of Housing

Evidence suggests that appropriate housing (frequently with elements of support) plays a critical part in the recovery phase of drug and alcohol users' treatment journey: supporting their transition back into the community following treatment or rehabilitation and equipping them with the skills and behaviours required to manage a tenancy in the long-term. Housing, and particularly supported housing, can therefore encourage and prolong recovery beyond the treatment phase of a client's journey.

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. By housing substance misuse clients appropriately upon exit from treatment, their condition can be prevented from worsening and their need for other services downstream mitigated.

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 and are unable to enter an abstinence-based scheme. 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

<u>Current Drug and Alcohol Services</u>

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)[19] 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 recommissoning 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,

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[19] 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.

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

Area of Service Model	Type of activities that may be carried out	Who may support the activity
Information and Advice	Websites Booklets Posters	GP practices Pharmacists Support groups Education facilities (e.g. schools and Youth centres)
Identification	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
Early Intervention	Brief interventions assessments	GP practices Hospitals Community nurse
Structured Treatment	Medicine prescribing Behaviour change therapy Detoxification and initial rehabilitation Group work	Community based specialist substance misuse services Residential/in-patient services
Intensive Recovery Support	Ongoing rehabilitation	Community based specialist substance misuse services Support groups Key worker
Drop In	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 2013/14, 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. These young people will either be homeless, sofa serving or living in hostel accommodation awaiting permanent accommodation.

All young people with a housing need identified by the service are referred to a Young Person's Housing Officer within Cheshire East, who coordinates their referral to supported accommodation provided through Supporting People.

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%
Total	9000	1484	16%

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 were an estimated 2000 drug users within the Borough, of which 903 engaged in drug treatment throughout 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%.

	Aug11 Jul12	Sep11 Aug12	Oct11 Sep12	Nov11 Oct12	Dec11 Nov12	Jan12 Dec12	Feb12 Jan13	Mar12 Feb13	Apr12 Mar13	May12 Apr13	Jun12 May13	Jul12 Jun13
OCUs (All Ages)	830	828	829	816	813	815	815	815	819	826	831	832
All Drugs (Over 18s)	857	857	857	849	847	852	856	864	871	887	900	903

Source: NDTMS, OCUs/Adults – Cheshire East

As for 2013/14, a snapshot of those in treatment taken in November 2013 demonstrates that there were 782 clients receiving drug treatment at that time. This is notable as there are circa 900 people every year who engage with drugs treatment, as indicated by the 2012/13 figures. If 782 of these are engaged with treatment at a single point in the year, we can conclude that the vast majority of these clients are engaged with services for the best part of a year. This is elucidated in the table below, from which we can glean a number of things about the 13/14 cohort:

- The majority of individuals in drug treatment are receiving this treatment in Macclesfield and Crewe, with Congleton and Wilmslow also containing significant clients. This indicates that these should be priority areas for supported accommodation options the assist those leaving treatment with a housing need.

- Of the 13/14 treatment cohort engaged in drug services at November 2013, the majority have been receiving treatment for four years or more. This highlights that, for those in drug treatment, there is not a focus on recovery and move-on from treatment to abstinence, with most clients remaining in long-term treatment. For move-on to be a feasible option, there

needs to be suitable provision of supported accommodation options for when clients leave treatment, so that they do not relapse and can transition into an abstinent lifestyle.

Town	a) Less than 2 yrs	b) 2 to 4 yrs	c) 4 yrs or more	Total
Alsager	9	<5	11	20
Congleton	26	13	51	90
Crewe	69	26	92	187
Eastern Cheshire CCG Rural	5		14	19
Knutsford	11	<5	13	24
Macclesfield	71	24	142	237
Middlewich	11	6	9	26
Nantwich	10	<5	s	10
Poynton			<5	0
Sandbach	10	<5	13	23
South Cheshire CCG Rural	12	<5	15	27
Wilmslow	25	5	26	56
Other areas / inaccurate postcode	20	<5	18	38
Cheshire East total	279	92	411	782

Source: NDTMS

This second point is affirmed in the treatment completion ratios. The key issue that emerges is the low percentage of successful treatment completions for those in drug treatment. 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; this means that clients are not frequently enabled or encouraged to move-on out of treatment and therefore remain there for a long time. 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.

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

Source: NDTMS

Alcohol

There are an estimated 7000 dependent drinkers within the Borough, of which 581 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 stratify the number of people in treatment at November 2013 by their location and length of treatment. We can draw the following from these figures:

- Treatment lengths are considerably shorter for alcohol services than drug services.Almost the entire cohort are in treatment for less than a year. This is corroborated by the fact that there were 581 people who received alcohol treatment in 12/13, but only around 200 are actually in treatment at any one time.

- As with drugs, the areas that lead demand for treatment are Macclesfield and Crewe, with significant clients also found in Congleton, Wilmslow, and rural areas.

Town	a) Less than 1 yr	b) 1 to 2 yrs	c) 2 to 4 yrs	d) 4 yrs or more	Total
Alsager	5				5
Congleton	13	<5			13
Crewe	37	<5			37
Eastern Cheshire CCG Rural	14				14
Knutsford	<5				0
Macclesfield	64	<5			64
Middlewich	5	<5			5
Nantwich	7				7
Poynton	<5	<5			0
Sandbach	7				7
South Cheshire CCG Rural	16	<5			16
Wilmslow	22	<5			22
Other areas / inaccurate postcode	<5				0
Cheshire East total	**199**	**12**	**1**	**1**	**213**

Source: NATMS

Treatment completion ratios also run contrary to drugs services, with treatment completions above national and regional comparators, and a representation rate in line with regional rates. This cements the general conclusion that alcohol treatment is inherently short-term with superior through-put to the more containment-focused drug treatment. This does, however, mean that there is a greater burden on supported accommodation for those recovering from alcohol addiction, as there are comparatively more of this cohort leaving treatment every year and requiring accommodation support to negate relapse.

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**
Total	**1484**	**701**	**90**	**13%**	**251**

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

Housing for people with substance abuse issues covers the accommodation of clients upon their exit from treatment. Treatment concerns the detoxification and initial rehabilitation of clients (usually for a period of 12 weeks), after which they have to return home – provided they have somewhere to go. Many have a housing need upon exiting treatment, because they have no fixed accommodation; have health risks associated with their dependency, or are unable to maintain a tenancy because of their substance abuse issues; others will require further support (provided either in a supported accommodation placement or through floating support to their residence) to achieve abstinence in the long-term and the behaviours required to maintain a tenancy.

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

Supported Accommodation

Supported accommodation is the most prevalent and effective means of helping those with substance misuse issues transition out of treatment and back towards independent living, gaining the skills and behaviours to live on their own and manage a tenancy.

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: there is limited provision that caters specifically for those with substance misuse issues, but

most clients are housed in accommodation nominally intended for other clients – most commonly homelessness, given that the majority of people with substance misuse issues and a housing need are also homeless. For this reason, the hostels and homeless accommodation throughout the Borough are skilled at catering for clients with substance issues.

However, 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 two institutions that provide specialist accommodation for people with substance abuse issues. These are outlined in the table below alongside the other provision that is frequently used for this client group.

Area	Client Group	Total Capacity	Type
Macclesfield	Drug and Alcohol Specialist	8	Sheltered recovery scheme (abstinence-based).
	Drug and Alcohol Specialist	8	Sheltered recovery scheme (abstinence-based).
	Homelessness	10	Sheltered recovery scheme (Requires abstinence).
	Homelessness	9	Temporary accommodation for homeless clients – limited support available.
Congleton	Homelessness and Mental Health	8	Sheltered recovery scheme (Requires abstinence. Shared with mental health clients).
Crewe	Homelessness	39	Sheltered recovery scheme (Requires abstinence).
	Young homeless	12	Sheltered recovery scheme (Requires abstinence).
Total		85	

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 two institutions above cater solely for this client group, whilst others house those with substance misuse issues but also cater for other client groups, who also compete for places in these schemes.

- The majority of these institutions are located in the Macclesfield and Crewe areas of the Borough. Whilst this does not represent an equitable spatial distribution, this configuration reflects that these locations are the largest urban population centres and experience the greatest degree of accommodation pressure.

- In addition to being insufficient in terms of quantity of placements, these facilities do not adequately cover the entire needs spectrum and treatment pathway. Because the majority of these schemes are not dedicated to substance misuse clients, they are chiefly abstinence-based recovery schemes (which require clients to stop abusing substances upon entry) and sit at the more intensive end of the recovery spectrum. The abstinence-based schemes provide excellent transitional accommodation for those capable of the abstinence, community support engagement, and upskilling that takes place in these schemes. However, there is a noticeable gap for those with acute substance abuse issues, usually following their exit from detoxification and rehabilitative treatment, 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' programme. This will allow a greater number of people to make the transition into abstinence-based schemes or independent move-on housing in the future, rather than failing to adapt to abstinence requirements and being ejected – at which point they cease to receive support and risk the escalation of needs.

Chapter Conclusions

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: services are not recovery-focussed and engender long treatment cycles, leading many clients to 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-intervention 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 specialist accommodation for high-needs alcohol clients within the Borough, conducting market analysis to understand best practise in this field and constructing a business case to drawn down the prerequisite support costs. The need for such 'wet' 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

Chapter Summary

People with a physical disability occupy a unique position 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 low-level support or property adaptations rather than dramatic intervention, with the majority capable of independent living if the right enabling mechanisms or services 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 ensuring that any admission to residential or nursing care is temporary or rehabilitative.

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 far 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 through adaptations and assistive technologies. Such measures allow homes to better tolerate care and support without the need for intensive care packages or the 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 current lack of specialist accommodation available for this client group. Extra care schemes are by nature built with disability in mind and can provide an alternative to institutional care for those with physical disabilities. Indeed, the potential admittance of physically disabled people across the age and need spectrum into extra care schemes was deemed a positive thing by focus groups, 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, recognising the social model of disability where physical barriers need to be overcome to enable disabled people to be independent and equal in society, with choice and control over their own lives. 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)

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 in 2012/13 was a one-off cost of £5,600, reducing to £3,700 in 2013/14 – when compared to the recurrent annual cost of a residential care placement of £19,500, or a yearly 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').

Disabled clients, and particularly the elderly frail, are also the chief customers of the Care & Repair and Handypersons services. As older people are the chief users of this service, they are covered in greater detail under the Older Persons chapter; DFGs are largely required for major home renovation to accommodation a physical or sensory disability, so are better addressed here.

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

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 as they have grown older.

Homechoice Demand

The Homechoice social housing register tracks the number of people awaiting allocation to social housing who require properties that have been designed or adapted to meet the accessibility requirements of disabled people. This data captures the demand for affordable properties (priced at below market value) that are also physically amenable for the disabled. This demand could encompass social care clients (discussed below) who will then receive services within these properties.

The table is useful in indicating which areas have the greatest need for accessible properties in the community, for those individuals whose needs are not high enough for specialist accommodation (such as residential, nursing, or extra care) who could live independently and safely provided they have a property physically suited to their needs. Cheshire East is therefore committed to ensuring a greater proportion of properties designed to greater accessibility standards and built with the disabled in mind. This could encompass properties with wider doors or bungalows.

It is notable that, of these 111 households who require an affordable, accessible home, 54% of these are over 55, indicating that the majority require specially-designed housing because of frailty brought on by age, rather than long-term disability. 22% of these households are a family containing a disabled person, whilst 14% of these applicants are single, disabled people currently living in an unsuitable property.

Area	Number of First Choice Applications
Crewe	15
Macclesfield	14
Congleton	12
Sandbach	12
Nantwich	7
Alsager	6
Nantwich Rural	5
Knutsford	4
Alderley Edge	4
Bollington	4
Crewe Rural	4
Wilmslow	3
Middlewich	3
Poynton	3
Alsager Rural	3
Holmes Chapel	3
Holmes Chapel Rural	3
Disley	2
Handforth	1
Knutsford Rural	1
Macclesfield Rural	1
Northwich	1
Total	111

Source: Cheshire Homechoice March 2014

Current Service Demand

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

Source: Social Services Monitoring Data (PARIS)

People with physical and sensory disabilities have a unique demand for housing that is physically designed to cater for their vulnerabilities. The type of housing required is dependent on the severity of need, with lower-level needs being able to live safely and independently in their own homes with the help of adaptations, Telecare, or home care; whilst those with higher needs may require more routine assistance which can be most appropriately provided in specialist accommodation such as sheltered housing, extra care, or institutional provision.

Specialist accommodation, home care, and Telecare are all brokered through social services, making social care data an effective indicator of demand for different types of accommodation or associated services. 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.

	Under 65	Under 65 %	Over 65	Over 65 %	Total	Total %
Adaptations	0	0.0	5	0.1	5	0.1
Day Care	36	5.8	147	3.5	183	3.8
Direct Payment	203	32.9	406	9.6	609	12.6
Equipment	6	1.0	54	1.3	60	1.2
Extra Care	20	3.2	291	6.9	311	6.4
Family-Based Care	24	3.9	62	1.5	86	1.8
Homecare	141	22.9	959	22.7	1100	22.7
Independent Living Fund	1	0.2	0	0.0	1	0.0
Intermediate Care	34	5.5	475	11.2	509	10.5
Network Care	2	0.3	1	0.0	3	0.1
Nursing Care	24	3.9	408	9.6	432	8.9
Professional support	3	0.5	17	0.4	20	0.4
Reablement	7	1.1	59	1.4	66	1.4
Residential Care	8	1.3	406	9.6	414	8.5
Respite Nursing	4	0.6	62	1.5	66	1.4
Respite Residential	8	1.3	104	2.5	112	2.3
Telecare	96	15.6	772	18.2	868	17.9
Transport	0	0.0	4	0.1	4	0.1
Total	617	100	4232	100	4849	100

Source: Social Service Monitoring Data (PARIS)

In addition to the above, adaptations to properties and specialist equipment (stair lifts, shower seats, assisted chairs) for those living within the community are monitored separately. This reveals the high number of low-level and preventative interventions performed in the Borough for those with various disabilities, enabling them to live in their own homes safely.

Regarding equipment services (the provision of assistive equipment to enable people to live more easily and safely in their homes, negating the need for more intensive care or support), there are around 5000 equipment allocations each year in Cheshire East to people receiving Health and Social Care. A great many more are signposted to purchasing assistive equipment as a preventative measure, even if their needs do not yet qualify them for social care. The chief pieces of equipment required are profiling beds and mattresses, shower chairs, walking frames, and commodes.

Year	Equipment Provisions
2012-13	5092
2013-14	5301

Source: CES Monitoring Data

Similarly, there are a high number of adaptations (physical augmentations to a property carried out chiefly via the Care and Repair Service and DFGs) utilised in Cheshire East. These are broken down for the 2013-14 financial year in the table below.

Type of Adaptation	2013-14 Frequency
Disabled Facilities Grants	169
Social Services funded Minor Adaptations	1,291
Self-funded Minor Adaptations	330
Privately funded Major Adaptations	22
TOTAL	1,812

Source: Private Sector Housing CRM Monitoring Data

The following table looks specifically at the major adaptations for the last three years to identify the cohorts served most frequently and the comparative spend. Whilst the majority of these are for the elderly frail, it has been observed by services that adaptations for children and young people are rising at a higher rate, reflecting the growing number of young people with physical disabilities known to services. It is notable that the cost of an adaptation is significantly lower than, for instance, the cost of care at home; moreover, research suggests that £1 sent on adaptations saves around £1.50 over three years, with further benefits accruing annually thereafter.

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
Total	£2,631,000	502	£5,241

Source: Private Sector Housing CRM Monitoring Data

There are a number of conclusions that we can glean from these datasets:

- Adaptations, equipment services, Telecare, and care at home remain the most prominent accommodation services for this client group, emphasising their ability to live within the community with the correct environment and support. The high frequency of preventative services such as equipment services, Telecare, and adaptations help lower the risk of crisis, negating the need for intensive care services to be provided at home or in an institutional setting in the future. 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 are still only being delivered for those over 65. However, this trend is slowly changing, with the rate of adaptations for children and young people increasing faster than older groups. This partly reflects the growing number of younger people with physical disabilities (discussed below).

- 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.

- Whilst the majority of this client group are able to live independently at home with the help of adaptations, Telecare, or floating services, there is a notable minority (around 24%) of disabled people whose higher needs mean that they require relocation to specialist accommodation. The above figures demonstrate that the majority of disabled people who require specialist accommodation are over 65, and access a combination of residential, nursing, and extra care - with a greater emphasis on the former two options.

- There are a smaller number of under 65s whose need necessitate specialist accommodation. This group may be characterised by lifelong disability, or that brought about by a serious accident, rather than frailty borne of old age. This cohort proportionately accessed nursing care with greater regularity, rather than residential or intermediate accommodation. This partially reflects the age threshold placed upon most intermediate housing options, such as extra care, limiting the options of younger disabled people. Extra care has the potential to yield benefits for younger people with physical disabilities provided the composition of entrants is balanced, 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.

- In sum, there are a relatively low number of people with a physical or sensory disability in Cheshire East 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, around a quarter of disabled people known to social services have needs that can only be catered for in specialist accommodation (residential, nursing, sheltered, or extra care), which boasts a physically amenable environment as standard and allows constant access to care or support. Evidence suggests that nursing care is, in this comparatively 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.

<u>Future Demand:</u>

The need to deliver more adaptations and provide a wider range of specialist housing 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.

The below figures demonstrate that the numbers of children claiming Disability Living Allowance in the Borough is rising. The 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 live healthier 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 there is a growing need from people with physical disabilities emerging that must be addressed through appropriate housing and related services.

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

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

These figures flow through into population projections from the Office of National Statistics (utilising prevalence rates from the Health Survey for England 2001), which indicate that a 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 a net increase by 2030.

Age Range	2012		2015		2020		2025		2030	
	Moderate	Serious	Moderate	Serious	Moderate	Serious	Moderate	Serious	Moderate	Serious
18-24	1,091	213	1,058	206	963	188	959	187	1,054	206
25-34	1,655	158	1,798	171	1,907	182	1,835	175	1,739	166
35-44	2,761	838	2,554	775	2,531	768	2,873	872	3,024	918
45-54	5,529	1,539	5,665	1,577	5,286	1,472	4,627	1,288	4,637	1,291
55-64	7,167	2,790	7,122	2,772	7,986	3,109	8,567	3,335	8,016	3,120
Total	18,202	5,537	18,196	5,502	18,674	5,718	18,862	5,857	18,469	5,700
Grand Total	23,739		23698		24392		24719		24169	

Source: Office for National Statistics (ONS) www.pansi.org.uk

Supply

As indicated within the previous 'Demand' section, there is limited housing specifically designed for those with physical or sensory disabilities, given the overlap between this client group and others – particularly older people. Those physically disabled people whose higher needs necessitate specialist accommodation (residential, nursing, extra care, etc.) or supported accommodation will occupy schemes shared with other client groups, rather than having dedicated provision.

Moreover, as previously demonstrated, most members of this client group are able to live in their own homes rather than in specialist or supported accommodation, so the supply of adaptation services, floating support, and assistive technologies is more important to augment existing living arrangements, as opposed to stand-alone, dedicated housing supply.

As such, the challenge lies in unpicking the members of this client group from the range of provision they utilise. The next table attempts to fathom the kinds of accommodation those with physical disabilities go into by examining the accommodation status of clients known to social care. However, this is an incomplete dataset as the accommodation status of most clients is unknown as it is not captured within the system, meaning that the below is taken from a sample of around 700 clients with a physical or sensory disability whose accommodation status is known.

Accommodation Status	Sample Total	Total %	Under 65	Under 65 %	65 and Over	65 and Over %
Adult Placement Scheme	2	0.3	2	2.3	0	0.0
Family/Friends - Settled	42	6.0	21	24.1	21	3.4
Family/Friends – Short Term	2	0.3	0	0.0	2	0.3
Lives Alone	378	54.3	31	35.6	347	57.0
Living With Relative (Not Parent)	20	2.9	2	2.3	18	3.0
Other Temporary Accommodation	3	0.4	1	1.1	2	0.3
Owner Occupied/Shared	62	8.9	6	6.9	56	9.2
Registered Care Home	47	6.8	2	2.3	45	7.4

Registered Nursing Home	43	6.2	6	6.9	37	6.1
Sheltered/Extra Care Housing	48	6.9	3	3.4	45	7.4
Supported Accommodation	11	1.6	4	4.6	7	1.1
Temporary Accommodation	1	0.1	0	0.0	1	0.2
Tenant (Local Authority)	29	4.2	5	5.7	24	3.9
Tenant (Private Landlord)	8	1.1	4	4.6	4	0.7
Grand Total	696	100.0	87	100.0	609	100.0

Source: Social Services Monitoring Data (PARIS)

In of itself, this data corroborates the conclusions of the previous section, in that the vast proportion of people with a physical or sensory disability do not have substantial care needs and can be adequately supported in the community through the likes of adaptations and Telecare; this is reflected by the high percentage of those whose accommodation status is known living alone, or with friends and family. However, a minority proportion has needs that merit relocation into specialist accommodation; of these, the majority are over 65. This cohort is equitably split between residential, nursing, and extra care or sheltered housing schemes, highlighting that these options can be effectively utilised for people with physical disabilities. Of those under 65 whose needs necessitate specialist accommodation, the majority are found in nursing provision.

Supported Accommodation

Only a small proportion of people with physical disabilities live in supported accommodation, and there is no dedicated supply of fixed supported accommodation for people with physical disabilities. The above analysis of accommodation status shows that, proportionately, a slightly larger percentage of people under 65 utilise supported accommodation – though this still represents a low proportion of all accommodation outcomes. This is corroborated in the Supporting People needs analysis, summarised below.

Physical and Sensory Disabilities	Need 2020	Supply 2013	Gap
Accommodation Support	16	0	-16
Floating Support	34	20	-14
Older People Services	Need 2020	Supply 2013	Gap
Accommodation Support	5678	4193	-1485
Floating Support	1261	40	-1221

Source: Supporting People Needs Analysis

However, there are a grand total of 4193 units of supported accommodation for older people with support needs, which could include a number of people whose old age has induced physical frailty and vulnerability: the people who would generally fall into the over 65 category identified within this chapter. This includes the provision of Telecare and alarms to dispersed properties as well as on-site support within an identified scheme.

Indeed, with regards to support services, more people with a physical or sensory disability that is not a product of their age will receive support in their own homes from the floating services funded through Supporting People.

Intermediate Housing

The accommodation status data above indicates that a significant portion of people with physical and sensory disabilities live in intermediate housing options: extra care or sheltered housing. However, this is a lesser number than those in institutional care. Intermediate housing options have the potential to deliver greatly improved outcomes for people with physical and sensory disabilities given that they are designed and built to higher accessibility standards to accommodate a range of needs.

They therefore provide a viable alternative to institutional care for many people of mid to high levels of need who are unable to continue in general needs housing. When used appropriately, such accommodation can offer greater levels of independence and safety with a lower cost than institutional care. It is therefore important that, where appropriate, clients with physical and sensory disabilities are encouraged to enter extra care or sheltered housing schemes rather than institutional care. This is especially true of younger people with physical disabilities who cannot remain in general needs housing; this cohort utilise extra care and sheltered housing at almost half the frequency of those over 65 and, of the specialist housing models, are most commonly found in nursing care.

The provision of intermediate housing in the Borough is detailed in the 'Older People' chapter, and totals 501 extra care units and 2439 sheltered units.

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
	Total	22	816	838
Providers	Residential	5	31	36

Outside CEC	Nursing	10	52	62
	Respite Residential	1	3	4
	Respite Nursing	0	8	8
	Total	16	94	110
CEC Provision (Care4CE)	Residential	0	0	0
	Nursing	0	0	0
	Respite Residential	6	40	46
	Respite Nursing	0	0	0
	Total	6	40	46
Grand Totals	**Residential**	**8**	**394**	**402**
	Nursing	**24**	**394**	**418**
	Respite Residential	**3**	**62**	**65**
	Respite Nursing	**3**	**60**	**63**
	Total	**38**	**910**	**948**

Source: Cheshire East Institutional Care Monitoring Data

Chapter Conclusions

Key Findings

- This client group can generally 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. Currently, a much lower percentage of people under 65 are receiving adaptations than those over 65 – though demand for adaptations from the younger cohorts is rising at a faster rate.

- 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 or assistive technologies chiefly receive care packages at home, or go to live in institutional care, extra care, or sheltered housing schemes. There is a lack of dedicated supported accommodation for people with physical and sensory disabilities, though many of the older disabled or frail will utilise the c.4000 units nominally for older people with support needs.

Strategic Priorities

- Continue to promote adaptations, Care & Repair, and the Handypersons service as widely as possible, encouraging more 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.

- Remodel the Care & Repair, Handypersons, and Minor Adaptations services so that they develop in-line with the personalisation agenda.

- Continue to promote general accessibility standards through planning processes, to ensure that an appropriate portion of new build homes are accessible for the physically disabled according to need.

- Continue to promote, review, and support assistive technologies and Telecare services.

- Continue to help disabled people in need of affordable and more accessible accommodation through the development of more affordable housing designed for their needs as well as the continued prioritisation of this client group in the Homechoice social lettings system

- Improve access to intermediate housing for people with physical disabilities – and especially younger people. This will entail exploring the possibility of lowering entry ages into the likes of extra care schemes and ensuring physically amenable design standards for supported accommodation in the future.

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.

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 occuring, 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 UK20 and 5,000 "honour killings" worldwide.

- 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.

- 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.[21]

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.

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[21] DAFSU Annual Report 2012/13

LAP	No. High Risk Cases	Rate of victimisation per 1000 population
Crewe	158	2
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.
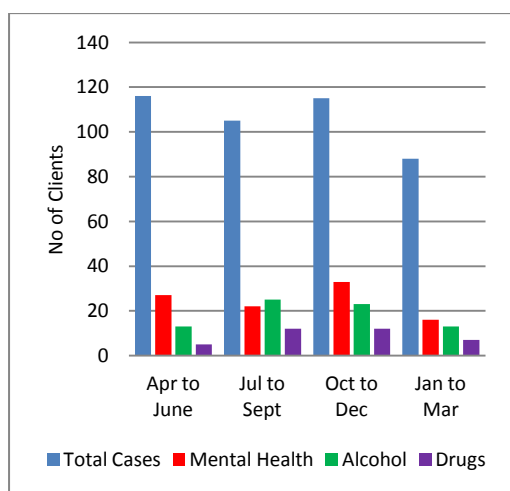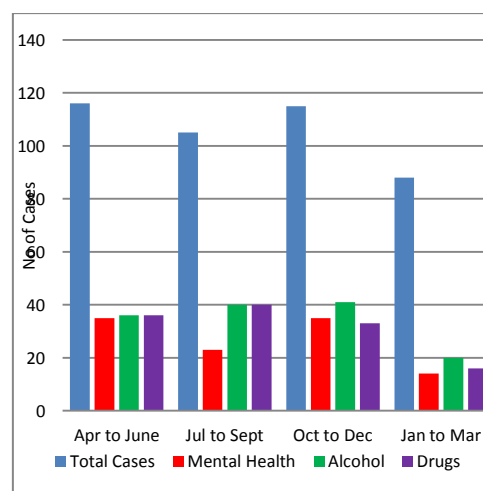
MARAC Victims   *MARAC Perpetrators*

Sources: DAFSU Annual Report 2012/13

Chapter Conclusions

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.

Homelessness

Chapter Summary

Having a roof over one's head is a catalyst towards a better, safer, healthier, and more prosperous life. As such, it is the right of everyone to have access to accommodation when they need it. Cheshire East is committed to ensuring that assistance is offered to those who need help accessing accommodation, be they looking to source a property from the private or social rented sectors or if they have lost their accommodation and are vulnerable by virtue of having nowhere to go.

Homelessness in Cheshire East is a priority issue. Whilst there is not the same visible homelessness that is evident in England's larger cities, there are a great many people who are prevented from becoming homeless or who are placed in a variety of accommodation settings upon their journey towards secure housing.

The recurrent theme in Cheshire East is that, whilst the number of homeless duties being accepted (those to whom Cheshire East has a legal obligation to find housing) is declining - largely due to preventative work - there is a steep rise in the number of people who present as homeless (often multiple times) with complex or multiple needs, such as mental health issues or drug and alcohol dependencies. These individuals emphasise that homelessness is often the contact point at which a number of vulnerabilities intersect and manifest. Ultimately, by addressing the issues that inform homelessness, either before or after presentation, the long-term cycle of representation can be broken or the path to independence started upon. Indeed, by addressing many of the issues raised in the other chapters of this document, homelessness will be combated simultaneously, as the vulnerabilities that engender homelessness are resolved before accommodation is lost.

Cheshire East primarily encourages this preventative approach, working hard with housing providers, adult's and children's services to capture and find accommodation for those threatened by homelessness. This can be as simple as providing information and guidance to those whose homelessness can be resolved with matching to general needs housing, or as complex as sourcing a placement in a supported housing programme.

For those whose homelessness cannot be prevented, who present to services with a pre-existing accommodation need, pathways of accommodation need to be fostered that can adequately capture and house vulnerable people in the short-term upon their presentation (interim and temporary accommodation), before enabling their move-on into more settled accommodation – be this general needs housing for those that are able, or supported accommodation for those who need help to cultivate the skills and behaviours to manage an independent tenancy.

This chapter distinguishes that, principally, Cheshire East is in need of instant-access and short-term accommodation that can cater for those with complex and multiple needs, giving them stability support from the outset whilst needs are determined and appropriate accommodation solutions devised across services.

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 (SPA) 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

Consultation, at both events and through the public survey, 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 (such as a wet house for substance misusers) so homeless people can access temporary or supported accommodation, 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, affordable to the client (in light of benefits cuts which result in clients potentially having to pay a portion of their rent), 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 consultation 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 (SPA). This mechanism governs access to accommodation services (detailed under 'supply') and floating support services, delivered under Supporting People, as well preventative work. The SPA 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 SPA helps ensure that service capacity is pooled and can be drawn from as a whole.

Supporting People

Supporting People funds floating support services, interim and temporary accommodation, as well as settled supported accommodation placements for homeless individuals and families. Support services are vital in ensuring that homeless clients have the networks in place around them to sustain a tenancy and garner independency skills, improving the likelihood that they will be accepted into (and be able to sustain) a general needs tenancy. 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 have an accommodation crisis or become homeless.

The needs analysis below demonstrates that accommodation services are notably oversubscribed; this reflects the number of homeless people or those at risk of homelessness in need of accommodation with some level of support. 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 go into. These figures also indicate the difficulty faced in placing homeless clients, particularly those with complex needs, into private or housing association properties from where they could access floating support: the risks and behaviours involved mean that specialised supported accommodation is frequently the only option available for these clients, which places further pressure on accommodation services.

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

Source: Supporting People Needs Analysis

This supported accommodation undersupply is indicative of a number of key themes. It emphasises that homeless people with support needs are generally the most voluminous and problematic client group, with about a third of all applications and referrals to Supported People services coming from single homeless people with support needs, creating a lot of pressure on supported accommodation. The behaviours and vulnerabilities that necessitate support (such as persistent substance misuse or mental health issues) also mean these individuals will frequently not have a homeless duty accepted, leading to the disparity between the decreasing number of homeless duties accepted and the increasing number of people requiring accommodation with support. This shows that whilst the number of homeless duty acceptances is decreasing, this should not be conflated with reduced demand for homeless supported accommodation services, and should instead be seen as indicative that a greater number of homeless presentations have complex and support needs and cannot be housed in conventional accommodation or accepted under a legal homeless duty.

This conclusion is corroborated in the referral acceptance rates. Of referrals to Supporting People services in 2013/14, the majority (70%) of homeless families are accepted into services, given that their support needs are generally lower, whilst only 34% of single homeless people are accepted into interim, temporary, or supported accommodation, reflecting that this group contains a high proportion of individuals possessive of complex needs. This is felt most acutely in interim and temporary accommodation provision, which is frequently unsupported and cannot safely house clients with complex needs. These clients would ideally find places in supported accommodation that is better equipped to deal with their needs but, given the undersupply reported above, there is not enough of this kind of accommodation in which to place them.

Moreover, all these clients still require short-term accommodation upon presentation to services until a settled placement in supported accommodation is sourced. Again this is problematic, as the majority of interim or temporary accommodation in Cheshire East has a low-level (or an absence) of the support provision that can stabilise those with chaotic behaviours and complex needs. As such, these clients are frequently refused admission into interim or temporary accommodation by providers, resulting in increased bed and breakfast admissions in-line with the growing number of complex homeless clients.

This analysis leads to the current experience of interim, temporary, and supported accommodation services, whereby high-needs clients are often placed in inappropriate settings such as bed and breakfast because there is not enough supported accommodation to move them into, and insufficiently supported interim or temporary accommodation in which to place them until settled accommodation can be found. This pressure could partially be alleviated through homelessness officers working with Supporting People providers to prioritise the placement of those with complex needs into supported accommodation, ensuring that those with the most complex needs can receive

adequate support sooner and freeing up spaces in interim and temporary accommodation for those who can be more readily moved-on, as well as by bolstering the support provision married to interim and temporary accommodation.

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 via the Homechoice team, with referrals to the Homelessness team where necessary. 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 interim accommodation and referrals to services for those who are new to sleeping on the streets, stopping them from doing so endemically. The service targets non-priority homeless, who the Council would not otherwise have a duty to house in the long-term. As such, NSNO is largely a preventative service aimed at catching those who are new to sleeping on the street and may continue unchecked unless captured and signposted to services at this early point. In 2013-14, there were 166 rough sleepers aided by NSNO; all of these were new rough sleepers (on the street for less than six months). The majority of these (147) had more than one vulnerability (substance abuse problems, mental health issues, physical health problems, etc.), whilst the most prominent vulnerabilities informing homelessness were mental health issues (109 clients affected) and alcohol issues (90 clients affected).

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 100 nights collectively, averaging 3.6 nights per client.

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	193
May-12	73	66	26	4	14	183
Jun-12	82	65	26	6	15	194
Jul-12	111	65	57	4	10	247
Aug-12	101	79	44	18	61	303
Sep-12	80	63	56	14	62	275
Oct-12	74	64	34	14	29	215
Nov-12	76	57	24	6	22	185
Dec-12	53	43	20	5	15	136
Jan-13	95	78	42	9	28	252
Feb-13	94	67	48	5	13	227
Mar-13	77	47	34	1	5	164
Total	987	747	462	88	290	2574

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

Of these total presentations, there were 108 people who were assessed as statutorily homeless in the year (4%). This partially 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 but is not yet street homeless. 727 cases of homelessness were prevented in the year ending 31st 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 souring 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 interim, temporary, and 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 street homeless and in need of interim accommodation, rather than when threatened with homelessness.

The success of preventions is one reason for the declining number of total homeless acceptances: the other is that whilst conventional homeless presentations are on the decline (those who are homeless by virtue of, for instance, economic hardship, who can be placed in general needs accommodation sourced for them) the rise in homeless clients with complex needs (i.e. persistent substance misuse or mental health issues) is increasing. The needs and vulnerabilities of these clients frequently mean that a homeless duty cannot be accepted for them, given that they may have been ejected from accommodation because of their chaotic behaviours.

This reflects the changing landscape of homelessness in Cheshire East, whereby prevention is the main weapon of homeless officers and the greatest challenge comes in housing the growing number of people whose homelessness is a product of their complex needs. 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.

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

Source: Homelessness Services Single Point of Access (SPA) 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. Young people who present as homeless (the 16-25 bracket) are covered in greater detail in the Young People in Need and Cared for Children chapter.

AGES OF CLIENTS OWED DUTY

- 16-24: 18
- 25-44: 59
- 45-59: 24
- 60-64: 4
- 65-74: 3
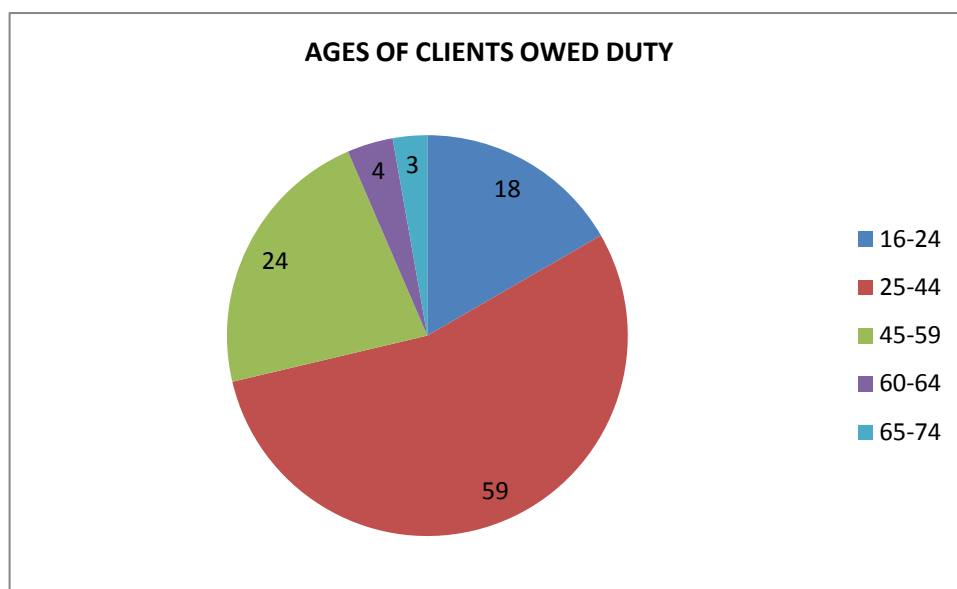
Supply

Despite the decreasing number of total people to whom Cheshire East have accepted a homeless duty, the provision to accommodate those accepted is becoming more limited and polarised. There are a number of accommodation outcomes for those who present as homeless. The majority will be placed in interim accommodation (which can include bed and breakfast) in the first instance once they present as homeless. Referrals will be made to supported accommodation if required if the client has support needs. Once a homelessness decision has been made, those to whom the Council owes a homeless duty will be declared homeless at home, transition into temporary accommodation, or have a general needs tenancy sourced for them in the private sector or with social housing providers.

The following table shows the immediate outcomes for individuals once a duty of homelessness has been accepted. 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. This reflects a greater reliance on interim and temporary accommodation, as well as the supersession of qualifying offers and assured tenancies by homeless 1 offers and assured shorthold tenancies, which are now used to place homeless clients in stable housing some time after the acceptance of duty, as they take time to broker.

Outcome	2012/13		2011/12		2010/11		2009/10	
Placed in Interim/ Temporary Accommodation (including B&B)	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%
Total	108		111		80		55	

Source: P1E Reporting Data

Interim and Temporary Accommodation

The following table breaks down the current accommodation provision that is used as interim accommodation (to place those whose homelessness application is being decided) and temporary accommodation (to place those with an accepted duty until permanent accommodation is found). The table demonstrates both that the type of provision is imbalanced across the Borough and is insufficient to adequately meet the number of people for whom the homeless duty is accepted – as well as the number of emergency homeless who need interim accommodation whilst they are assessed.

Location	Temporary Accommodation Units	Unit Composition	12/13 Clients (average length of stay)
Congleton	13	Thirteen units across six properties. Two units adapted for disabled clients.	(13 months)
Crewe	3	Two three-bed flats and one three-bed bungalow commonly used for families.	(6 months)
Macclesfield	9	CEC hostel. Three bed-sits, four one-bed flats, one two-bed flat, and one three-bed flat.	(6 months)
Total	25		855 (8 months)

Regarding the constitution of temporary accommodation provision, three key themes that emerged through consultation were: the unsuitability of temporary accommodation to deal with clients with complex needs; the lack of direct access temporary accommodation; and the need for more supported accommodation placements to cater for complex needs clients and alleviate the pressure of housing these individuals in 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 quickly, creating problems for those with transport problems. It also means that, if the Macclesfield hostel is full, individuals in need of emergency accommodation have to be placed in bed and breakfast, which is not appropriate or cost-effective. 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. However, this makes them problematic to house within the temporary units in Congleton and Crewe, which are managed by housing providers who vet occupants to minimise risk. 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 hostel is not specially tailored to help them cope with the complex issues that inform their homelessness, and they subsequently struggle to transition into general needs housing. Again, when the Macclesfield provision is full, the only current recourse is bed and breakfast, which is an imperfect solution for those with complex needs and chaotic behaviours. As such, it is a priority for Cheshire East to recalibrate the weighting of the current interim and temporary accommodation provision, commissioning interim and temporary provision that is sufficiently supported to accommodate homeless clients with complex needs in the short-term until settled supported accommodation can be sourced.

- Moreover, the majority of complex needs homeless clients are from the Crewe area, and many cannot access the Macclesfield hostel, resulting in a high bed and breakfast spend in the south of Cheshire East.

As such, consultation yielded the suggestion that there needs to be better interim and temporary provision to support those with complex needs, as well as an increased provision of supported accommodation for them to move into, freeing up space in interim accommodation for other clients and reducing the reliance on the Macclesfield hostel as a place for homeless people with complex needs. Similarly, the prioritisation of complex homeless clients in Supporting People funded supported accommodation would help alleviate the pressure to accommodate these individuals in interim accommodation through lack of alternatives.

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 interim or 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, for those who have support needs, is not ideal 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 for whom a duty has been accepted, the amount of people housed in bed in breakfast provision is comparably high in 2012/13.

This implies that whilst the number of people who have a homeless duty accepted has declined, the number of people who cannot be housed in interim and temporary accommodation has increased (i.e. those with complex needs and/or chaotic behaviours), leaving no alternative recourse aside from placement in bed and breakfast in the short-term. As aforementioned, this pattern is particularly profound in Crewe: despite the majority of clients with complex needs originating in Crewe there is no interim or temporary accommodation that they can access in the short-term, unlike in Macclesfield, resulting in a disproportionately high bed and breakfast spend in the area. Indeed, in 12/13, there were 93 people referred to B&B in Crewe (many multiple times) and 45 in Macclesfield.

Year	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08
Number of People Housed in B&B	138	154	No data	42	188	126
Average Duration	6	18	No data	8	17	17

Source: Homelessness Services Single Point of Access (SPA) 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 or general needs accommodation beyond initial placements in interim and 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. As aforementioned, such pressures are symptomatic of the growing number of homeless clients with complex needs who need support to live safely in a settled environment. However, the demand pressures experienced by supported accommodation mean that many complex clients cannot be placed, resulting in these clients remaining in interim and temporary accommodation or bed and breakfast. This in turn is inimical for their progression and recovery, lowering through-put rates and stifling the ability of these clients to gain the skills required to manage a general needs tenancy in the future. This cycle could be combated through a greater provision of supported

accommodation, the prioritisation of complex needs clients by Supporting People services, and the creation of interim and temporary accommodation with some degree of support, which could serve to lower demand for settled supported accommodation by addressing support needs upon presentation.

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

Town	Homeless Families	Homeless Individuals	Offenders	Total
Congleton	20	51	0	71
Crewe	8	67	0	75
Macclesfield	0	10	4	14
Wilmslow	0	0	8	8
Knutsford	0	0	3	3
Total	28	128	15	171

Source: Supporting People Monitoring Data October 2013

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 interim and temporary accommodation is required catering for complex or high needs – particularly those with drug and alcohol issues. Currently, homeless clients with complex needs are frequently unable to be placed in existing interim or temporary accommodation given that the support provision going into this accommodation is limited. This too frequently results in complex needs clients being dependent on bed and breakfast and the instant-access Macclesfield hostel. This inhibits them from recovering from their issues and securing a settled tenancy, driving up the time they spend in temporary accommodation, slowing throughput rates, and ultimately increasing bed and breakfast spending as interim and temporary accommodation remains full.

- As such, interim and temporary accommodation needs to be equipped with a degree of support functionality to aid those with higher needs and help others prepare for transitioning into a stable, general needs tenancy. Such a service is currently employed to a

degree in temporary accommodation in Congleton, and needs expanding across the Borough. Such support makes accessing a wider range of provider-owned temporary accommodation easier for higher-needs clients, mitigating the reliance on bed and breakfast or the Council-owned Macclesfield hostel for those with complex needs.

- A greater supply of supported accommodation placements for complex homeless clients needs to be procured so there is a more viable alternative for this cohort than prolonged stays in temporary accommodation or bed and breakfast – creating a greater capacity for through-put for complex needs clients. This will free up temporary accommodation for lower-needs clients for whom it is a stop-gap en route to a settled accommodation option.

Links with other client groups

This chapter has already discussed at length the issues in accommodating an increasing cohort of homeless clients with complex needs; this section seeks to unpick exactly what this definition entails and groups with complex needs are most frequently presenting as homeless. 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. Consultation 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.

Rough Sleeping

The links between homelessness and other vulnerabilities are chiefly highlighted in the number of rough sleepers. The below table examines the number of rough sleepers helped by No Second Night Out (NSNO), and demonstrates that the majority of rough sleepers in Cheshire have a mental health issue, a substance abuse problem, or multiple issues. The total number of rough sleepers assisted was 166, showing that the vulnerability groups below are not mutually exclusive. These figures are illuminating, as they cover those people who present with a housing need but to whom the local authority does not necessarily owe a homelessness duty. It is also important to note that, given that NSNO is delivered jointly between Cheshire East and Cheshire West, these figures incorporate clients from Cheshire West as well.

| Client Status and Vulnerabilities	Number of Clients
Mental health needs	109
Physical health needs	59
Drugs / recovering from drug use	68
Alcohol related needs	90
Reporting more than 1 health-related need	147

(mental/physical/drug/alcohol)	
Employed in last 12 months	69
In contact with Criminal Justice System in last 12 months	58
Total Clients	166

Source: Homeless Link Annual Report 2013-14

Homelessness Duty

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.

REASONS FOR PRIORITY NEED
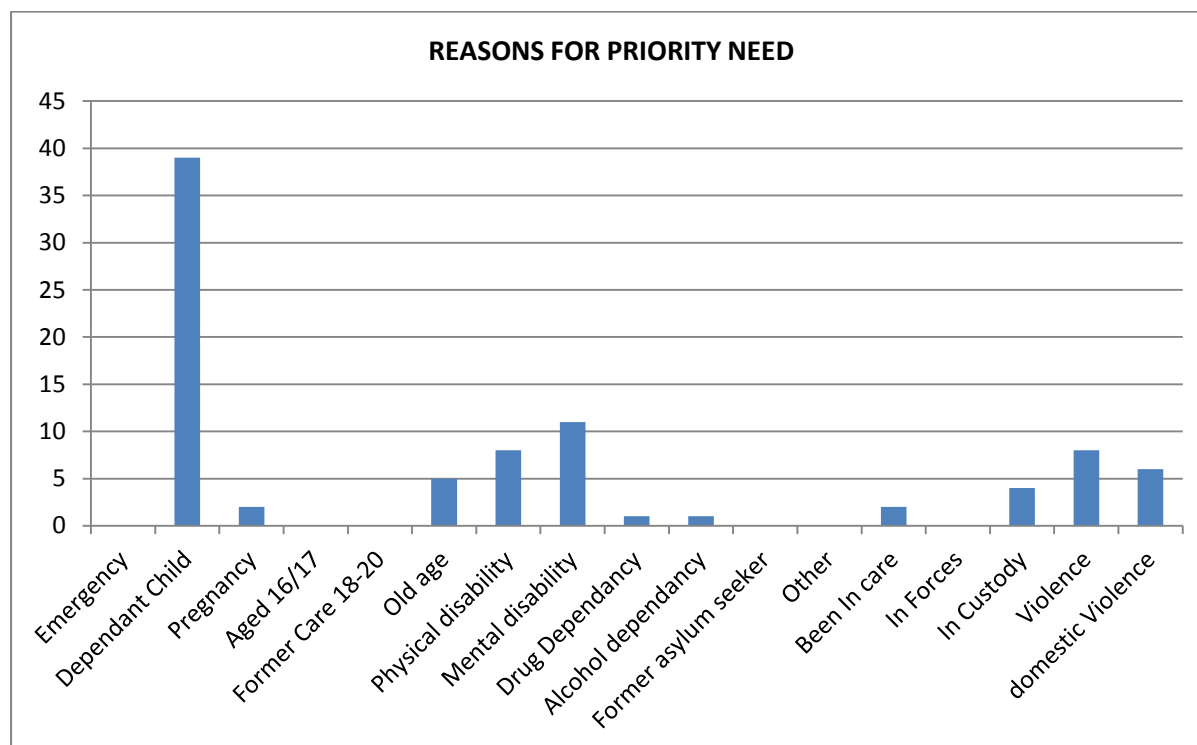
Source: P1E Reporting Data

However, as previously discussed, the majority of those who present with complex needs may not have a duty accepted given their associated chaotic behaviours.

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 accommodation 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%

Source: P1E Reporting Data

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. Protocols between the homelessness team and mental health services will continue to be improved to ensure that people with mental health services who present as homeless will be given the wrap-around support they need to be properly assessed and housed in suitable accommodation.

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%

Source: P1E Reporting Data

Pregnant Women and Single Parents

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 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: P1E 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
Total	30

Source: Supporting People Needs Analysis

Chapter Conclusions

Key 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, accommodation options for homeless people have narrowed, with a greater reliance on bed and breakfast provision to account for interim, temporary and supported accommodation that is insufficient and, at times, difficult to access for clients located in certain areas or possessive of complex needs.

- Specifically, there is limited instant-access interim and temporary accommodation within the Borough - especially in the South of Cheshire East. Moreover, there is limited interim or temporary accommodation specifically catering for those with complex needs – especially those with drug and alcohol issues. These factors inhibit effective transition through temporary accommodation towards permanent, independent tenancies as clients are unable to access the support and skills they need.

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 the access to, and supportiveness of, temporary accommodation, broadening the options available to a range of needs and simultaneously reducing the reliance on bed and breakfast provision. This will include specialist provision for those with complex or high needs, a greater supply of instant-access interim accommodation especially in the South of the Borough, and greater support going into temporary accommodation. Interim and temporary accommodation should be better supported to enable the well-being and safety of those residing within it, with a degree of support available to residents to ensure that clients leave temporary accommodation ready to transition into a permanent or supported tenancy.

- Improve the supply of, and access to, supported accommodation placements for homeless clients. Supported accommodation should prioritise those with complex needs who cannot yet move-on into general needs tenancy. This will help alleviate the pressure on interim and temporary accommodation to house those with complex needs (whose average stays are

longer), freeing it up for lower-needs clients for whom it is a stop-gap en route to settled housing. This requires a recalibration of supported accommodation stock within existing budgets to ensure that supply and support is focused optimally at the accommodation entry-points in the service journeys of homeless clients.

- Continue work enabling homeless clients to transition into permanent or supported accommodation from interim or temporary accommodation. Homeless clients will continue to be prioritised within the Homechoice social lettings policy, and the private sector liaison officers will continue to source appropriate move-on in the private rented sector. In each accommodation route, wrap-around support services will be brokered where possible to ensure that more clients can be safely accommodated by housing providers.

Action Plan

Outcome 1: People are supported to live in their own homes independently for longer.				
VOPHS Policy	**Target Client Group**	**Action**	**Lead Agency**	**Timescale**
VOPHS 1	Cross-cutting	Complete the recommissioning of the Supporting People services, addressing shortfalls and changing needs as identified in this strategy	Supporting People	• Gather client data – July 2014 • Compile findings and analysis – March 2015 • Consult on proposals – August 2015 • Tender documents produced and signed-off – March 2016
VOPHS 1	Cross-cutting	Implement the findings of the review of the handypersons service to deliver improved outcomes	Strategic Housing	June 2014
VOPHS 1	Cross-cutting	Review the Housing Options service and assess a range of delivery models.	Strategic Housing	June 2014
VOPHS 1	Mental Health	Review the mental health reablement service with the view to extending it to a staged aftercare programme.	Social Services; CMHTs	October 2014

VOPHS 1	Mental Health	Work with colleagues in the CWP to review the primary care mental health service.	Social Services; CMHTs	October 2014
VOPHS 1	Young People in Need/Cared for Children	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
VOPHS 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	On-going
VOPHS 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; CEDAP	2015
VOPHS 1	Homelessness	Input findings of this strategy into the on-going homelessness review.	Strategic Housing	June 2014
VOPHS 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
VOPHS 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
VOPHS 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
VOPHS 2	Cross-cutting	Continue to support the provision of existing Telecare and contribute to the development of more sophisticated Telecare provision to support the independence of clients.	Strategic Housing	On-going

VOPHS 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
VOPHS 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
VOPHS 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
VOPHS 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
VOPHS 3	Young People in Need/Cared for Children	Continue promoting foster care and adoption to prospective carers and parents, utilising the award-winning Four4Adoption programme	Children's Services	On-going
VOPHS 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.	CEDAP	On-going

Outcome 2: People can receive the support they need in a wide range of specialist, supported accommodation within the Borough.				
VOPHS Policy	**Target Client Group**	**Action**	**Lead Agency**	**Timescale**
VOPHS 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	• Mapping exercise for each client group – June 2014 • Needs analysis – October 2014 • Draft accommodation specifications and pathways produced – April 2015
VOPHS 4	Cross-cutting	Hold delivery group meetings involving service commissioners 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	On-going
VOPHS 4	Cross-cutting	Work individually with providers to review supported accommodation with a view to rationalise stock and client compositions. This is particularly relevant to accommodation for people with learning disabilities, where a recalibration of available stock has been identified as a priority.	Supporting People; Social Services commissioning managers	On-going

VOPHS 4	Older People	Link the findings in this strategy into the general needs Cheshire East housing strategy, to ensure that accessible housing is constructed for older people to negate the need for specialist or supported housing.	Strategic Housing	Refresh of Housing Strategy by February 2015.
VOPHS 4	Learning Disabilities	Work with housing, care, and support providers to explore the opportunity for people with learning disabilities to be supported in future schemes.	Strategic Housing; Social Services	On-going
VOPHS 4	Young People in Need/Cared for Children	Establish stronger relationships with local providers of placements and a providers' forum to better manage the market.	Children's Services	On-going
VOPHS 4	Young People in Need/Cared for Children	Review of residential and external agency placements to account for optimal source, cost, location, capacity, and support mix.	Children's Services	June 2014
VOPHS 4	Care Leavers/ Homelessness	Explore as part of established working group the pooling of emergency accommodation budgets.	Children's Services; Strategic Housing	October 2014
VOPHS 4	Cross-cutting	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 vulnerable clients generally require.	Strategic Housing	On-going
VOPHS 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

VOPHS 5	Cross-cutting	Review Council-held assets for development opportunities.	Strategic Housing; Engine of the North	On-going. Begin work developing proposals for pre-identified sites by June 2014.
VOPHS 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.
VOPHS 5	Cross-cutting	Review existing extra care and sheltered schemes to identify outcomes, investment implications, and delivery models.	Strategic Housing	June 2014
VOPHS 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	Commissioners working group already established during strategy's construction.
VOPHS 5	Drugs and Alcohol/Mental Health/Homelessness	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	Business case to be submitted by June 2014.
VOPHS 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	On-going

VOPHS 5	Domestic Abuse	Explore the possibility, outcomes, and delivery models of support centres to inform future commissioning work.	CEDAP; Strategic Housing	As part of recommissioning work, scheduled for completion in 2015.
VOPHS 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 quantities at each stage of any client's possible service journey. This is especially a priority for care leavers and people with mental health issues.	Strategic Housing; Public Health; Social Services; Supporting People	• Mapping exercise for each client group – June 2014 • Needs analysis – October 2014 • Draft accommodation specifications and pathways produced – April 2015
VOPHS 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
VOPHS 6	Young People in Need/Cared for Children	Develop a model, alongside current foster carers, for 'staying put' placements for care leavers.	Children's Services	April 2014 and on-going
VOPHS 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	Strategic Housing	On-going

		utilising the private sector liaison officer to source appropriate accommodation.		

Outcome 3: People are able to make informed choices about the accommodation, care, and support options within the Cheshire East				
VOPHS Policy	**Target Client Group**	**Action**	**Lead Agency**	**Timescale**
VOPHS 7	Cross-cutting	Develop a housing GIS functionality to accessibly and visually map housing provision across the Borough.	Strategic Housing	April 2015
VOPHS 7	Cross-cutting	Promote the newly-developed Single Point of Access for all Supporting People services.	Strategic Housing; Supporting People	On-going
VOPHS 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
VOPHS 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	Adults Services	April 2014

		disabilities, to better inform housing need and planning.		
VOPHS 7	Domestic Abuse	Explore information-sharing protocols to create better shared databases of client movements and status.	CEDAP	June 2014 for initial scoping and explorative work
VOPHS 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
VOPHS 8	Cross-cutting	Continually review social care assessment and referral processes to ensure that independent living is promoted where appropriate.	Social Services	On-going
VOPHS 8	Older People	Deliver a consultation exercise aimed at over 55s to promote later life planning.	Social Services	April 2015
VOPHS 8	Mental Health	Deliver a high-profile event to launch Cheshire East's leading role in making Cheshire East a dementia-friendly community.	Adult Services	June 2014
VOPHS 8	Young People in Need/Cared for Children	Utilise the established working group to improve the protocols and address the issues surrounding the issues and barriers to young people in need (including care leavers and young offenders) accessing housing, such as benefits and placements durations.	Children's Services; Strategic Housing	June 2014
VOPHS 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
VOPHS 8	Mental Health	Continue to raise awareness about the importance of mental health, promoting preventative thought and early intervention/presentation	Social Services	On-going

VOPHS 9	Cross-cutting	Establish cross-service delivery group 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
VOPHS 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
VOPHS 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
VOPHS 9	Cross-cutting	Provide named contacts in operational housing and social service roles to improve working practises and knowledge sharing between the two services, generating better and more joined up solutions for clients.	Strategic Housing; Social Services	June 2014
VOPHS 9	Mental Health	Establish a working group to develop a new protocol between housing and mental health teams to eliminate barriers to people accessing accommodation and receiving services at optimal times in their treatment journeys.	Adults Services	June 2014

Appendix One: SHOP Data Tables (Older Persons Specialist Housing Need by MSOA)

Extra Care Housing

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

Sheltered Housing

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

Institutional Care

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 Coppenhall & 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		