

APPENDIX A

The Right Home

Barnet's Commissioning Plan for Adult Accommodation and Support Services

1. Introduction

1.1 The Right Home: Barnet's Commissioning Plan for Adults Accommodation and Support sets out Barnet Council's commissioning intentions for accommodation and support services for adults with additional needs.

This plan sets out:

- Our vision and rationale for increasing the range of accommodation and support services commissioned in the borough to better meet the needs of those adults who receive additional services from the council.
- The current and future accommodation and support needs of groups that may require additional support from the council.
- Details of the new models of accommodation and support that the council will work with the market to develop and commission.
- Responds to some of the current gaps in provision highlighted to us by providers, service users, families and carers, and social care professionals that we have talked to as part of the development of adult social care services.

2. Scope

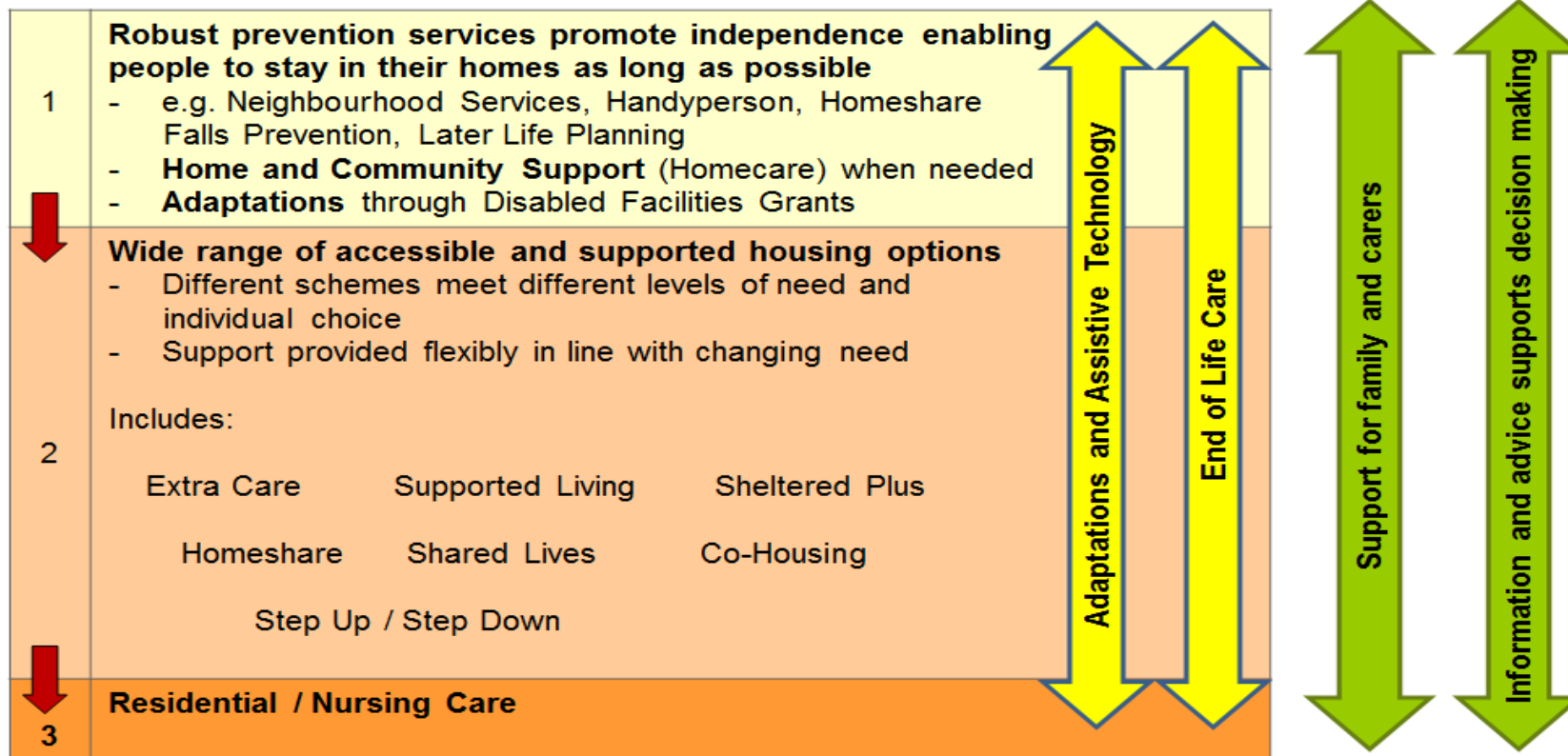
2.2 The client groups covered by this strategy are:

- Older adults 65+ including dementia and learning disabilities
- People with learning disabilities and autism (18-64)
- People with physical disabilities and sensory impairment (18-64)
- People with mental health needs (18-64)

3. Accommodation and Support Services – Future Provision

- 3.1 This plan includes details of the new models of accommodation and support needed in the borough to help people remain independent. These explicitly recognise the need to have a range of different services providing high and low support that will make sure that services are bespoke to the individual's needs at different times of their life. For some individuals, the provision of additional short-term support will be important to allow them to remain independent and avoid permanent admissions to residential and nursing provision. For other individuals, the transition from residential care to more independent living may require additional services to ensure that risks of returning to residential care are minimised, whilst for other individuals there is a need for some time limited additional support to make the move towards more independent living, retain a placement or return home after a health crisis.
- 3.2 The services commissioned by the Council need to be flexible enough to meet these differing needs in the right way at the right time. The diagram below illustrates the potential service user journey for older people including the full range of accommodation options and services at each stage.

Future Accommodation and Support Pathway



3.3 This plan includes details of the types of services we wish to commission in the future. The range of services we will commission will include:

- Short-term support to individuals provided prior to, and at, discharge from hospital to put in place the right range of services to prevent readmission to hospital, loss of tenancy or permanent admission to residential care
- An extended range of services to help individuals with complex needs live in their home
- Short-term interventions to support individuals at risk of placements breaking down because of challenging behaviour
- Additional move-on provision that will support individuals to take a phased approach to moving into their own tenancies
- A new model of support at home that will be used as part of a support package for individuals at those points where their independence could be at risk or there is an increased risk of hospital admission
- Supported living as a service that supports individuals to move towards more independent living and to retain employment; this could include providers re-provisioning existing supported living units as step down accommodation
- A more targeted approach to using adaptations and equipment to facilitate discharge to home or other independent accommodation
- Increased supply of extra care and sheltered plus provision for older people as an alternative to residential care
- Use of a housing brokerage service to make sure that accommodation and support are matched with the individual's care plan.

3.4 More detail of what these services would entail for each client group is provided in the individual chapters included in this plan.

4. Strategic Context

4.1 **National policy context:** Our understanding of what helps people with poor health recover, older people remain independent and how we should best support young people with learning disabilities has changed over recent years. Going forward our accommodation offer needs to reflect the role of community participation, work and successful relationships in helping people stay well and independent. These changes are reflected in a range of national policy documents including:

4.2 **The Care Act (2014)** sets out a vision for a reformed care and support system. The Act gives the Council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. The Act's eligibility regulations specify that local authorities should consider how service users access employment, training and education as outcomes of their support plan.

4.3 **Better Care Fund** requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who have unplanned admissions to hospital and residential care. It also places an expectation on local areas to reduce the numbers of people who are delayed being discharged from hospital.

4.4 **Mental Health Task Force Report (2016)** clearly sets a comprehensive account of the challenges facing the provision of mental healthcare and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care. There are 58 recommendations designed to:

- Solicit wider involvement across other national and local agencies to improve the social care, housing and employment offer for people with mental health problems
- Focus on tackling mental health inequalities at local and national level experienced by people living in poverty, who are

unemployed and who are already marginalized

- Align the priorities and activities of six NHS arm's length bodies to achieve parity of esteem between mental and physical health for children, young people, adults and older people

4.5 **Valuing People (2001)** contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship. **Valuing People Now (2009)** focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.

4.6 **National Autism Act and Strategy (2014)**: In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The proposals contained in this report will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance and other relevant national policy and best practice.

5. Barnet Council's Corporate Plan 2015-2020

5.1 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.2 By 2020, social care services for adults will be re-modelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:

- Enable more people to stay independent and live for longer in their own homes

- Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence
- Ensure people with mental health needs receive the support in the community to help them stay well.

5.3 The 2017-2018 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- We're developing best practice social care, focused on what people can do and how they can help themselves
- We're diversifying Barnet's accommodation offer to help more people live independently
- We're transforming day care provision to ensure that people remain active and engaged through access to employment and volunteering
- We're integrating health and social care services to prevent crises and help individuals stay well and in their own homes
- We're improving the borough's leisure facilities to support and encourage active and healthy lifestyles.

6. Financial position

6.1 The Council's Policy and Resources Committee on 9 July 2015 tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. Proposals were agreed at the Adults and Safeguarding Committee on 19 November 2016. In addition to the proposed savings of £18.5m, the Medium Term Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services. Diversification of our accommodation and support services will be required to deliver these savings because new types of

services are designed to help keep individuals independent for longer and avoid crisis.

7. Performance

7.1 The Table below shows Barnet’s performance for independent living and residential care since 2013-2014. These show that the last twelve months have seen improvements in outcomes but adults with learning disabilities who live-in their own home or with their family and Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 measures there is further work to do to make the performance of our nearest statistical neighbours..

7.2 Table 1: Accommodation and Support Measure

Indicator		Polarity	2013/14 Result	2014/15 Result	2015/16 Result	2016/17 Result	Benchmarking
AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live-in their own home or with their family	Bigger is Better	58.1% (2013/14 ASCOF)	59.6% (2014/15, ASCOF)	64.1% (2015/16 ASCOF)	61.99% (Reported result)	CIPFA 68.8% London 70.1% (2015/16, ASCOF)
AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	Bigger is Better	70.9% (2013/14 ASCOF)	70.4% (2014/15, ASCOF)	70% (2015/16 ASCOF)	84.2% (Reported result)	CIPFA 74.4% London 73.5% (2015/16, ASCOF)
AC/C14 ASCOF2A (1)	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	Smaller is Better	13.4 (2013/14 ,ASCOF)	16.6 (2014/15, ASCOF)	12.2 (2015/16 ,ASCOF) (New Cohort)	8.50 (Reported result)	Group average 6.9 (Q3 2016/17, LAPS)
AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	475.1 (2013/14 ASCOF)	622.5 (2014/15, ASCOF)	514.9 (2015/16 ,ASCOF)	381.9 (Reported result)	CIPFA 445.2 London 516.5 (2015/16, ASCOF)

8. Population changes

8.1 People with long-term conditions (mental and physical), learning disabilities and dementia are living longer, have higher levels of employment and want to be able to choose where they live. The current supported living and residential care models do not always reflect what individuals want for themselves. For example, young people with learning disabilities want the opportunity to live with the friends they choose and be supported to get a job but this is not always available in current models of supported living. For older people, who need additional support the choice between remaining at home or residential care does not reflect their wish to, sometimes, move to accommodation with some built in support that can be used when needed.

9. Assistive Technology

9.1 Significant technological advances in recent years have presented opportunities to utilise new technologies to help meet people's needs more effectively. Barnet Council will consider greater use of telecare, telehealth services and wider assistive technology for future accommodation that is built or re-modelled for vulnerable people within Barnet. Through working with our development partners to be as innovative as possible with the use of current and emerging assistive technology, the Council will strive to enable people with additional care and support needs to live independently in their own homes within a low dependency, low cost service model.

10. Availability of Land

10.1 As a successful London borough, demand for land for residential developments exceeds the land available. Accommodation for people with additional needs is only one of many competing demands. If the Council is to provide more accommodation that supports people to stay independent for longer we must be clear about the ways that existing accommodation could be redeployed

to meet the needs of vulnerable people. This plan sets out the types of accommodation that would increase choice for individuals and deliver financial benefit for the council.

11. Population Need - Summary

11.1 Further details of the priorities for the following client groups: older people, learning disabilities, physical and sensory impairment, mental health clients and vulnerable young adults are provided below. It is intended that services will be personalised, holistic and integrated, so that for example, a service designed for older people will recognise that some older people may also have needs arising from a learning disability or a mental health issue. The actions we will take to increase the range of accommodation and support services available to residents are detailed at the conclusion of each section.

12. Population Need Older People - Summary

12.1 Current Situation

12.2 In common with national trends Barnet has an ageing population with people generally living longer and remaining healthy, fit and active for far longer than previous generations. However, the increasing number of those aged over 80 years will increase demand for housing and care and support services available. The over-60 population in Barnet is approximately 64,690. During 2013/14 there were 3,868 older people who were in receipt of Adult Social Care services.

12.3 A report commissioned by the Council in 2014 which focused on Housing and Care for Older People¹ identified two housing profiles for older people in the Borough:

¹ Cornerstones Report Barnet Ageing Population and Housing Needs (2014)

1. Older People with all of the equity required to fund a move and will be moving for lifestyle reasons or may be thinking about future care needs
2. Older People without or with very little, equity, and are more likely to move due to a care crisis.

12.4 These individuals will need to have access to appropriate housing and associated services, without which their potential or future needs cannot be met.

12.5 Not all older people are necessarily vulnerable and many can live safely in a general needs setting; however, many may wish or need 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.

12.6 Finally, for those with more acute needs who may be deemed frail, a more intensive combination of provision may be required, which could include specialist accommodation (such as residential, nursing or extra care) in which intensive support or care services can be delivered.

12.7 Views of Older People

12.8 A number of engagement events have been held to discuss and shape best practice around older people's accommodation in Barnet:

- Presentation and discussion with the Barnet Housing Network
- Presentation and discussion with Barnet Provider Forum

- Service users, providers and relevant professionals have been involved in drawing up a best Practice Barnet Extra Care Housing specification.

12.9 The majority of 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.

12.10 Future Need

12.11 The population of older people in Barnet is set to increase by approximately 60,000 people over the next 20 years, with the over 60 population projected to be 109,849 by 2041. The number of Barnet residents living into their 70s and 80s is expected to increase steadily which is likely to increase demand on services due to the complexity of needs as people get older. As referenced above, income levels and deprivation are contributing factors to determining whether someone will require additional accommodation related care and support. The forecast future distribution of the older people's population and their income distribution are provided in the maps on the following page.

12.12 According to POPPI and PANSI² projections, Barnet will experience one of the largest increases in older residents of all the London Boroughs over the next five to ten years and the number of people with dementia is forecasted to increase 1.5 times faster than other London locations.

² Projecting Older People Population Information: Data Portal (Oxford Brookes University and Projecting Adult Needs and Service Information Data Portal (Oxford Brookes University)

12.13 The Council's strategic objectives are to make it easier for residents to plan ahead for their accommodation needs as they approach old age and promote integrated communities, where there is a supply of good housing choices for older people. The focus will be on developing more creative ways to support people to remain in their own homes to maintain high standards of independent living for longer, avoid social isolation and prevent and reduce the use of high cost placement packages at a later stage.

12.14 We need to ensure older people are not isolated and detached from their communities and have help and support so they can remain independent for as long as possible.

12.15 We will develop relationships with housing and care providers to create a range of options that offer choice, such as extra care housing across all tenures.

12.16 We will develop a pathway (step up/ step down) to help older people live independently after a period in hospital or residential care by working with individuals and families prior to discharge to put the right services in place. This would include a more targeted use of Disabled Facilities Grant to adapt properties, working with Housing Brokerage to identify alternative accommodation if the current home is no longer suitable and appropriate use of short-stay residential, or respite accommodation, to help build confidence to return home.

13. Population Need Summary - Learning Disabilities and Autism

13.1 Autism

13.2 Approximately 1% of the adult population has an Autistic Spectrum Condition (ASC) which equates to about 2,600 people in Barnet. In 2012/13, autism was recorded as a care need for 170 Barnet social care service users. National forecasts indicate that

the number of young adults with autism will increase by 2.7% by 2020.

13.3 Learning Disabilities

13.4 The proportion of people with learning disabilities (PWLD) is under 0.5% of the total Barnet population; however over 11% of Adult Social Care service users are PWLD. Overall the number and proportion of service users with PWLD has remained relatively stable during the period 2011-2014. However, this current trend is not expected to continue in the future. Increasing life expectancy means that more PWLD and people with complex needs are expected to access adult social care in the future. The majority of these residents will require on-going social care throughout their lives. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade.

13.5 Current Situation

13.6 The Joint Strategic Needs Assessment³ published in 2015 shows that while Barnet has been successful in reducing the rate of admission to residential care and an increase in PWLD in supported living, the numbers of people living in this kind of accommodation remains relatively high within the local authority comparator group.

13.7 **Table 1: Shows the split of LD service users across the types of accommodation support offered**

	Community Based Services	Residential Care	Nursing Care	Total
	Number of Service Users			
Age 18 to 64	575	195	0	765

Age 65 and over	60	45	0	105
Total	635	240	5	870 ⁴
Source	NASCIS (RAP P1)³			

13.8 A high proportion of PWLD live at home with parents and carers⁶. In addition, it is estimated that 3.2% of PWLD live with parents aged 70 or over (see table 2). There is a high risk of carer or accommodation breakdown for this group, who may form a large proportion of those not currently in receipt of services. It should also be noted that 10% of PWLD living in private households are themselves carers.

13.9 Table 2: Projected numbers and tenure of those in family home

Projected numbers and tenure of those in family home	
Adults with Learning Disabilities in family home	3415
Estimated no. adults with LD living with parents aged 70 or over	205
Owned outright	956
Owned with mortgage	1025
Shared ownership	34
Social housing	512
Private rented sector (leased)	888

Source: LBB Housing Strategy - tenure data / national data

13.10 There are a number of groups within LD service users with support and accommodation requirements:

³ National Adult Social Care Intelligence Service

- 13.11 Children and Young People with Learning Disabilities: data shows that 15% of young people with disabilities (18 – 25) are in supported living; however more work is needed to understand the trends in take up. There is a need for some shared accommodation for young people in transition to adulthood. A model of ‘collegiate style’ shared housing for this group with a move on pathway to either supported or independent housing is required. Planning needs to be undertaken early with young people based in out of borough residential schools to ensure smooth transition to community based services. Young people need to be supported to develop skills for independent living.
- 13.12 Behaviours that challenge services: the numbers of people with behaviours that may challenge is increasing; we project a 16% growth in this number by 2030. The reduction in hospital beds, assessment and treatment units and the national response to Winterbourne View (known as ‘Transforming Care’) means that the NHS and social care should take steps to increase the availability of specialist support and supported accommodation that can meet the needs of this group. This includes crisis ‘Crash Pad’ type services which can offer short term accommodation to avoid hospital admission. The North Central London Transforming Care Partnership will be prioritising joint work and accessing Transforming Care funding for this type of service as part of the implementation plan.
- 13.13 Older People with Learning Disabilities (LD): by 2030 the number of adults with LD aged 70+ using Adult Social Care will double and there is a higher prevalence of dementia in PWLD. To develop a better understanding of the accommodation and support requirements in community settings more analysis is needed.
- 13.14 **Adult Social care clients and carers** identified their main issues in relation to accommodation:
- Lack of choice of accommodation type and location
 - Increasing costs of housing means that affordable properties are often very small

- Recognition that needs (and wishes) of service users will change over their lifetime
- Need for greater access to adaptation services so physical needs do not mean that individuals will need to live in residential care
- Importance of having accessible and independent information including examples of all the types of housing schemes and options
- Having the right support from family, social worker or key worker to make the right choices
- Making sure we are planning for future needs particularly people with complex needs
- Making sure private landlords understand the needs of PWLD.

13.15 Future

13.6 The Council has set ambitious targets for the numbers of people moving to independent housing as an alternative to residential care, and work is in place to bring together commissioners and practitioners to achieve it. The Council is expanding the range of specialist supported housing for people with higher support needs and setting quality standards for extra care accommodation, facilities and management.

13.7 New, purpose-designed housing is in the pipeline, some developed with funding secured from Greater London Authority capital schemes, and we will commission Housing Association partners to bid for further funding to increase supported housing provision.

13.8 Barnet's strategy includes creation of attractive independent housing options for people choosing to step down from specialist housing schemes after a period of enablement support, helping to ensure optimum use of the specialist stock.

13.9 The success of some supported accommodation services in the private rented sector show the benefits of partnership with private landlords in enabling access for people with challenging support needs but who do not need on-site services. Care and support services will continue to be delivered wherever possible in the tenant's home.

13.10 Local and National Transforming Care plans put emphasis on the need for provider organisations to ensure that Positive

Behaviour Support and Active Support Principles ⁴are embedded in their organisations and that the work force is trained and enabled to support people with complex.

14 Population Need Summary - Physical and Sensory Disabilities

14.6 Current Situation

14.7 Physical and sensory impairments are a broad term for a diverse range of needs. The definition of disability in the Equality Act states:

- (1) A person has a disability if—
 - (a) S/he has a physical or mental impairment, and
 - (b) The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities

14.8 These varying conditions can prevent people from having equal access to housing that is appropriate to meet their needs. Many people with physical and/or sensory impairments are likely to remain living in ‘mainstream’ housing provided they have access to adaptations and improvements such as level access showers, stair lifts, handrails and assistive technology. The needs for this service user group can vary widely. The table below shows the estimated numbers of people with a disability /impairment in Barnet in 2015.

14.9 Table 3 - Estimated number of residents by disability in Barnet 2015

Disability /Impairment	Number
Aged 18 - 64 predicted to have a physical disability (moderate to severe)	22,024

⁴ This is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on ‘fixing’ the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce

Aged 18-64 predicted to have a disabling visual impairment	155
Aged 18-64 predicted to have a disabling hearing impairment	8136

SOURCE: POPPI and PANSI 2015

14.10 In general the care needs of those with a physical and sensory disability are frequently not substantial enough to require long-term placement in residential care by adult social care. However, general or supported housing can be ill-suited to their needs without adaptation or in short supply. Where people do have substantial needs, the person can require a high cost package to meet those needs as evidenced by the cost of residential placements.

14.11 Table 4 shows the number of people with physical and sensory impairments using social care services.

Table 4 - Number and Percentage of Adult Social Care categorised as having a physical and /or sensory Impairment

Age Group	2011/12		2012/13		2013/14		2014/15			2015/16	
	No.	% of total Service	No.	% of total service	No.	% of total service	No.	% of total service users		No.	% of total service users
18-64	701	26.3%	689	24.9%	656	24.3%	747	29.2%		744	29.4%
65+	3,352	68.90%	3,353	70.30%	3,427	72.20%	3,620	77.0%	3,642	78.1%	

SOURCE: SWIFT Adult Social Care database, RAP reports

14.12 The current situation for people with physical and sensory impairments is that the range of service provision such as supported living or extra care is not always suitable for a person with physical and / or sensory impairment. For example, younger disabled people may not wish to live in accommodation that is primarily occupied by older people such as extra care housing or the ceiling

of a house is not suitable for a ceiling hoist to be fitted.

14.13 The Disabled Facilities Grant (DFG) is being used to support people with physical and /or sensory impairment to remain in their own home. The DFG is used across all housing provision; owner occupier, social housing and private rental. It is also important to ensure that the accommodation is able to meet the person's changing needs and the right level of support is provided for the person.

14.14 Barnet's Joint Strategic Needs Assessment (JSNA) 2015-2020 sets out the following key issues for this cohort:

- The number of people with a physical and / or sensory impairment is increasing
- This will have an impact on the demand for services such as appropriate housing / support needs
- Due to medical improvements people with physical and/or sensory impairment are living longer and therefore resources are required for a longer period of time to support them.

14.15 Whilst having specific housing schemes for this cohort is not necessary, there is a need for housing and care settings that incorporate specialist design and improve environments for residents with physical and sensory impairment. It is crucial for the council to provide services that enable people with sensory impairments to maintain a good quality of life in the community for as long as possible and to improve the housing and support options available.

14.16 Future

14.17 As with other service user groups, people want to remain in their own home for as long as possible and remain as independent as possible. As a general rule, they also only want to make one move into a different accommodation as moving home is a very difficult transition. There will be increased demand for support as the population increases as the table (table 5) below illustrates.

14.18 Table 5 - Estimated number of residents by disability in Barnet 2020 to 2030

Disability /Impairment	2020	2025	2030
	No.	No.	No.
Aged 18 - 64 predicted to have a physical disability (moderate to severe)	24,366	26,139	27,577
Aged 18-64 predicted to have a disabling visual impairment	165	174	181
Aged 18-64 predicted to have a disabling hearing impairment	9051	9906	10,546

SOURCE: POPPI and PANSI

14.19 Barnet aims to deliver more accessible design specifications for general access housing. Adaptations and assistive technologies will be considered to enable independent living in as many cases as possible together with a robust menu of support services that facilitate a shift to independence. We will ensure that any admission to residential or nursing care is temporary or rehabilitative and only considered for those with highly complex needs that cannot be met through the provision of alternative housing options.

14.20 We will develop a pathway to ensure that people who enter residential care are supported to return home through a more targeted use of the Disabled Facilities Grant, the use of Community Equipment or alternative forms of support. We will work closely with Re and Barnet Homes to develop additional units built to wheelchair accessible standards and to use Disabled Facilities Grant to further adapt premises when an individual cannot be discharged to their home.

14.21 We will work with the Housing Brokerage service to consider the more appropriate accommodation for individuals to make sure that we plan ahead for discharge from hospital or residential care.

14.22 By having a wider range of accommodation options available for people with physical and sensory impairments, by working in partnership with accommodation providers with appropriate support /move on protocol and by ensuring support is maintained and that the tenancy is sustainable through the appropriate levels of support people will be supported to remain in their own home.

14.23 We need to use the opportunities created by the regeneration schemes across Barnet to increase the supply of accessible housing.

15 Population Need Summary Mental Health

15.6 In 2015, it was estimated that 56,333 people aged 18 – 64 have a mental health problem⁵ and the number is predicted to increase as the population grows. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention under the Mental Health Act 1983 for a mental health condition is significantly higher than the London or England averages.

15.7 The Barnet Joint Health and Wellbeing Strategy 2015 – 2020 includes the objective of creating circumstances that enable people to have greater life opportunities through a focus on improving mental health and wellbeing for all. Mental health is the key priority of the Joint Health and Wellbeing Strategy 2015 – 2020 with partners coming together to make a positive impact for all Barnet residents.

15.8 Mental health problems can be caused by, or exacerbated by, an unsettled living situation. In 2016-2017 84.2% of people in Barnet in contact with secondary mental health services were living in settled accommodation.⁶ To improve this outcome even further, we would expect to see the numbers seeking support in securing accommodation to increase and the range of

⁵ Barnet Joint Strategic Needs Assessment 2015 publication

⁶ ASCOF 2016-2017

accommodation options to expand for this group.

15.9 **Accommodation and support**

15.10 Some residents with mental health conditions may require particular types of accommodation and / or support to sustain suitable housing. The average rate of people with a mental illness in residential or nursing care per 100,000 of the population in Barnet (34.9) is similar to England (32.7). Though due to a lack of local supply of alternatives there are instances where individuals are being placed in residential settings when their needs could be met in more independent options.

15.11 **Future**

15.12 The Council is committed to supporting people with mental health conditions to meet their housing needs and aspirations. This may be done either by commissioning specialist support to help people stay in their homes or providing specialist accommodation for those not able to live independently, preferring supported housing over more institutional and expensive residential care.

15.13 There is the need for the development of a wide range of accommodation options, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population and to ensure the supply of accommodation enables progression through the care pathway to independence.

15.14 Mental health services are focusing on enablement to support people who develop mental health problems to have a good quality of life - greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

16.1 High Level Action Plan

Description of Actions – Older People and Physical and Sensory Impairment

Review prevention services which enable older people to maintain independence and stay in their own homes for as long as possible and work with providers to ensure that we implement best practice.

Increase the supply of accommodation (range and quantity) for older and disabled people most likely to require adult social care services. Work with the social care providers to expand the provision of sheltered plus, extra care and adapted homes

Barnet Council to invest in new extra care facilities to secure an additional 220 extra care places by 2022

Work with residential and nursing home providers to ensure that there is high quality and appropriate residential and nursing care when no other forms of provision will meet their needs.

Ensure full use of assistive technology at every stage to maximise independence and meet support needs.

Housing providers work closely with health partners/Intermediate Care Services and Enablement providers to provide opportunities for rehabilitation.

Description of Actions – Mental Health

Develop a range of communication products that provide information on the different types of accommodation available to support recovery and avoid hospital admissions

Expand the range of accommodation and support services available in the community to better reflect the needs of individuals. To include a supported living service that provides intensive support following hospital discharge and support provided in an individuals home to prevent hospital admission and/or tenancy breakdown.

Development of alternative models of accommodation and support to support the transition of young people from children’s to adult’s services.

Description of Actions – Learning Disabilities

Ensure that housing and employment needs are addressed together to create opportunities to participate in local communities for all people with LD.

Extend the range of accommodation and support services available at different life stages. Work with social care providers to identify gaps in accommodation provision and secure capital investment to address these gaps.

Shift move to supply more independent tenancies to reflect the needs and aspirations of younger adults with learning disabilities including use of assistive technology to enable greater independence. Put in place a specialist transition service that will support young people in making the move from residential school to having their own home in their local community,

Commission a renewed the Supported Living service to secure consistent quality and an appropriate distribution of places to meet the range of needs and required housing mix. Extend the number of providers operating the borough to ensure that individuals have a choice in the type and location of services provided.

Increase supply and take-up of supported living and independent housing opportunities by people with complex needs, enabling more people with complex needs to live in a home of their own with support and not in residential care

Measuring Success

Indicator
Proportion of working age adults (18-69) who are receiving adult social care services at the end of the month, who are recorded as living independently (with or without support)
Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family
Number of young people making the transition from residential school to accommodation with support or living in the family home.
% of people in receipt of accommodation and support services who report they have been able to exercise choice and be in control of their life
% of people in receipt of day accommodation and support services who report they have an opportunity to be an active member of their community
% of people in receipt of accommodation and support services who report they have been able to maintain and/or develop their friendship groups
% of carers of service users in receipt of accommodation and support services who believe that the service is supporting the individual to meet their personal outcomes/aspirations
Number of council-supported younger adults (aged 18-64) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population