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# Housing Needs Analysis for Learning Disabilities, Autism Spectrum Disorder and Mental Health

Aneurin Bevan University Hospital Board

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## Introduction

- 1.1 ABUHB has commissioned Campbell Tickell to produce a Housing Needs Analysis. The purpose of this analysis is to enable ABUHB's strategic partners to incorporate these needs into their future delivery plans. Many of the housing developments in the past have been the result of fortuitous opportunities or come about as a consequence of relationships which may exist across organisations, rather than based on longer term strategic, commissioning intentions.
- 1.2 The Housing Needs Analysis has involved detailed work on the future housing demand for individuals known to ABUHB services who have needs relating learning disabilities, Autism Spectrum Disorder or mental health problems. The needs analysis has also incorporated needs coming through from children's services.
- 1.3 The methodology for the needs analysis involved the following:
  - Analysis of ABUHB data on the cohorts including their age, care and support needs, types of care provided and existing living arrangements, including location.
  - Meetings with relevant commissioners to understand the housing, support and care needs of the cohorts from a commissioning perspective and obtain any relevant supplementary data on needs.
  - Meetings with the relevant housing leads to understand the development plans for accommodation including supported living and purpose built schemes and their proposals as set out in their Local Housing Market Assessments.
  - Reality check with practitioners about the needs identified for the cohorts.
  - Analyse the data to determine the number and types of accommodation units required and project net accommodation needs forward for 10-12 years including taking account of population projections.
  - Engagement with relevant clients, carers/families to include qualitative views of families and clients within this report.
  - Provide a draft and final report summarising the needs data, supply information, and set projections to inform the future supply needed.

## Context

- 1.4 ABUHB covers the county of Gwent, which comprises five local authority areas which are: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The local authority areas are varied and include rural areas, urban centres and South Wales valleys
- 1.5 There is a Regional Partnership Board across Gwent which aims to co-ordinate regional planning across a number of activities, including housing with care and support. An initiative known as 'In One Place' was developed in 2013 to bring back out of county placements. This initiative involved closely working with ABUHB and housing association partners. There was

quite a lot of work done across the five local authorities to review placements for people for with learning disabilities.

- 1.6 As part of the transformation programme for adult mental health ABUHB is planning to develop a Specialist Inpatient Service Unit (SISU) to provide an in county low secure unit and crisis beds. ABUHB wants to identify the gaps in resources in the community so that the Health Board has the right level of support for step down provision from the SISU.

## Definitions

- 1.7 The term **accommodation with support** describes all types of housing where support is also provided, including supported accommodation and general needs housing. The term supported accommodation covers a number of different models where support is linked to the accommodation, as set out in the table below.

<b>Supported Accommodation</b>	
<b>Supported Living</b>	<p>A Supported Living scheme involves the provision of accommodation linked to a person centred care and support service. The landlord function should be provided separately to the care and support service. The care and support service is regulated by the Care Inspectorate Wales.</p> <p>Supported living services are generally commissioned for individuals who have a care package or who are eligible for CHC or joint funding. Supported living can either be spot purchased or block funded by the commissioning body. Individuals with a care package can ask for a Direct Payment to commission their own supported living placement.</p> <p>The types of accommodation and support provided can include:</p> <ul style="list-style-type: none"> <li>• Shared accommodation with communal facilities</li> <li>• Self-contained accommodation with communal facilities</li> <li>• 9-5 or 24 hour staffing cover</li> </ul>
<b>Supported Housing</b>	<p>Supported Housing involves the provision of accommodation with support. Supported housing is usually provided by a housing association, either directly, or through a management/service level agreement with a support provider. The support service is not regulated by the Care Inspectorate Wales as no personal care is provided.</p> <p>Supported housing is normally commissioned on a block basis by local authorities through Housing Support Grant (HSG), for individuals who are not eligible for a care package or CHC/joint funding. Access to supported housing is through a referral process agreed by each commissioning body.</p>

	<p>The types of accommodation and support provided can include:</p> <ul style="list-style-type: none"> <li>• Shared accommodation with communal facilities</li> <li>• Self-contained accommodation with communal facilities</li> <li>• Visiting, 9-5, or 24 hour staffing cover</li> </ul>
<b>Supported Tenancies</b>	<p>Supported tenancies involve the provision of accommodation with support by a private landlord. The private landlord acquires properties, claims housing benefit and provides support to the tenants. Where a higher level of support is required then a commissioning body can enter purchase a more intensive service from the landlord. The support service is not regulated by the Care Inspectorate Wales as no personal care is provided.</p> <p>The types of accommodation provided in a supported tenancy scheme can include:</p> <ul style="list-style-type: none"> <li>• Shared accommodation with communal facilities</li> <li>• Self-contained accommodation</li> <li>• Visiting landlord staff or 9-5 cover where higher support provided</li> </ul>

- 1.8 It is important to point out that these models may vary in practice. For instance, there are many examples supported living arrangements, where the landlord also provides the care and support. It is the role of commissioners to define whether they require a separation of functions through the commissioning process.
- 1.9 Also, the term supported living can encompass a wide variety of housing types, including ordinary self contained housing. The concept underpinning supported living is that the care and support service should not define the type of accommodation that an individual lives in. For the purposes of this report, we have used the term ‘own front door’ to describe a type of supported living that is delivered through general needs housing.
- 1.10 The table below describes the ‘own front door’ model, which is essentially ordinary general housing where individuals receive care and support on a flexible basis. If the care and support is no longer required, then the individual remains in the accommodation.

<b>Own Front Door Model</b>	
<b>Intensive Care and Support in General Needs Housing</b>	<p>This model involves providing intensive care and support to an individual in their own home, which may decrease over time. The accommodation is ordinary general needs housing, which could include social housing, private rented accommodation, shared ownership or owner occupation.</p> <p>The care and support service would need to be registered as a domiciliary care service with the Care Inspectorate Wales where personal care is provided.</p>

	<p>The care and support service would be commissioned on an individual basis through CHC/joint funding or a care package.</p> <p>The care and support can be provided as:</p> <ul style="list-style-type: none"> <li>• 1:1 or 2:1 support depending on needs</li> <li>• 24 hours with waking night</li> <li>• 9-5 or as visiting care and support</li> </ul>
<p><b>Care and Support across dispersed General Needs Housing</b></p>	<p>This model is based on the concept of shared care, where the care and support service can be shared by a number of individuals living in their own homes which are located in close proximity.</p> <p>The most effective way in which to secure closely located dispersed accommodation would be to work with a local authority planning a new development to identify a number of units to designate for vulnerable people.</p> <p>The care and support service would need to be registered as a domiciliary care service with the Care Inspectorate Wales where personal care is provided.</p> <p>The care and support service would be commissioned as a flexible service through CHC/joint funding or care package funding. This service would be for people who do not require 1:1 or 2:1 as it is based on sharing care.</p> <p>The care and support can be provided as:</p> <ul style="list-style-type: none"> <li>• 24 hours with waking night</li> <li>• 9-5 or as visiting care and support</li> </ul>
<p><b>Floating Support</b></p>	<p>Floating support involves providing low level housing related support to enable individuals to manage their own tenancies. This service does not need to be registered with the Care Inspectorate Wales as personal care is not provided.</p> <p>Floating support is commissioned by local authorities through HSG and is normally for individuals who are not eligible for statutory services. The level of support provided to individuals is flexible, based on their needs, but is typically two to three hours a week.</p>

## Learning Disabilities

### Housing Needs – Learning Disabilities

- 2.1 This section of the report explores the housing needs of people with learning disabilities who receive services from ABUHB. These services include specialist inpatients services as well as community learning disability services.
- 2.2 The housing needs analysis is focused on people with learning disabilities who are adults and does not cover older adults nor children. However, individuals over the age of 65 who are in receipt of services from adult community learning disability services, as well as children transitioning to adult services, are included.
- 2.3 The aim of the needs analysis is to identify the types of housing required by ABUHB to improve its pathways so that individuals can step down into the community successfully. In most cases this will require ABUHB to commission support services to support individuals through these pathways.
- 2.4 The housing needs of a wider group of individuals with learning also has also been identified, particularly those individuals who receive services commissioned by the local authority. These housing needs are not included in the gap analysis as they do not have a direct impact on ABUHB's pathways.

### *In Patients*

- 2.5 ABUHB has a 7 bed Learning Disability Acute Care Unit that provides assessment and treatment for individuals with learning disabilities. In addition, ABUHB commissions placements in low secure units (LSUs) and locked rehabilitation and a snapshot of the current number of learning disability placements is shown in the table below.

Local authority connection	CHC LSU	CHC Locked Rehab
<b>Blaenau Gwent</b>	1	0
<b>Caerphilly</b>	3	1
<b>Monmouthshire</b>	0	0
<b>Newport</b>	1	4
<b>Torfaen</b>	1	0
<b>Total</b>	<b>6</b>	<b>5</b>

- 2.6 The length of stay of those currently in an LSU or Locked Rehabilitation ranges from about two and a half months to four and three quarter years. Over 70% have lived in this type of provision longer than a year.

- 2.7 Ages of those currently in an LSU or Locked Rehabilitation range from 20 to 48, with most under the age of 40. There are four people placed who have ASD – this may be autism only or autism and learning disabilities.
- 2.8 There are very few new placements of people with learning disabilities in LSUs each year and since May 2016 there have only been 3 new placements.

### *Community Services*

- 2.9 ABUHB has five Community Learning Disability Teams (CLDTs) covering each local authority in Gwent providing services to people with learning disabilities living in the community. The current caseloads for the Teams are shown by local authority area in the table below<sup>1</sup>.

Local authority connection	Total Clients
Blaenau Gwent	106
Caerphilly	205
Monmouth	80
Newport	153
Torfaen	129
<b>Total</b>	<b>673</b>

- 2.10 The ages of the current caseloads are summarised in the table below.

Local authorities	17-24	25-34	35-44	45-54	55-64	Over 65	NA	Total
Blaenau Gwent	23	20	17	16	15	10	5	<b>106</b>
Caerphilly	44	44	26	27	26	10	28	<b>205</b>
Monmouth	19	12	5	11	11	8	14	<b>80</b>
Newport	42	29	20	15	18	11	18	<b>153</b>
Torfaen	25	27	12	18	12	16	19	<b>129</b>
<b>Total</b>	<b>153</b>	<b>132</b>	<b>80</b>	<b>87</b>	<b>82</b>	<b>55</b>	<b>84</b>	<b>673</b>

<sup>1</sup> The specialisms within the Community Learning Disability Teams each have a case load. The cases have only been counted once to identify the total number of people with learning disabilities who receive services from the Teams.



- 2.11 Most CLDTs' cases are long term, although new referrals also come through. The CLDTs provide episodes of care for most individuals, who are then discharged and subsequently return for a new episode. The whole process is needs led with some episodes lasting years.
- 2.12 The CLDTs provide services to 134 individuals who are in receipt of fully funded CHC, or joint funded community services commissioned by the ABUHB e.g. supported living or a care home. Most others on the CLDTs caseloads receive a care package from the local authority.

Local authority connection	CHC/Joint funded
Blaenau Gwent	18
Caerphilly	36
Monmouth	21
Newport	23
Torfaen	36
<b>Total</b>	<b>134</b>

- 2.13 The table below shows the annual number of newly ABUHB commissioned services for people with learning disabilities. The figures for 20/21 are for the period up to the end of December '20.

18-64		18/19	19/20	20/21
Blaenau Gwent	Supported Accom	5	3	1
	Care Home	1	0	1
	Home Care	1	0	1
Caerphilly	Supported Accom	2	1	2
	Care Home	1	0	0
	Home Care	4	1	0
Monmouthshire	Supported Accom	1	1	1
	Care Home	1	0	0
	Home Care	0	0	1
Newport	Supported Accom	2	1	1
	Care Home	0	2	0
	Home Care	1	0	1
Torfaen	Supported Accom	2	4	1
	Care Home	0	0	1
	Home Care	4	1	0
<b>Total</b>		<b>25</b>	<b>14</b>	<b>11</b>

- 2.14 The table illustrates that the number of people eligible for full or joint CHC funding is quite small compared with the number in receipt of ABUHB community learning disability services. The vast majority of fully or joint funded services are commissioned by ABUHB on a spot basis.
- 2.15 The table below shown the needs categories of those who have who received newly commissioned fully CHC or joint funded services over the past 3 years. There is a significant proportion of people with learning disabilities and autism spectrum disorder. A small number of the placements will have ASD only.

	18/19	19/20	20/21
LD	11	6	9
ASD (most with LD)	11	7	2
PMLD	1	1	0
LD & PH/Dementia	2	0	0

### *Supported Living*

- 2.16 The number of CHC placements in supported living is shown in the table below by each local authority. ABUHB's commissioning team is responsible for making CHC/jointed funded placements in supported living.

Local authority connection	CHC Supported Living
Blaenau Gwent	13
Caerphilly	21
Monmouthshire	6
Newport	9
Torfaen	15
<b>Total</b>	<b>64</b>

- 2.17 Most of ABUHB's placements to supported living are commissioned on a spot basis. The commissioning team consider that there is risk due to being reliant on too few providers and that they need to broaden their list of providers. The supported living placements are both in services where individuals have their own bedroom and share communal facilities, as well as services in self contained flats often with some communal space.
- 2.18 The Health Board has been involved in planning some new supported living developments over the past 4 or 5 years. One of the problems identified is that when the plans come to fruition those individuals who have been identified as suitable no longer need the provision and the Health Board finds itself struggling to find suitable placements. This is due to factors

such as new developments taking a long time, individuals finding other solutions, parents changing their minds and the bespoke nature of these schemes.

### ***Community Learning Disability Teams – Caseload in Supported Living***

- 2.19 Most people in receipt of services from the CLDTs live in supported living. The CLDTs' services cover both those who are in CHC/joined funded supported living placements as well as social services placements. Generally, across the CLDTs, about 40% to 50% of their caseloads live in supported living – this is an average figure as it can vary from one caseload to another and from one team to another, with cases fluctuating over time.
- 2.20 From the CLDTs experience not many people have moved from 24 hour supported living to their own flat with support. Some supported living schemes provide self contained flats with staff on site, and these have been quite successful as they provide a safe environment.
- 2.21 Many of the CLDTs cases are living in supported living with intensive levels of support, with some individuals receiving 1:1 and 2:1 support, even where they live in their own supported living flat.
- 2.22 The CLDTs identified a need for specialist supported living accommodation for stepping down people from out of area placements, low secure units and locked rehab, as these individuals present a challenge to the environments that they live in and the Health Board struggle to find suitable placements. Specialist supported living involves providing a more robust environment that is not easily damaged. This type of provision needs to be planned so that it available to meet these needs on an ongoing basis.
- 2.23 Those CLDTs cases with severe challenging behaviour can damage their existing accommodation and are then charged by housing associations for the damaged caused. These damages can be recharged to parents - this can be a contentious issue as parents perceive such costs as a health responsibility. Many of this cohort also have autism and are unable to live in shared accommodation with others and have previously been inpatients. These individuals tend to be CHC funded.
- 2.24 Two of the CLDTs identified a small number of people with PMLD who require purpose built supported living. This would involve individuals having their own flats with some communal space, but also with specific requirements for PMLD such as space for a large toilet and equipment. However, the CLDTs pointed out that most of these individuals are living at home and parents would want them to be located nearby. Torfaen developed a bespoke PMLD scheme in partnership with a housing association and there has been significant issues with allocating these units.

### ***Local Authorities - Supported Living Provision***

- 2.25 The local authorities confirmed that there are a significant number of people living in supported accommodation. Local authority commissioners are working with landlords to move to an 'own front door' model to provide greater independence than in support accommodation provided as group homes. Not all of those who receive a care package

through social services have complex needs and some are more able to live independently in a general needs tenancy.

- 2.26 In Torfaen the Grange, a long term hospital for learning disabilities, was replaced with group homes in the 1990's. The residential properties were set up in all the boroughs in Gwent. Due to the properties being classed as hospital provision work was carried out to relocate the patients from these properties in 2018. Out of the five residential properties, 2 were kept in ABUHB ownership as long stay options, 2 are planned to be sold on the open market and one was transferred to an RSL as a supported housing model.
- 2.27 Torfaen Borough Council found that the group homes in their authority were no longer fit for purpose. The Council carried out engagement work with families, who wanted a model where individuals had their own front door. The new model for supported accommodation, therefore, involves new build schemes where individuals have their own flats and this has been successful.

### *Independent Accommodation*

- 2.28 There are some individuals with learning disabilities who are in receipt of Health Board services who live in the own accommodation. The table below shows the number of people in receipt of CHC funded home care by local authority, which may either be provided to people living in their own accommodation or those living with their parents/family.

Local authority connection	CHC Home Care
Blaenau Gwent	3
Caerphilly	11
Monmouth	3
Newport	6
Torfaen	19
<b>Total</b>	<b>42</b>

- 2.29 There have been examples where people have stepped down from supported living to their own flat and were unable to manage.

### *Community Learning Disability Teams – Caseload living in Independent Accommodation*

- 2.30 About 10% of the CLDTs caseload live in their own flats in the community. This is an average and can vary across the teams and in some areas a higher proportion live in independent tenancies e.g. Newport. Many of these individuals are living in social housing and are mainly clients of social services. These individuals receive other support services in addition to CLDT services, with some receiving floating support funded by Housing Support Grant (HSG).

- 2.31 People living in independent tenancies can find that their support needs decrease over time. An example was given of an individual in their own tenancy who previously needed 24 hours care and now receives targeted support.

***Local Authorities – Independent Accommodation***

- 2.32 There is quite a mixed picture for people wanting to move out of supported living into independent tenancies with their ‘own front door’, mainly because individuals have no understanding of the model, and their families prefer them to remain in supported living. One of the local authorities has commissioned a training flat in one of the supported living schemes so that people can try it out.

***Living with Parents/Family***

- 2.33 There are individuals who are living with their family who could, or want to, move to a more independent setting. The Health Board has found that one of the challenges is the reluctance of parent to let their children move. There is a particular challenge for older individuals who are living with elderly parents.

***Community Learning Disability Teams – Caseload living with Parents/Family***

- 2.34 The proportion of the CLDTs case load living with families is about 20% to 30%, although this does vary between teams.
- 2.35 The CLDTs identified that there is a demand from young people to leave home. One of the issues is that when they need to leave home there is no accommodation available and this may involve them remaining at home or moving to inappropriate accommodation.
- 2.36 One of the key issues for parents is to have the accommodation nearby so that they can fill support gaps. One of the CLDTs identified that a suitable model would involve having a block of about 6 general needs flats with staff on site – there is an example in Caerphilly and another in Abergavenny.
- 2.37 There are also older people with learning disabilities living with their parents. However, the CLDTs pointed out that as these individuals were in their 50’s and 60’s they need the security of someone around them. Some end up being placed in a care home when a supported living scheme would have been a better option.
- 2.38 A few people with PMLD are living with elderly parents, where the arrangement is no longer sustainable due to the health of the parent/s.

***Local Authorities – Living with Parents/Family***

- 2.39 Generally local authorities find that parents don’t want their children to move out of the family home. However, there is a significant issue with parents becoming older. Older parents are looking after individuals in their 50s and 60s and many are not willing to make plan for the future.
- 2.40 One local authority is seeing a difference in relation to parents of young people coming through transitions, with these families not expecting to look after their children for ever and the young people themselves with different aspirations.

### **Care Homes**

- 2.41 Generally, the majority of ABUHB placements live in supported living rather than in care homes. The Health Board has found that residential care interventions are not always those that are needed, while supported living maximises independence.
- 2.42 Where individuals require a care home placement then the Health Board's commissioning team arranges a placement from its list of providers. The number of current CHC care placements is shown by each local authority in the table below.

<b>Local authority connection</b>	<b>CHC Care Home Plcmt</b>
<b>Blaenau Gwent</b>	2
<b>Caerphilly</b>	4
<b>Monmouth</b>	12
<b>Newport</b>	8
<b>Torfaen</b>	2
<b>Total</b>	<b>28</b>

### **Community Learning Disability Teams – Caseload in Care Homes**

- 2.43 A small percentage of the CLDTs case loads live in a care home. Some of the CLDTs pointed out that there are people who have moved into supported living, who may not be able to manage a tenancy, but are able to live there as there is intensive 24 hour support. Also, the distinction between some care homes and supported living has become blurred where some care homes appear to be almost the same as supported living in terms of their physical environment and staffing.
- 2.44 Some individuals are placed in nursing homes, which may not be appropriate but at the time were the only placements available. Although these individuals may need a nursing input it was pointed out that they don't need to be in that environment as it restricts their opportunities to learn daily living skills. There are no specific nursing homes for learning disabilities and as a consequence these needs get overlooked.
- 2.45 There is a mixture of funding for care home placements with some CHC funded, some joint funded and the rest local authority funded.

### **Local Authority - Care Homes**

- 2.46 There is very limited number of placements made in residential and nursing care homes by the local authorities. Generally, the local authorities can meet needs outside of a care home setting, as those most likely to need a care home placement are on the cusp of CHC or are

CHC funded. As people with learning disabilities are living longer some require a residential care placement due to dementia.

- 2.47 One of the authorities has made a number of out of county placements, due to the lack of care home places available in their authority.

### ***Other Living Circumstances***

- 2.48 There is a number of people with learning disabilities living in Shared Lives arrangements.

### ***Transitions***

- 2.49 The majority of young people who are transitioning come through ABUHB's Children's and Young People Learning Disability Service (CALDS). Many are referred by GPs and social services to CALDS at quite a young age, with others coming through the complex care route or paediatric nursing.
- 2.50 Young people with learning disabilities who are in receipt of services from CALDS tend to also to have physical needs as well as ASD or challenging behaviour.
- 2.51 Most of the young people who are at the point of transition are living with their parents, although some are looked after children who are living in residential care services for children. More recently ABUHB has found that a lot more children are in informal care – where parents have agreed for a child to enter the care system but without any court proceedings. This situation can cause problems with obtaining housing when a young person becomes 18, as they don't have 'looked after' status.
- 2.52 The majority of young people who transition will require the support of the CLDT as the change can cause disruption. Some will just need transitional support such as an OT assessment of their physical needs in a new setting e.g. college. The majority of cases stay open as most have quite complex additional needs around ASD, challenging behaviours or epilepsy.
- 2.53 A few of those in care homes will continue to live in the same setting at 18. Children's services have to place individuals in a registered children's home, so most would have to move at the age of 18, although some homes are registered for those over 18. However, there may be safeguarding issues where young adults continue to live in care home with children.
- 2.54 There is a demand for supported accommodation for those who are transitioning to adult services, as the ABUHB is unable to access suitable provision for those with complex needs. The demand is both from those who are currently in residential care as well as for those young people who are living at home.
- 2.55 Some models of accommodation have been developed that would be appropriate. For example:

- One model involved registering a property as a children's home for a young person aged 17 who could no longer live at home. The property was then deregistered when the young person became 18 and became a tenant and was able to claim housing benefit.
- Another model developed by Torfaen involves a supported living scheme providing intensive support to people with learning disabilities and ASD living in their own flats on the ground floor with communal space available. On the first floor there are independent flats for people with learning disabilities who need targeted support – they can also use the communal space.

2.56 There are about 9 to 10 young people this year coming through transitions who are receiving services from ABUHB. Not all of these individuals will need accommodation. It was pointed out that most will need respite and if respite worked well then parents could become more comfortable about their children moving into a supported living setting after the age of 18.

2.57 A key issue is to start working earlier with young people to prepare them for independence. The feedback received suggests that this work should start from the age of 14 so that they are better prepared for independence either at 18 or at a later stage.

#### ***Community Learning Disability Teams – Caseload Transitions***

2.58 A number of CLDTs have noticed that young people coming through transitions are more complex than has previously been the case i.e. challenging behaviour and complex physical health needs.

2.59 Some live with their families and some are looked after children in foster care. The issue for CLDTs is that there are no nursing staff in supported living to meet these health needs, where this type of housing is considered a suitable option. An example was given of a young person who has very complex health issues and is currently in hospital – she had previously been in a foster placement, but her needs are such that she may not return. However, there is a reluctance to place a 17 year old in a nursing care home for older people.

#### ***Local Authority – Transitions***

2.60 The numbers that are transitioning from children's to adult services in local authorities is not large. Those that do transition are more complex and take up a lot of time. One of the problems identified is that registered children's accommodation does not provide an environment in which it is possible to work towards independence and there are difficulties with stepping down support due to a requirement for minimum staffing levels. Many looked after children are in high cost bespoke placement outside of Gwent.

### **Housing Supply – Learning Disabilities**

2.61 ABUHB commissions most placements in supported living schemes for learning disabilities on a spot basis. These placements tend to be long term as these individuals usually live in a supported living environment as their permanent home. Sometimes the placements break down and an individual has to move to another supported living placement or to a care home or be admitted to hospital.



- 2.62 The supply of learning disability supported accommodation provision in Gwent is summarised by local authority in the table below and shown in detail in Appendix 1 showing the different types. Some of the schemes provide for multiple needs.

Local authorities	Learning Disability units	LD, MH, ASD units
<b>Blaenau Gwent</b>	4	13
<b>Caerphilly</b>	115	107
<b>Monmouthshire</b>	20	11
<b>Newport</b>	26	84
<b>Torfaen</b>	28	22
<b>Total</b>	<b>193</b>	<b>237</b>

- 2.63 The table includes supported housing commissioned through HSG as well as supported living that is block funded by local authorities. This means that ABHUB does place individuals in all the provision shown in the table as some it is exclusively for local authority nominations. ABHUB also spot purchases from some other supported accommodation providers that are not listed.
- 2.64 ABUHB would like to have more supported living stock spread across Gwent, as currently the stock is concentrated in certain areas.
- 2.65 Torfaen and ABUHB jointly commissioned a new supported living scheme. This arrangement involved two separate contracts with the support provider – one with the local authority and one with the Health Board. The feedback received suggests that this scheme has worked well, although ABUHB was unable to fill the available capacity. This resulted in the local authority using some of the Health Board's capacity.

## Housing Gaps – Learning Disabilities

- 2.66 The needs analysis has identified that there are a number of cohorts for whom there is either insufficient provision or existing provision is not suitable. For example, there are people with learning disabilities who need to step down from secure units who could benefit from living in purpose built supported living. Also, suitable accommodation is not the only barrier to moving as individuals also need full MDT support.
- 2.67 The main challenge with ABUHB commissioning new supported accommodation, either to fill gaps in capacity or to deliver a new model, is not to develop bespoke accommodation around the needs of specific individuals. Previously, this has resulted with individuals no longer requiring the provision when it has come to fruition and the Health Board struggling to find suitable referrals.

- 2.68 The proposed approach to addressing gaps should involve future proofing any new developments to meet a variety of needs, as this would mitigate the risk to the Health Board. It would still be possible to achieve this aim through a purpose built development, as the design could be based on self contained units that could potentially used by any client group. Any bespoke aspects should either be portable (i.e. equipment) or easy to change (e.g. muted colours for ASD). It may also be possible to adapt or remodel properties that are part of the Health Board’s estate.
- 2.69 In addition, risks to ABUHB could be managed through jointly commissioning these supported accommodation schemes with local authorities, so that if ABUHB did not have sufficient demand for a particular location then the units could be used by social services.
- 2.70 The table below provides a summary of the gaps in provision that have been identified by the needs analysis.

Models of Housing	Description
Purpose Built Supported Living	<p>There is a need for purpose built supported living that could be jointly commissioned with the local authorities. This would involve self-contained flats with some communal facilities and 24 hour cover. The supported living environment will need to be robustly built.</p> <p>The cohorts are as follows:</p> <ul style="list-style-type: none"> <li>• People with learning disabilities with challenging behaviour and/or ASD who need to step down from an LSU or locked/open rehabilitation.</li> <li>• People who need to move to their own tenancy but their challenging behaviour and ASD may be quite destructive resulting in damage to the accommodation.</li> <li>• Young people transitioning to adult services with complex needs e.g. ASD with severe LD and LD with mental health problems and ASD.</li> </ul> <p>A limited need has been identified for this type of accommodation for PMLD. However, the viability of developing a standalone PMLD supported living scheme is questionable. It would be more appropriate to incorporate a slightly larger single unit into each new purpose built scheme, to allow more circulation space and space for equipment. It could then meet a number of different needs without being bespoke to any specific need.</p>
Designated General Needs Housing ‘Own Front Door’	<p>A need was identified for step down accommodation to greater independence. A model could involve designating a number of new units on a new housing development (e.g. 4 or 5 units) for learning disability, so that care can be shared. The</p>

units would be ordinary general needs housing dispersed near each other. The level of care will vary but could be up to 24 hour waking night cover and targeted support.

The main cohort is:

- Young people who have lived in supported accommodation and need to step down to independent accommodation. Some could live independently but need support and some may need highly trained staff where they have complex health problems

There is a risk with this model as the Health Board may not be able to identify 4 or 5 people who want to live in the same location. As the accommodation is provided in general needs housing there would be flexibility over the number of units utilised – however the fewer units that are used then the less care is shared. This model would only be suitable for those individuals who do not need to live in robustly built accommodation.

- 2.71 One of the issues raised by ABHUB is that the model of supported accommodation where the landlord also provides the care can lead to people being moved where placement breakdown occurs. The model is seen as insufficiently flexible as landlord concerns can become prioritised to the detriment of managing care needs.
- 2.72 There is a challenge around supported accommodation for PMLD as there is a lack provision in Gwent for this group. However, the Health Board previously developed a PMLD scheme with a housing association but when it came to fruition the individuals identified for the scheme no longer required it. As the scheme was so bespoke to the needs of these individuals no other suitable referrals could be found, either by the Health Board or the local authority<sup>2</sup>.
- 2.73 The feedback suggests that there is not only a gap in relation to the housing element, but also a gap in relation to the care and support provided. The importance of having providers that can have the skills and experience of managing ASD, and are able to meet complex health needs, was emphasised. For example, a young person aged 17 with complex health needs, who may not return to her foster placement, could end up being placed in an older person's nursing home.
- 2.74 The feedback suggests that there many people who move into supported living scheme would like to live with other people. The development of friendships is perceived to be important, so that the individuals are not relying on staff for this type of support. Therefore,

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<sup>2</sup> This scheme was eventually used for people with physical disabilities although a lot of the bespoke features were not required.

a supported living model where individuals have their own flats, and also have some communal space, was seen as a preferred option.

- 2.75 Designated general needs flats pepper potted or clustered together on a new development is an option that was identified as needed. The local authority housing departments are able to designate flats in this way as they know they can be used for general needs housing should there be no demand.
- 2.76 In our discussions with housing associations, the use of a block of self contained flats for a supported living scheme was used as an example of future proofing. One of the flats is used as an office for staff as well providing communal space for the tenants. If the communal areas were not used, or 24 hours and on site staffing not required, then the flat could be used for another tenant with learning disabilities. Also, should the supported living scheme experience high voids then it could easily revert to general needs housing.

### *Housing Needs of Service Users*

- 2.77 A survey was carried out of people with lived experience of services to find out about the type of housing they require. The detailed results of the survey are shown in Appendix 2.
- 2.78 A total of 44 people responded to the survey with nearly 40% identifying as having a learning disability. In summary the following are the findings for the types of housing identified by people with learning disabilities:

Future Housing Preferences	Percentage
To live in your own home with someone else (e.g. husband/wife/partner)	11.8%
To live on your own	35.3%
To live with other people/friends	47.1%
No response	5.9%

Housing Type	Percentage
Bungalow	17.6%
Flat	17.6%
Flats clustered together where there is some shared space for the residents	41.2%
House shared with other people	17.6%
No response	5.9%

- 2.79 The survey shows that for people with learning disabilities there is a strong preference to live with other people, predominantly in a housing model that involves flats clustered

together with some shared space for residents. There is also a preference for people to live on their own, either in a flat or a bungalow.

### ***Housing Demand Analysis***

- 2.80 The demand analysis for the housing models is based on the number of people with learning disabilities who are predicted to flow through ABHUB's services and who are eligible for CHC or joint funding.
- 2.81 The number of people with learning disabilities who require housing is difficult to predict as many access ABUHB's services at the point of crisis.
- 2.82 The assumptions for demand are based on the following:
- There are individuals who need to be placed in a more robust supported living environment. On average there are 10 new placements in supported living each year and it has been assumed that at least 30% could be diverted into new purpose built schemes. 5 schemes of 10 units each could be jointly commissioned with local authorities over a 5 year period, whereby ABUHB would have referral rights to about 5 units in each scheme (a total of 25 units across Gwent). The number of relets would be small each year but could potentially meet the demand for more robust supported living.
  - The number of people coming through transitions each year is about 9-10 although not all will require accommodation. It has been assumed that 20% of this cohort will require robust supported accommodation (about 2 a year). As the accommodation will need to be close to home there may be insufficient demand for a standalone scheme to be developed. Therefore, any capacity required should be incorporated into jointly commissioned supported living schemes which will have greater geographical cover.
  - The current number of CHC and joint funded placements of people with PMLD is very low, with 2 placements made over the past three years. However, the CMHTs case load include a few people with PMLD who require this type of accommodation, many of whom are living with their families. To address these needs, a slightly larger single unit could be incorporated into each jointly commissioned supported living development to provide more circulation space. These units do not have to be allocated to people with PMLD but would provide an option to do so.
  - It is difficult to quantify the demand for an 'own front door' model with wrap around support. There is a need for this model from younger people with complex healthcare needs who are able to live more independently. It would be appropriate to carry out a pilot in partnership with a local authority who may have a greater demand for such a model as they are working with people who have less complex needs.
- 2.83 This means the capacity required for commissioned services is as follows:

Types of provision	Number of units	Description
<b>Purpose Built Supported Living</b>	50	<p>A programme of supported living will need to be jointly commissioned with local authorities across Gwent, focusing on those areas with a limited supply of supported living for LD. Assuming that 5 schemes of 10 units each are commissioned then the Health Board should have referrals rights to 25 units (5 units in each scheme). Young people transitioning can be referred to these scheme as they will have their own flats in the scheme (i.e. no requirement for a specific young person's scheme). Each scheme could include a slightly larger single unit that could potentially be used for PMLD or other needs.</p> <p>This approach should address concerns about concentrating purpose built scheme for the Health Board in a single geographical area, as it will involve spreading this provision across Gwent.</p>
<b>Designated General Needs Housing 'Own Front Door'</b>	4	<p>Initially as pilot on a new housing development. A jointly commissioning arrangement between a local authority, with the Health Board have referrals rights to one or two units. If successful, the pilot could be extended to other local authorities.</p>

## Autism

### Housing Needs

- 3.1 This section of the report explores the housing needs of people with autism spectrum disorder (ASD) who receive services from ABUHB. These services include specialist inpatients services as well as community services.
- 3.2 The housing needs analysis is focused on people with ASD who are adults and does not cover older adults nor children, although children transitioning to adult services, are included.
- 3.3 The aim of needs analysis is to identify the types of housing required by people with ASD. In most cases this will require ABUHB to commission care, support and health services to support individuals where specialist accommodation is required.

### *Inpatients*

- 3.4 Some people with ASD can be admitted to the LACU unit based in Llanfrechfa Grange, which provides acute care for people with learning disabilities. This cohort will have ASD but will not have a learning disability diagnosis.
- 3.5 Also, some people with ASD may end being placed in an LSU due to challenging behaviour linked to their autism. They may find an LSU quite traumatic due to any sensory issues they may have. There are currently four people with ASD who are either in an LSU or Locked Rehabilitation.
- 3.6 Although the numbers with ASD are small, ABHUB recognises that there needs to be an appropriate pathway for these individuals, with staff who have the right mix of skills. The current proposals for the SISU are intended to address this issue, although discussions are going the exact configuration of the SISU.

### *Community Services*

- 3.7 ABUHB has an Integrated Autism Service which sits under Primary Care Mental Health Support Services. The Integrated Autism Service has been set up for adults who do not have learning disabilities or a co-existing mental health condition and who are in the health system. The service provides a diagnostic service and a support team providing outcome focused support. The service is Gwent wide and includes health staff who are employed by the ABUHB and social care staff who are employed by Monmouthshire.
- 3.8 Most of the individuals (75%) are not eligible for social care, although more could be eligible under the Social Services and Well Being Act. The Welsh Government is issuing a draft Autism Code of Practice about meeting the requirements of the Act. Only a handful are eligible for CHC funding.
- 3.9 Currently there are about 230 adults on a diagnostic waiting list and the Integrated Autism Service would normally support between 50 to 70 adults through a clinician, group intervention or support workers.

3.10 At least 60% of those in receipt of services from the Integrated Autism Service are living at home with their families, often with older parents. Most others are living in their own independent tenancies, with a few owning their own homes.

3.11 There are 70 people with ASD who have community services commissioned for them by ABUHB. Most of these individuals also have a learning disability. The table provides a summary of the types of services commissioned by ABUHB with some step down services being commissioned for those with ASD only.

Local Authority connection	Total	Supported Living	Home Care	Residential Care
Blaenau Gwent	10	9	1	0
Caerphilly	23	13	8	2
Monmouthshire	8	4	0	4
Newport	13	6	1	6
Torfaen	16	6	9	1
<b>Total</b>	<b>70</b>	<b>38</b>	<b>19</b>	<b>13</b>

3.12 The individuals that have struggled, and who receive services from the ABUHB, fall into two distinct categories, as follows:

- Those who are quite able and intelligent and struggle living with other people. This group has a lot of sensory issues. They are unable to share accommodation with other people and have lots of neighbour disputes. These individuals may need to live in a rural location but would probably only need floating support.
- Those whose autism is a significant barrier and who need prompting and supervision on a day to day basis. There is a growing number of people who fall into this category who are mainly younger, but also include those in their 40's and 50's. They need problem solving support and need someone on site to prevent problems escalating. These individuals need supported living.

3.13 The types of accommodation that are needed include independent accommodation as well as semi-independent accommodation provided as an extra care facility with independent single units of accommodation surrounding it.

3.14 The prevalence of autism is not as high as the prevalence of learning disability, so it would not be feasible to develop specialist accommodation for autism in each local authority. The case needs to be made for developing specialist accommodation on a pan Gwent level, but some individuals don't want to live in particular areas.



### **Local Authorities – Autism Needs**

- 3.15 The local authorities recognise that the number of individuals who require a specialist autism scheme is not huge, and consider that a scheme provided on a regional basis would be more cost effective for all the partners.
- 3.16 There are challenges as Gwent has a large regional footprint, so there is a need to balance being located near to families with the number of units required across Gwent.
- 3.17 Local authorities consider that the level need for those in receipt of services from ABUHB is likely to be well above that for social care and it would fall to the Health Board to commission the care and support services for a specialist autism scheme.
- 3.18 However, the care and support commissioned would need to be flexible, so that if an individual fell out of CHC then the local authority could easily pick the costs. Local authorities made the point that they didn't want to pick up costs for services that are not required by the individual.

### **Housing Supply – Autism**

- 3.19 There are a few supported living schemes in Gwent that have been commissioned by local authorities for people with autism. There is one scheme that was jointly commissioned by a local authority and ABUHB. Quite often these schemes are for people with learning disabilities and ASD.
- 3.20 These schemes include all the features normally expected in a supported living scheme for ASD. Examples of the features within these schemes are highlighted below:
- Torfaen – a scheme commissioned by the local authority and Health Board, which involves bespoke accommodation for people with learning disability and people with autism. This scheme comprises 6 flats and includes features such as encased blinds and robust fixtures and fittings.
  - Newport – a scheme was developed in early 2000's, providing a bespoke environment for 8 people.
  - Blaenau and Gwent. Currently an individual family home is under construction for a family who have ASD needs. It has features such as non-breakable windows and the TV in a perspex box.

### **Housing Gaps – Autism**

- 3.21 One of the issues identified is that people with autism who are living with their parents need to develop independent living skills before they can move into their own independent accommodation. The problem is that many become dependent on their parents, who do things for them.
- 3.22 Floating support services have been successful in working with individuals, while they are living with their parents, and then providing support when they move. However, while some

floating support services have been successful with working with those living with parents, most floating support services are for those already living in a tenancy.

3.23 A supported living model is also needed for those with autism and challenging behaviour due to their autism. The problem is that autism is not as prevalent as learning disability, so it is difficult to identify sufficient numbers in each local authority for a specialist scheme. It is also hard to make a case for a pan Gwent service as some individuals do not want to live in particular areas.

3.24 Therefore, a model for a specialist supported housing for people with autism may have to involve two well located small bespoke schemes to meet the needs across Gwent over the next 10-12 years. These schemes need to be robustly built to withstand any damage and include features to address sensory issues. The following are key elements for a such a scheme:

- Self contained flats
- No communal areas
- Staff facilities
- Robust reinforced solid wall construction
- Anti-ligature fixtures and fittings
- Under floor central heating
- Purpose built media units to contain TVs and gaming consoles behind toughened glass
- Purpose built robust furniture
- Encased blinds in windows
- Appropriate colours and lighting

### *Housing Needs of Service Users*

3.25 A survey was carried out of people with lived experience of services to find out about the type of housing they require. The detailed results of the survey are shown in Appendix 2.

3.26 A total of 44 people responded to the survey, with just over 40% of people identifying as having ASD. In summary the following are the findings for the types of housing identified by people with ASD:

Future Housing Preferences	Percentage
To live in your own home with someone else (e.g. husband/wife/partner)	15.8%
To live on your own	47.4%
To live with other people/friends	31.6%
No response	5.3%

Housing Type	Percentage
Bungalow	10.5%
Flat	26.3%
Flats clustered together where there is some shared space for the residents	31.6%
House shared with other people	21.1%
No response	10.5%

3.27 The survey shows that for most people with ASD there is a strong preference to live on their own. The most popular housing type is flats clustered together with some shared space, followed by flats on their own. A smaller proportion of respondents said they would like to share a house with other people.

### ***Housing Demand Analysis***

3.28 The assessment of demand is focused on supported accommodation, which involves ABUHB commissioning the care and support services, either because the individuals are eligible for CHC/joint funding or because these services are critical in terms of the pathway to independence.

3.29 The demand for bespoke autism supported living has been estimated on the basis of the number of people with autism who have accessed ABUHB commissioned step down units (about 10 to 15), although only a small number move into these units each year. These step down units are costly and the providers have difficulty meeting the needs of people with ASD who do not have learning disabilities.

3.30 In conclusion, the demand analysis considers that two pan Gwent schemes commissioned by ABUHB, with 6 self contained units each, would be sufficient.

Types of provision	Number of units	Description
<b>Purpose Built Supported Living Autism Schemes</b>	6 x 2	These schemes will need to be commissioned on a regional Gwent basis providing two schemes with 6 units each. Many of the individual will require 1:1 and 2:1 support. If a vacant place was unable to be filled by ABUHB, then the local authorities in Gwent could be approached to make a placement. There would be no shared care arrangements, so local authorities could easily make a placement as there would be no shared care costs to cover.

## Mental Health

### Housing Needs – Mental Health

- 4.1 This section of the report explores the housing needs of people with mental health problems who receive services from ABUHB. These services include specialist inpatients services as well as community mental health services.
- 4.2 The housing needs analysis is focused on people with mental health problems who are adults and does not cover older adults nor children. However, individuals over the age of 65 who are in receipt of services from adult community mental health services, as well as children transitioning to adult services, are included.
- 4.3 The aim of needs analysis is to identify the types of housing required by ABUHB to improve its pathways so that individuals can step down into the community successfully. In most cases this will require ABUHB to commission support services to support individuals through these pathways.
- 4.4 The housing needs of a wider group of individuals with mental health problems has also been identified, particularly those individuals who receive services commissioned by the local authority. These housing needs are not included in the gap analysis as they do not have a direct impact on ABUHB's pathways.

### *Inpatients*

- 4.5 ABUHB has a number of acute mental health units that provide assessment and treatment to individual who are admitted with acute mental illness. In addition, there are a number of specialist hospital mental services which are as follows:

Specialist Mental Health Wards	Beds	Description
Forensic Ward – Maindiff Hospital, Abergavenny	12	Gwent-wide forensic rehabilitation service linked to 3 step down beds
Locked Mental Health Ward (Female) – St Cadoc's Hospital	6	The service provides intensive care over for a duration of a number of months to a few years.
Locked Mental Health Ward (Male) – St Cadoc's Hospital	12	It provides long term mental health rehabilitation prior to discharge to the community There are also two 3 bed unlocked male rehabilitation mental health houses within the grounds of the hospital which provide patients with a less restrictive environment of care prior to progressing to community accommodation

- 4.6 ABUHB commissions placements in Low Secure Units (LSUs) as well as additional capacity for locked rehabilitation and open rehabilitation. The number of units commissioned by ABUHB, and the connections the individuals have to the local authorities, are as follows:

Local authority connection	LSU	Locked Rehab	Open Rehab	Specialist Inpatient
<b>Blaenau Gwent</b>	3	1	1	0
<b>Caerphilly</b>	4	4	0	0
<b>Monmouthshire</b>	6	5	3	0
<b>Newport</b>	6	3	1	1
<b>Torfaen</b>	5	2	2	0
<b>Total</b>	<b>24</b>	<b>15</b>	<b>7</b>	<b>1</b>

- 4.7 About 50% of LSU placements are commissioned out of county, with about 17% of these outside of Wales. About 53% of locked rehab placement are commissioned out of county, with none outside Wales.
- 4.8 The fact that so many LSU and locked rehabilitation beds are out of the county means that the pathway is quite slow as the individuals are not close to home in terms of care services preparing them to move, nor are they near to family. ABUHB is developing a business case for more local provision, which is described below.
- 4.9 The length of stay of those currently placed in LSUs and Locked Rehabilitation ranges from less than a month to 12 years. 41% have lived in these facilities for 2 years or longer. Their ages range from 19 to 65 with 62% being under the age of 40.
- 4.10 There have been 38 new placements in LSUs since May 2016, which is an average of about 8 new placements a year. The overall trend in numbers is stable in LSUs and Locked Rehabilitation, due to individuals being discharged.

### *New SISCU provision*

- 4.11 ABUHB is developing an outline business case for a Specialist Inpatient Service Unit (SISU) for inpatients with the most complex needs. There are a number of components to the SISU, which are as follows:
- Low Secure Unit (LSU)
  - Psychiatric Intensive Care Unit (PICU)
  - Learning Disability Acute Care Unit (LACU)
  - Crisis Assessment Unit (CASU)

4.12 The capacity of the proposed SISU is shown in the table below.

SISU	Beds	
LSU	28	A secure unit based in Gwent to deliver intensive multi-disciplinary treatment and care for up to 2 years. The new LSU can bring back patients that are placed in LSUs outside of Gwent
PICU	10	A unit to step up care for existing patients in the mental health adult wards
LACU	7	A unit for the acute care of people with learning disabilities with acute emotional issues and or mental ill health. This will effectively be a transfer of the existing A&T unit into the SISU facility
CASU	18	A crisis unit for those who present in crisis who can be assessed and stabilised for 2 weeks and then discharged into the community

4.13 The outline business case will be submitted to the Welsh Government by November 2021 with the aim of completing the full business case by July 2022. The intention is to complete construction by mid 2024. In the meantime, out of area LSUs will continue to be used. ABUHB wants to identify gaps in resources in the community so that there is the right level of step down provision.

4.14 The intention is to increase the flow of people through the new LSU as a result of the introduction of an in-reach model so that local staff can start working with the patients 6 months before discharge to a step down facility. The length of stay of the new LSU is intended to be 18-24 months.

### ***Step down for inpatients***

4.15 One of the most significant problems identified is that most individuals who are admitted to longer term inpatients care do not have accommodation to be discharged to. Many have to give up their accommodation when they are admitted to long term care, or they may have been excluded from social housing as a result of their behaviour.

4.16 The Community Mental Health Teams (CMHTs) identified a need for specific short term step down accommodation for those who need to acquire independent living skills, particularly with managing their own tenancies. This provision could form a pathway whereby these individuals could potentially move from a ward to more independent rehab facilities and then onto step down accommodation. Examples were given of patients who had 'bounced around' from locked rehab to open rehab and then into the community only to return. The numbers are quite small, but it causes bed blocking because these individuals cannot be discharged.

- 4.17 A repatriation service has been commissioned from United Welsh Housing Association that involves moving people out of inpatient care, particularly those placed out of county. The service involves housing people in independent tenancies with their 'own front door' with the provider delivering tailor made support that would reduce over time. This support can be provided on a 24 hour basis with waking night staff and although it is costly initially the aim is to reduce gradually the level of support. The initial programme involves moving seven inpatients who are currently inpatients in LSUs, lock rehab or on wards.

### **Community Services**

- 4.18 There are 11 CMHTs providing community services to adults up to the age 65. There is also structured clinical management service to which the CMHTs can refer for a more an intensive community service for those with complex psychological mental health needs.
- 4.19 The CMHTs currently provide community mental services to 2,339 people and the table below shows the local authorities with which individuals in receipt of services have a connection. The structured clinical management service has a caseload of about 20 people.

Local authority connection	Total Clients
Blaenau Gwent	316
Caerphilly	758
Monmouthshire	324
Newport	567
Torfaen	378
<b>Total</b>	<b>2,343</b>

- 4.20 The ages of those in receipt of community mental health services through the CHMTs are shown in the table below.

Local authorities	18-24	25-34	35-44	45-54	55-64	Over 65	NA	Total
Blaenau Gwent	23	53	50	47	44	14	85	<b>316</b>
Caerphilly	72	122	131	134	110	29	160	<b>758</b>
Monmouth	43	57	54	60	42	8	60	<b>324</b>
Newport	49	81	105	116	91	9	16	<b>567</b>
Torfaen	27	47	75	87	53	11	78	<b>378</b>
<b>Total</b>	<b>191</b>	<b>307</b>	<b>365</b>	<b>397</b>	<b>296</b>	<b>57</b>	<b>314</b>	<b>2343</b>

4.21 Currently ABUHB commissions community services for 163 individuals with mental health problems through CHC, with some being joint funded with the local authority. These services are a mainly a mixture of supported accommodation and care home placements and are shown in the table below against the authorities with which the individuals have a connection.

Local authority connection	CHC/Joint Funded
Blaenau Gwent	20
Caerphilly	42
Monmouthshire	25
Newport	45
Torfaen	31
<b>Total</b>	<b>163</b>

4.22 About 12% of the CHC commissioned community services are out of county and about 4% are outside of Wales.

4.23 The table below shows the number of fully CHC or joint funded community services for people with severe mental health problems commissioned by ABUHB over a three year period. The figures for 20/21 are for the period up to the end of December '20.

18-64		18/19	19/20	20/21
Blaenau Gwent	Supported Accom	2	2	4
	Care Home	2	0	2
	Medication Prompt	0	0	0
Caerphilly	Supported Accom	0	4	5
	Care Home	2	1	2
	Medication Prompt	1	4	1
Monmouthshire	Supported Accom	2	4	0
	Care Home	1	3	3
	Medication Prompt	0	0	0
Newport	Supported Accom	0	6	8
	Care Home	2	5	2
	Medication Prompt	1	0	0
Torfaen	Supported Accom	2	8	3
	Care Home	0	1	0
	Medication Prompt	1	0	1
<b>Total</b>		<b>17</b>	<b>38</b>	<b>30</b>



### ***Supported Living and Supported Housing***

- 4.24 A small proportion of those who receive ABUHB community mental health services live in supported accommodation. This supported accommodation includes supported living, supported housing and supported tenancies provided by landlords. The table below shows the number of people who are placed in supported accommodation by ABUHB's commissioning team.

<b>Local authority connection</b>	<b>CHC Supported Living</b>
<b>Blaenau Gwent</b>	12
<b>Caerphilly</b>	19
<b>Monmouthshire</b>	8
<b>Newport</b>	21
<b>Torfaen</b>	19
<b>Total</b>	<b>79</b>

- 4.25 In addition, some individuals living in local authority commissioned supported accommodation also receive ABUHB community mental health services.

### ***Community Mental Health Teams – Caseload in Supported Living or Supported Housing***

- 4.26 Approximately 10% of the CMHTs' cases live in supported accommodation. Some of this accommodation involves supported living commissioned by the Health Board through CHC/joint funding or commissioned by social services through a care package – these schemes either provide staffing cover 9-5 or 24 hours. Other individuals live in supported housing funded through HSG and are unlikely to have a local authority commissioned care package.
- 4.27 Some individuals in supported accommodation need to move to more independent accommodation, for example where they have previously been an inpatient and have stepped down to this accommodation for a couple of years. Others, particularly those with severe personality disorder and a forensic background, need longer term supported accommodation.
- 4.28 The proportion of the CMHTs' caseload living in supported accommodation will vary from one local authority to another, although generally it is quite small apart from Newport where there is more supported housing available funded through HSG.

### ***Local Authorities – Supported Living/Supported Housing Provision***

- 4.29 The local authorities only commission a few placements in supported living schemes for people with mental health problems that provide 24 hour staffing cover. These placements

are usually commissioned from the same providers that are used by ABUHB and are for people who need longer term support.

- 4.30 Some of the local authorities commission supported accommodation with 9 to 5 support, which can involve working with a private landlord to deliver the accommodation and intensive support. One authority has converted a bed and breakfast hotel to provide accommodation and support to a group of people who are being moved from other placements and considers that more of this type of accommodation is needed.
- 4.31 A number of local authorities in Gwent fund supported housing for people with mental health problems through HSG. For example, in Caerphilly there are 19 units of self contained supported housing for people with mental health problems – there is a waiting list for this accommodation due to the demand. In Torfaen there are 16 units of supported housing but there are challenges as most of it is in shared accommodation – there is a gap for self contained schemes, as well as single gender schemes.
- 4.32 The main problem is lack of single bed accommodation for people to move onto from supported housing. This issue has been exacerbated by Covid, due to increasing pressure put on access to one bed accommodation e.g. due to moving rough sleepers off the streets.
- 4.33 Shared lives accommodation is used by local authorities, particularly where someone needs more support that can be provided by in supported housing.

### *Independent Accommodation*

- 4.34 The vast majority of people with mental health problems who are in receipt of services from ABUHB live in independent accommodation. This may be social housing or in the private rented sector or in a home that they own. Where individuals are admitted to specialist hospital services they may lose their accommodation.
- 4.35 The table below shows the number of medical prompts and targeted support services that are commissioned by ABUHB through CHC. These would mainly be for people living in their own homes but also could be for people in other living circumstances.

Local authority connection	CHC Medical Prompts	CHC Targeted support
<b>Blaenau Gwent</b>	2	0
<b>Caerphilly</b>	6	0
<b>Monmouthshire</b>	1	0
<b>Newport</b>	2	1
<b>Torfaen</b>	7	0
<b>Total</b>	<b>18</b>	<b>1</b>

***Community Mental Health Teams – Caseload living in Independent Accommodation***

- 4.36 Most the CMHTs' cases live in independent accommodation in the community and are generally coping with living in this accommodation. In addition to the services provided by ABUHB many also receive support from their families and other community services. There is a group of about 10-15% who do require additional support and as far as possible the CMHT try to link them into local services provided by charities.
- 4.37 When individuals are due to be discharged from hospital, some CMHTs refer them to floating support services commissioned by local authorities particularly where they do not have accommodation. These services help individuals to obtain independent accommodation, where they do not have their own accommodation to be discharged to, and then provide support.

***Local Authorities – Independent Accommodation***

- 4.38 The local authorities in Gwent fund floating support through HSG to support individuals to live in independent accommodation. There are a number of specific floating support services commissioned for people with mental health problems.
- 4.39 In one local authority, a mental health liaison officer has been funded through HSG and is based in Housing Options, whose role is to work with mental health facilities to deal with issues related to moving individual from hospital into a tenancy. In another a floating support worker is based in a CMHT and participates in weekly ward rounds to pick up whether any individuals are homeless – where appropriate the worker liaises with the local authority.
- 4.40 The local authorities have found that some people with mental health problems go through a revolving cycle of accommodation and homelessness to the extent that many housing providers are not willing to house them. As a consequence, quite a number of them end up becoming entrenched rough sleepers. A number of local authorities have established a Housing First model to accommodate these individuals in independent accommodation with wrap around support.

***Living with Parents/Family***

- 4.41 There is a significant number of people with mental health problems who are living with their parents or family who are in receipt of ABUHB services.

***Community Mental Health Teams – Caseload Living with Parents/Families***

- 4.42 The CMHT cases who are living with parents/families are a variety of ages. Some individuals are able to move on from their family to independence and manage quite well, however others remain living with their families on a long term basis. Whether they can move on from their family can depend on their diagnosis – for example those with schizophrenia tend to live with their families.
- 4.43 A CMHT located in a valley area of Gwent explained that it is populated with close knit families that provide support where an individual relapses and can return to their family home if necessary.

**Local Authorities – Living with Parents/Families**

- 4.44 One of the local authorities explained that it is managing the dynamics of an ageing population, with people with mental health problems living with elderly parents. Many may not have the skills to move to greater independence. Some of the younger cohort living with their families are more aspirational.

**Care Homes**

- 4.45 A small proportion of those in receipt of ABUHB community services live in care homes. The table below summaries those who are living in care homes commissioned through by ABUHB, showing the connections the individuals have to the local authorities within Gwent.

Local authority connection	CHC Supported Living
Blaenau Gwent	7
Caerphilly	17
Monmouthshire	16
Newport	21
Torfaen	5
<b>Total</b>	<b>66</b>

- 4.46 The data shows that 64% of CHC placements are in nursing homes and in total 17% of all care home placements are outside of Gwent.

**Community Mental Health Teams – Caseload in Care Homes**

- 4.47 The CMHT cases who are living in residential and nursing care homes are living in specialist mental health care homes. They generally remain in these care homes as they are having their needs met. There are a few cases who may need to step down in the future, for example young people living in CHC nursing placements who could potentially step down to supported living or a flat.

**Local Authorities – Care Homes**

- 4.48 There are very few placements made to care homes by local authorities. Some placements are made outside the county due to care homes in Gwent being fully occupied.

**Transitions**

- 4.49 Young people who are transitioning to adult services normally come through ABUHB's CAMHS service, although they can also come through the Health Board's outreach team or intensive support service. Some of them have been in a low secure unit- if they require an ongoing secure service then ABUHB would commission a service with an LSU. For others

ABUHB's structured clinical management service can work with young people who are transitioning.

- 4.50 The young people who are transitioning will generally be living with their family, although some are looked after and will be in a residential placement. Those in placements will have to leave at the age of 18, depending on the registered status of the provider.
- 4.51 The Health Board spot purchases supported living placements for some young people, although these placements will need to provide a trauma informed focus. These placements are for young people who need to move from their family, as well as those who can no longer remain in a children's residential placement. Some young people end up being placed in an adult care home where there is no other option.
- 4.52 There is a need for more supported living services where there are individual flats, with 24/7 on site staffing. Some could provide step down from hospital instead of going through rehabilitation. It is a question of finding the right model so that young people can get some level of independence, so they don't enter hospital as a revolving door patient.
- 4.53 There are a lot of young people who don't fit into MH or LD services who are vulnerable adults and need therapeutic input. In particular it is very difficult to discharge them from hospital once they have been admitted as they become dependent on the support. The structured clinical management model can provide coping strategies.
- 4.54 A key issue is to start working earlier with young people to prepare them for independence. The feedback received suggests that this work should start from the age of 14 so that they are better prepared for independence either at 18 or at a later stage.

### **Forensic Needs**

- 4.55 The ABUHB forensic service is a Gwent wide service based at St Cadoc's hospital. The service is for people with mental health problems with associated offending histories. There is a balance between meeting risks associated with mental health and offending, and ABUHB's duty of public protection. This situation has an impact on the appropriate housing for this client group.
- 4.56 With this client group the main mental health issues are usually around anti-social personality disorder and emotional unstable personality disorder. The offending is typically around violent offending or sexual offending. Some patients are dual diagnosis, and some have borderline learning disabilities. Some don't have a forensic history as they have never been charged.
- 4.57 Where individuals come out of prison then they would go to an approved probation premises. Any accommodation sourced through ABUHB would have to be approved by the probation service in terms of risk to the public.
- 4.58 The ABUHB forensic service sees people who have their own accommodation as well as those who are admitted to inpatient care and who might lose their accommodation. If individuals are admitted to a low secure unit then they would come down in stages before either being placed in a CHC placement, which may be joint funded with social services. The

vast majority will require supported accommodation with 9-5 or 24 hours staffing cover, with some being able to live independently in a tenancy.

- 4.59 For some patients moving into a shared house is important as they don't have family and need a sense of belonging. Some people will want their own space so a mixture of flats and shared households with staff on site would be ideal. A key issue for providers is to keep individual motivated and engaged and prompting them to take their medication. Long term supported accommodation is required for these individuals.
- 4.60 There are young people who are transitioning to adult services with forensic needs. They tend to be more complex and typically present with ASD. They find the transition to adulthood very difficult. It is very hard to find appropriate accommodation for this group.
- 4.61 The forensic team is quite large and covers the whole spectrum of services. There are two inpatient wards and low secure unit placements. There is also a specific forensic CHMT service.

### Housing Supply – Mental Health

- 4.62 As the majority of people with mental health problems who use ABUHB's community services live in their own accommodation there is a limited need for supported accommodation. However, as most of those who are admitted to specialist inpatients services lose their accommodation, supported accommodation services are commissioned by ABUHB as part of the mental health pathway.
- 4.63 ABUHB mainly commissions placements in supported accommodation for mental health on a spot basis, mainly in supported living schemes. These placements tend not to be long term as individuals are moving through different stages of the mental health pathway. Those with forensic backgrounds are the most difficult to place.
- 4.64 The supply of mental health supported accommodation provision in Gwent is summarised by local authority in the table below and shown in detail in Appendix 1. Some of the schemes provide for multiple needs.

Local authorities	Mental Health supported accommodation units	MH, LD, ASD supported accommodation units
<b>Blaenau Gwent</b>	49	13
<b>Caerphilly</b>	43	139
<b>Monmouthshire</b>	30	11
<b>Newport</b>	88	114
<b>Torfaen</b>	44	22
<b>Total</b>	<b>254</b>	<b>299</b>

- 4.65 The table includes supported housing commissioned through HSG. ABHUB does not place individuals in all the provision shown in the table and also commissions provision from private providers that are not listed.
- 4.66 ABUHB is more confident about the demand for mental health supported accommodation as there is a planned process of discharge from the Health Board’s own rehabilitation wards. The main issue in terms of supply is the need for a more evenly spread of supported accommodation across the local authorities in Gwent. Also having rehabilitation wards in Abergavenny means that patients have created ties with that area and want to live in this location when discharged.
- 4.67 The cohort of people with forensic needs is relatively small and ABUHB’s commissioning team will know the providers that can manage these needs. There are only a few providers available, and they will typically provide accommodation with support. These are private landlords who also provide the support and are able to offer well trained support staff. These placements are very expensive.

### Housing Gaps – Mental Health

- 4.68 The local authorities recognise that ABUHB has different priorities in terms of sourcing housing. They also recognise that ABUHB will want to prioritise step down from low secure units, including prioritising forensic patients, while the local authorities will be concentrating on lower needs. However, it was pointed out that there is some overlap in the middle and there may be opportunities for collaborative commissioning of housing for people with mental health problems.
- 4.69 The housing gaps that have been identified as a high priority for ABUHB to commission for people with mental health problems are as follows:

Models of Housing	Description
Step Down Supported Accommodation	<p>This type of accommodation is required by a number of different cohorts. It will involve the provision of new build self contained accommodation to robust standards to take account of potential damage (but not to standards for autism units). 24 hour staffing will need to be provided. This accommodation will provide a recovery model to enable people to move to independent housing. The occupants will need to be issued with licence agreements as the length of stay will be 12 months.</p> <p>The cohorts are as follows:</p> <ul style="list-style-type: none"> <li>• People who need to step down from an LSU or a rehabilitation ward but are not ready for independence</li> <li>• People who have been banned from social housing and need to learn tenancy related skills and who are in an LSU or rehab ward</li> </ul>

	<ul style="list-style-type: none"> <li>• People who have been placed in out of county provision</li> </ul>
<p>Semi-Independent Accommodation for Young People</p>	<p>This model will involve providing accommodation in self contained flats with some shared communal areas for young people with complex needs. Many of these young people will be transitioning to adult services and some have been living in a registered children’s home. The model will provide 24 staff cover and have a trauma informed approach.</p> <p>The cohorts are as follows:</p> <ul style="list-style-type: none"> <li>• Young people transitioning to adult services with complex needs who are living in a registered children’s home</li> <li>• Young people transitioning to adult services with complex needs who are unable to with the families</li> <li>• Other young people with complex needs who use ABUHB’s services and are eligible for CHC or joint funding including those who need to be discharged from hospital</li> </ul>
<p>Own Front Door</p>	<p>This model involves moving individuals into independent general needs housing with wrap around support including 24 hour waking night cover if required. This model is based on the repatriation scheme as well as the Housing First model.</p> <p>The cohorts are as follows:</p> <ul style="list-style-type: none"> <li>• People placed in LSUs, particularly those out of county</li> <li>• People who are in locked or open rehabilitation and need to move to a more independent setting with intensive support</li> </ul>
<p>Long term Supported Accommodation</p>	<p>This model is for those who require long term support in an environment where there are other tenants for company and staff on site. The accommodation will need to be provided as independent flats with shared communal facilities with 24 hour staffing cover. There is a demand for communal areas where people can meet and a communal kitchen where staff can help tenants prepare meals or where meals can be provided.</p> <p>The cohort is as follows:</p> <ul style="list-style-type: none"> <li>• Forensic patients who are mainly male and have a primary diagnosis of mental illness which is resistant to treatment</li> <li>• This cohort may also have dual diagnosis, with some having borderline learning disability and personality disorder</li> <li>• Women who have been in St Cadoc’s locked ward for women who will need separate supported accommodation</li> </ul>



- 4.70 The step down accommodation will be essential to ensure flow through the proposed LSU (as well as existing LSU placements). As the new inpatient model will incorporate recovery wards then recovery based step down accommodation will complement this approach and allow people to step down and build coping strategies and skills. Also step down provision could provide intensive life skills support to those banned from social housing to provide reassurance to social housing providers, should they be offered a tenancy in the future.
- 4.71 Although the 'own front door' model enables people to be placed closer to where they want to live, there are issues about the availability of one bed units of social housing in Gwent. Most of the social housing stock is in two and three bedroom stock and there is a lack of availability of one bed units, which will limit the scope of this model.
- 4.72 General needs social housing can be allocated outside the common housing register (e.g. through a panel comprising housing, social services and health), although local authorities warned of 'bite back' from local residents if the individual does not have a local connection.
- 4.73 Longer term supported accommodation for forensic patients will need to take account of location. There are 15 patients coming through the pathway each year, most of whom will require long term supported accommodation as not many will live independently successfully. There is also a need for a women only supported accommodation scheme to step down from the female ward at St Cadoc's. All of these individuals are subject to Section 117 and some are joint funded with CHC.
- 4.74 Location is an issue for forensic patients as some individuals are subject to MAPPA and need to move away from the area with which they have a connection. However, the provision needs to have access to public transport and shops as the individuals need to have a structure to their daily lives.
- 4.75 An important finding of the review is the pivotal role played by floating support services funded through HSG. These services provide a link between hospitals and housing departments and enable people to obtain accommodation to be discharged from hospital, either into the private rented sector (PRS) or social housing.
- 4.76 Floating support services have been funded through HSG to enable people to move into independent tenancies, and to support the sustainment of their tenancies. However, there may be a case for ABUHB to fund some aspects of floating support. For instance, where a patient is eligible for CHC or joint funding then targeted hours of floating support could be commissioned from the provider, should they move into independent housing.

### ***Housing Needs of Service Users***

- 4.77 A survey was carried out of people with lived experience of services to find out about the type of housing they require. The detailed results of the survey are shown in Appendix 2.
- 4.78 A total of 44 people responded to the survey of which nearly 50% were people with mental health problems. In summary the following are the findings for the types of housing identified by people with mental health problems:

Future Housing Preferences	Percentage
To live in your own home with someone else (e.g. husband/wife/partner)	47.6%
To live on your own	28.6%
To live with other people/friends	19.0%
No response	4.8%

Housing Type	Percentage
Bungalow	28.6%
Flat	14.3%
Flats clustered together where there is some shared space for the residents	14.3%
House shared with other people	23.8%
No response	19.0%

4.79 Most people with mental health problems want to live in their own home with their partner. A significant number wanted to live on their own and a few wanted to share with other people. In terms of housing type a bungalow is the most popular option, although flats and clustered flats are popular. There is a significant proportion of people with mental health problems who would like to live in shared housing with other people.

### *Housing Demand Analysis*

4.80 The demand analysis for the housing models is based on the number of people who are predicted to flow through the mental health pathway.

4.81 The assumptions for demand are based on the following:

2021-2024	Capacity	Average LOS mths	Departures p.a	Destination of Departures
LSU	24	36	8	50% move to locked rehab, 30% to commissioned step down and 20% to own front door model.  All LSU placements nearing end of their pathway move to new LSU at end of 2024 – about 20 patients

Locked Rehab placements	15	18	10	50% move to open rehab, 30% to commissioned step down and 20% to own front door model.
Open Rehab placements	7	12	7	40% to commissioned step down and 60% to independent tenancy (with floating support if required).
St Cadocs Locked Rehab (male)	12	18	8	70% move to inpatient step down units, 10% to commissioned long term accommodation, 10% to commissioned step down and 10% to own front door model.
St Cadocs Locked Rehab (female)	6	18	4	60% to commissioned long term accommodation, 30% to commissioned step down and 10% to own front door model.
Abergavenny Rehab forensic	12	18	9	30% move to inpatient step down, 30% to commissioned step down, 20% to long term supported housing and 20% to own front door model.
Inpatient step down (Lodges etc)	9	12	9	30% move to commissioned step down, 50% move to commissioned long term accommodation and 20% moving to independent tenancy (with floating support if required).

From 2025	Capacity	Average LOS mths	Departures p.a	
LSU	28	24	14	50% move to locked rehab, 30% to commissioned step down and 20% to own front door model.
PICU	10	2	48	38 patients a year discharged home with 10 admitted to LSU or locked rehab
Locked Rehab placements	8	18	6	50% move to open rehab, 30% to commissioned step down and 20% to own front door model.
Open Rehab placements	3	12	3	40% to commissioned step down and 60% to independent tenancies (with floating support if required).

St Cadocs Locked Rehab (male)	12	18	8	70% move to inpatient step down units, 10% to commissioned long term accommodation, 10% to commissioned step down and 10% to own front door model.
St Cadocs Locked Rehab (female)	6	18	4	60% to commissioned long term accommodation, 30% to commissioned step down and 10% to own front door model.
Abergavenny Rehab forensic	12	18	9	30% move to inpatient step down, 30% to commissioned step down, 25% to long term supported housing and 20% to own front door model.
Inpatient step down (Lodges etc)	9	12	9	30% move to commissioned step down, 50% move to commissioned long term accommodation and 20% moving to independent tenancy (with floating support if required).

- Some patients from the acute mental health wards will move into specialist inpatient units at different points in the pathway including LSUs and locked rehab.
- Some patients who require accommodation will not go through the secure pathway and will have historically been in and out of acute wards i.e. revolving door scenario.
- Of the estimated 10 young people who are transitioning to adult services each year about 30% will need semi-independent accommodation.
- Of the 15 people who are coming through the forensic pathway each year about 11 will require longer term supported accommodation (including women). The demand will also be partly met by existing schemes.
- The commissioned Step Down Units are assumed to have a length of stay of 12 months with a throughput of 16 people a year.
- The locked rehab placements will decrease from 2025 because of additional LSU capacity and higher turnover and the open rehab placements will decrease due to less throughput from locked rehabilitation.
- Those who are admitted to the PICU will return to their existing accommodation, unless they are transferred to an LSU or locked rehab.

4.82 This means that the capacity required for the commissioned services is estimated as follows:

Types of provision	Number of units	Description
<b>Step Down Supported Accommodation</b>	16	Two purpose built supported accommodation schemes located in different part of Gwent specifically to step people down from the SISU and mental health pathway.  The commissioned Step Down Units are assumed to have a length of stay of 12 months with a throughput of 16 people a year.
<b>Own Front Door</b>	8 p.a	8 general needs housing units will be required a year with an intensive level of support that will then gradually step down. These units will need to be located where individuals have a local connection (subject to MoJ restrictions).
<b>Semi-Supported Accommodation (Young People)</b>	6	Initially 6 units on the basis that about 3 young people each year are transitioning to adult services who are eligible for CHC or joint funding and require supported accommodation. A scheme may need to be commissioned jointly with a local authority to manage capacity, with further schemes developed if there is sufficient demand. It is assumed that the average length of stay will be 12 months
<b>Long term supported accommodation</b>	12  6	New long term supported living schemes will need to be developed for the forensic pathway, particularly in Monmouthshire and Newport. Supported Living scheme of about <b>6 units x 2</b> will be required initially for men. A separate long term supported living scheme of about 6 units will be required for women, although there are far fewer coming through the pathway.

4.83 There will also need to be flow through the step down supported housing, with individuals given a choice about their options. Most will need to move to independent accommodation, with floating support provided where required. They should be able to move to the local authority with which they have a connection, rather than the local authority in which the step down schemes are based. A few may need to move to long term supported housing, where they have come through the forensic pathway.

A further consideration is whether ABUHB should commission floating support for those individuals that require support to be able to move onto independence, as there is

insufficient HSG funded floating support to meet all needs. This would be appropriate for those individuals who are eligible for CHC or joint funding.

## Delivery of Housing

- 5.1 The housing programme identified in this report will largely need to be delivered through local authorities and their partner housing associations. The key issue will be to incorporate ABUHB's needs assessment into each authority's Local Housing Market Assessment (LHMA) and their Local Development Plan (LDPs). The needs identified will provide the basis for bids for capital funding and for obtaining planning consent.
- 5.2 Some of the authorities asked about the provision of Health Board land for new purpose built housing developments. Although it appears unlikely that Health Board land could be made available for such developments, there is an opportunity to consider ABUHB's existing estates to identify whether any properties could be re-modelled.
- 5.3 It will also be important to demonstrate that those who move into the accommodation have a local connection to Gwent and, in most cases, to the local authority in which the scheme is based. As some of the provision will be developed on a regional, or sub-regional basis, a local connection to the host authority will not always be possible, although there will be benefits to all the authorities in Gwent.

### *Local Housing Authorities*

- 5.4 Meetings were held with the housing departments of the five local authorities in Gwent to discuss the development of housing to meet the needs of the cohorts. The main themes emerging from these meetings are summarised below.

### *Local Housing Market Assessment (LHMA)*

- 5.5 The scope of the LHMA's concentrate on the need for affordable housing, social rented housing, low cost home ownership and intermediate renting. The LHMA's do not cover the need for supported living or supported housing, although there may be some references to this type of accommodation. This means that the LHMA's do not include a detailed assessment of the need for housing for people with learning disabilities, people with autism and people with mental health problems.
- 5.6 The Welsh government is due to produce guidance about enhancing the LHMA's. There have been discussions between the Regional Partnerships and the Welsh government about the LHMA's covering supported accommodation and it is expected that the new guidance will bring this type of housing within scope. Some of the local authorities separately produce plans for supported accommodation, for example Newport has published an Independent Living Strategy<sup>3</sup>.
- 5.7 All the local authorities are stock transfer authorities apart from Caerphilly. This means that across Gwent housing associations deliver most of the affordable housing programmes.
- 5.8 The main theme emerging from the LHMA's is the increase in demand from single person households – see table below. Generally, the social housing stock in Gwent has a large proportion of 3 and 2 bed accommodation and it is not possible to accommodate single

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<sup>3</sup> Newport City Council – Independent Living Strategy 2017-2022

people in these units due to the ‘bedroom tax’. Some local authorities are working with their housing association partners to covert 3 bed units into one bed units.

Local authority	LHMA
<b>Blaenau Gwent</b>	Blaenau and Gwent completed their LHMA in 2019. The assessment shows a considerable surplus of two and three bed accommodation.
<b>Caerphilly</b>	The LHMA shows that annually there is a need for about 250 units p.a. The assessment shows that there is a requirement for single person accommodation everywhere in the authority and that there is a surplus of 3 bed units. Caerphilly is not a stock transfer authority and owns a stock of 10,400 units, 70% of which are 3 beds.
<b>Monmouthshire</b>	Monmouthshire’s LHMA was published in 2018 and shows an annual shortfall of 468 affordable units. The LHMA shows that over a 5 year period from 2018 the total number of affordable units planned is 774.
<b>Newport</b>	Newport’s LHMA provides an indication of housing needs over the next 25 years and in detail over the next 5 years. There is a shortfall of 971 units over the next 5 years and a development programme for 200 units. The most significant need is for one bed accommodation
<b>Torfaen</b>	Torfaen’s LHMA is in the process of being reviewed. It includes a figure of 244 units required each year, 80% of which are socially rented and 20% intermediate rented. There is a large shortfall of single person units.

### *Supported accommodation*

- 5.9 All the local authorities have developed supported accommodation, mainly in partnership with their social services departments, although they have also worked with ABUHB.
- 5.10 Most of supported accommodation that has been developed is for people with learning disabilities. Examples of more recent specialist developments include:
- An independent living scheme of self contained units for learning disabilities. The requirement for support has gradually lessened as individuals are providing support to each other. The authority is intending to develop another scheme for learning disabilities with 10 self contained units and some communal areas.
  - A six unit purpose built scheme for people with learning disabilities with challenging behaviour and autism.



- A purpose built scheme of 16 one bed units for learning disabilities and supported units for those with autism.
- A purpose built scheme of 6 flats for people with autism with bespoke fixtures and fittings using ICF funding.

### ***Floating support***

- 5.11 There are floating support services in each local authority funded through HSG. These services can either be provided on a generic or specialist basis. There are a number of specialist floating support services for people with mental health problems, for example Caerphilly's service supports 400 people at any one time.
- 5.12 The Welsh government has increased the budget for Housing Support Grant. This report has found that floating support funded through HSG has provided an important resource for supporting people with autism to become more independent and for helping to move people with mental health problems from hospital wards into independent tenancies.

### ***Delivery Mechanisms***

- 5.13 There are a number of considerations for delivering a programme of housing that meets the needs of those who receive services from ABUHB. In particular, there is a need to define the scope of ABUHB's responsibility for commissioning housing, which should focus on those individuals that are in receipt of CHC and joint funding and those who need to step down from ABUHB's services to release capacity in the health system.
- 5.14 There are a number of aspects to delivering a programme of housing to meet these needs, which are:
- Obtaining funding for new supported accommodation developments
  - Accessing ordinary general needs housing for people who do not required supported accommodation
  - Ensuring access into the services that have been commissioned by the ABUHB
  - Working in partnership with the local authorities and working at a regional level with the Regional Partnership Board
- 5.15 Each of these issues are consider below.

### ***Funding***

- 5.16 There are two main sources of funding supported accommodation. These are as follows:
- Social Housing Grant (SHG)
  - Integrated Care Fund (ICF)
- 5.17 Local housing authorities and housing associations bid for Social Housing Grant to deliver their social housing development programmes. Local authorities and housing associations can bid for SHG for supported accommodation and many existing schemes have been

developed through this route, mainly for needs identified by local authority social services departments.

- 5.18 The ICF can provide capital funding for specialist accommodation schemes. There are currently four funding themes for ICF which are: Carers, Older People with Dementia, Children with Complex Care Needs, and Learning Disabilities. ICF is currently not available for Mental Health, although some stakeholders think that its scope should be extended.
- 5.19 There have been discussions between the Welsh Government and the Regional Partnership team about integrating ICF funding with SHG, as it can be barrier to have different funding streams with different parameters. In principle a more integrated approach is considered to be possible.
- 5.20 Section 106 agreements also provide resources for housing including capital funding, land or affordable housing units. There are opportunities to use Section 106 agreements to fund supported accommodation developments.
- 5.21 The table below summaries potential sources of funding for the proposed housing programme for ABUHB.

Types of schemes		Potential Capital Funding/Sourcing
LD	<b>Purpose Built Supported Living</b>	SHG or ICF, or a combination. Developed in partnership with a housing association and jointly commissioned by social services and the Health Board
LD	<b>Designated General Needs Housing 'Own Front Door'</b>	Piloting a jointly commissioned service funded by social services and the Health Board for a provider to identify designated units for LD and to provide the support.
ASB	<b>Purpose built autism schemes</b>	Regional approach using ICF, developed in partnership with a housing association and commissioned by the Health Board with a flexible contract
MH	<b>Step-Down Supported Accommodation</b>	SHG may not be prioritised for this type of provision as it is closely linked to the discharge pathway. Developed in partnership with a housing association, either with SHG or alternatively through using private finance combined with higher rates of housing benefit (to cover loan repayments). Health Board to commission the 24/7 support.
MH	<b>Own Front Door</b>	Health Board to commission a provider to source general needs housing by working with local authorities and housing associations to allocate housing outside the common register. The provider would also be commissioned to provide the support. This could

		involve building on or extending the United Welsh model.
MH	<b>Semi-Supported Accommodation</b>	Funded by SHG. Developed in partnership with a housing association and commissioned jointly by the Health Board and social services.
MH	<b>Long Term Supported Accommodation</b>	Funded by SHG. Developed in partnership with a housing association and commissioned by the Health Board.

5.22 The development costs for more bespoke schemes can be higher (i.e. specialist autism schemes), as well costs associated with longer-term service charges for aids/adaptations/equipment and maintenance and repair.

5.23 The most effective way to source general needs housing for the ‘own front door’ model will be through the commissioned care provider working closely with the relevant housing authorities. They will need to ensure that the individuals are registered on the common housing register and will need to discuss with the local housing authority the priority for each individual with mental problems or a process for allocating the housing outside the common housing register through a panel.

### **General Needs Housing**

5.24 General needs social housing is allocated through each authority’s common housing register, which involves applicants making an application for housing and then being assessed in terms of priority. One of the local authorities has used HSG to fund a member of staff to help with assessing applications from people with mental health problems – this resulted in an increase in offers of housing to this cohort.

5.25 General needs housing can also be allocated outside the common housing for individuals that are a priority for social services. This means that more appropriate accommodation can be allocated to people with support needs i.e. ‘the right match in the right place’. The repatriation scheme commissioned by ABUHB also requires general needs housing to be allocated outside the housing register.

5.26 Discussions took place with the local authorities about ‘pepper potting’ people with support needs in new general needs housing developments, which would allow care to be shared more effectively. All the local authorities though that such an arrangement would be possible, as the units could be designated for vulnerable people and could easily revert to general needs housing if there were no demand.

5.27 The main advantage of using general needs housing to meet needs is that the individual could be placed behind their ‘own front door’ in a location they prefer to live in. The main problem with using general needs housing to meet these needs is that there is an insufficient

supply of one bedroom accommodation. This shortage has been exacerbated by the programme to move rough sleepers off the streets due to Covid.

### ***Referral Rights***

- 5.28 Most local authorities have nomination rights to new supported accommodation developments, which are usually allocated through a social services panel both in relation to 'new lets' and 'relets'. This means that the local authorities are responsible covering the voids costs as they control access to these schemes through the nomination arrangement. However, social services have found that voids costs can be kept to a minimum where there is planned process of moving people into the accommodation.
- 5.29 Some of the local authorities pointed out that ABUHB has been reluctant to enter into voids arrangements for new supported accommodation developments. This is due to the Health Board's concerns about voids costs associated with not being able to place individuals in these schemes.
- 5.30 Access to a guaranteed supply of supported accommodation requires a nomination agreement. However there a number of ways to mitigate the risks of the voids costs with such arrangements including:
- An initial period where no voids costs are paid (e.g., 12 weeks) to allow for referrals to be identified. This is effectively an agreed relet period.
  - A cascade arrangement whereby the nominating body is given the first opportunity to make a nomination (within a time period) with the nomination being then being offered elsewhere e.g., Health Board, then social services and then common housing register.
  - Jointly commissioning supported accommodation so that nomination arrangements are shared e.g., on a 50/50 basis with flexibility to increase or decrease each organisation's share.
- 5.31 Flexible contracts are an important part of such arrangements, so that where the Health Board has commissioned care and support for a supported accommodation scheme, it can easily offer places in that scheme to the local authority when it cannot fill them itself. This process will enable capacity to be managed and at the same time ensure that the scheme is well utilised.

### ***Partnership Working***

- 5.32 The main message coming from the local authorities in terms of working in partnership with the Health Board is the importance of being committed to specialist developments on an ongoing basis. This means that these types of services should not be built around specific individuals but instead be built to meet future needs.
- 5.33 There is an opportunity for working on a cross regional basis through the Regional Partnership Board. In particular this may the case for very specialist schemes where there are insufficient needs to sustain a scheme in any one local authority.

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### ***Local Connection***

- 5.34 The needs analysis demonstrates that all those who require CHC/joined funded services have a local connection with the local authorities in Gwent, even though some may currently be placed out of county.
- 5.35 This issue will be important to emphasise through any community engagement process for the development of new schemes. In most instances local people will be accommodated, even if that means bringing them back from an out of county placement.
- 5.36 There may be circumstances where individuals will need to be accommodated in another authority in Gwent with which they have had no previous local connection, for instance in a specialist housing scheme. There is an agreement between the local authorities across Gwent around ordinary residence, whereby the placing authority continues to maintain the cost of the placement.

### ***Future proofing***

- 5.37 It is essential to future proof any new supported accommodation schemes, including bespoke schemes.
- 5.38 The supported accommodation schemes that are most feasible to future proof are those that use blocks of self contained general housing needs. These schemes can involve one of the flats being used as staffing facilities and for communal space. If they are no longer required, then they can easily revert to general needs housing, with any adaptations being removed. These schemes may not be suitable for people with challenging behaviour as they are not built to withstand damage.
- 5.39 Purpose built supported accommodation can be future proofed by providing ordinary one bed self contained units and repurposing communal space as a flat or a community facility. The structure of the development would need to be more robust to withstand damage (e.g. no internal stud walls). These schemes could easily change their use to general needs housing.
- 5.40 Bespoke accommodation can be future proofed by developing the units as self contained accommodation. Ultimately the scheme can be used for another vulnerable group if the demand from the cohort is no longer there, subject to capital funding constraints. The main risk is that for highly bespoke autism schemes a lot of capital funding would have been expended on features that may not be required by another group.
- 5.41 Flexible contracts are also important for future proofing specialist developments, which could also involve separate Health Board and social services contracts with the provider for a jointly commissioned scheme. This means that the risk of developing a supported accommodation scheme is shared and that capacity can be moved between the Health Board and social services.

### ***Projections of Housing Requirements***

- 5.42 Projections of the housing required based on the needs analysis are shown in Appendix 3.

5.43 These projections take account of StatsWales projections of the adult population across Gwent. The need for accommodation with support is assumed to increase or decrease in line with the StatWales projections, although the population is projected to remain quite stable over the next 12 years.

5.44 The projections take account of the needs identified in this report as well as the accommodation that is available to the Health Board. Relets to existing accommodation where the Health Board has nomination rights are included, as follows:

Scheme	Client Group	Units
Skenfrith Court Abergavenny, Monmouthshire	LD/MH	6
Lions Court, Blaenavon, Torfaen	LD/MH	4
Kennard Court, Blaenavon, Torfaen	LD/MH	6
Brynteg Road, Blaina, Blaenau Gwent	MH	5
Crouch Close, Newport	MH	4
Panteg, Torfaen	PMLD	4

5.45 The projections include the new accommodation with support units that have been identified by this report as required. These new resources do not meet all the needs identified, as there is a risk of having too much accommodation available in the wrong location at the wrong time. The projections therefore assume that needs will be met through a combination of relets to existing accommodation using nomination rights, access to newly developed accommodation with support and spot purchasing.

5.46 The projections only include those new supported accommodation units to which the Health Board has nomination rights. For example, it is assumed that for each 10 unit supported living scheme for learning disabilities, the Health Board will have nomination rights to 5 units and the local authority 5 units. The same applies to the autism units (4 units for the Health Board and 2 units purchased by the local authorities).

5.47 In developing new purpose built provision there are risks associated with having too much supply at a single point in time in a particular location. If this becomes the case the Health Board will have to manage this risk, either through flexible arrangements with the local authorities or covering the costs of voids until a suitable placement can be found.

## Key Conclusions and Recommendations

- 6.1 This section sections out the key conclusions and recommendation arising from this report. The proposals for a housing programme are summarised below and are based on the needs assessment that has been carried out.

### Learning Disabilities

- 6.2 The proposals for a development programme of accommodation for people with learning disabilities who are in receipt of ABUHB's services are as follows:

Types of provision	Number of units	Description
<b>Purpose Built Supported Living</b>	50	<p>A programme of supported living will need to be jointly commissioned with local authorities across Gwent, focusing initially on those areas with a limited supply of supported living for LD. Assuming that 5 schemes of 10 units each are commissioned then the Health Board should have referrals rights to 25 units (5 units in each scheme). Young people transitioning can be referred to these scheme as they will have their own flats in the scheme (i.e. no requirement for a specific young person's scheme).</p> <p>This approach should address concerns about concentrating purpose built scheme for the Health Board in a single geographical area, as it will involve spreading this provision across Gwent.</p> <p>To address the needs of a few people with PMLD, one larger unit could be included in each development to provide more circulation space. These units do not have to be allocated to people with PMLD but would provide an option to do so.</p>
<b>Designated General Needs Housing 'Own Front Door'</b>	4	Initially as pilot on a new housing development. A joint commissioning arrangement between a local authority, with the Health Board have referrals rights to one or two units. If successful, the pilot could be extended to other local authorities.

- 6.3 The proposal is to develop a programme over a 5 year period, developing 10 supporting living units in each authority that are jointly commissioned with the authorities. This will ensure that the Health Board has the capacity to place people with learning disabilities in appropriate supported living as well as the flexibility to manage capacity with local authority partners.

**Autism Spectrum Disorder (ASD)**

- 6.4 The proposals for a development programme of accommodation for people with ASD who are in receipt of ABUHB's services are as follows:

Types of provision	Number of units	Description
<b>Purpose Built Supported Living Autism Schemes</b>	6 x 2	These schemes will need to be commissioned on a regional Gwent basis providing two schemes with 6 units each. Many of the individual will require 1:1 and 2:1 support. If a place was unable to be filled the local authority could easily make a placement as there would be no shared care costs to cover.

**Mental Health**

- 6.5 The proposals for a development programme of accommodation for people with mental health problems who are in receipt of ABUHB's services are as follows:

Types of provision	Number of units	Description
<b>Step Down Supported Accommodation</b>	16	Two purpose built supported accommodation schemes located in different part of Gwent specifically to step people down from the SISU and mental health pathway.
<b>Own Front Door</b>	8 p.a	8 general needs housing units will be required a year with an intensive level of support that will then gradually step down. These units will need to be located where individuals have a local connection (subject to MoJ restrictions).
<b>Semi-Supported Accommodation (Young People)</b>	6	Initially 6 units on the basis that about 3 young people each year are transitioning to adult services who are eligible for CHC or joint funding and require supported accommodation. A scheme may need to be commissioned jointly with a local authority to manage capacity, with further schemes developed if there is sufficient demand.
<b>Long term supported accommodation</b>	12	New long term supported living schemes will need to be developed for the forensic pathway, particularly in Monmouthshire and Newport. Supported living scheme of about <b>6 units x 2</b> will be required initially for men.



	6	A separate long term supported living scheme will be required for women, although there are far fewer numbers coming through the pathway.
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### Transitions

- 6.6 One of the findings of the needs analysis is that work needs to start much earlier with young people so that they are better prepared for independence at the point of transitioning to adult services. The feedback received suggests that this work should start from the age of 14 so that they are better prepared for independence either at 18 or at a later stage.

### Floating Support

- 6.7 Floating support has been identified as a key service to enable people to move out of hospital and live independently. This service enables hospital beds to be released and potentially reduces hospital readmissions.
- 6.8 Floating support services are funded through HSG and have an important role in supporting people with ASD and people with mental health problems. Most individuals in receipt of floating support are not eligible for CHC or Section 117 funding.
- 6.9 ABUHB needs to consider whether it should be commissioning floating support for those individuals who are eligible for CHC or Section 117 funding. This may involve a separate cost and volume contract with existing floating support providers in each authority, whereby the Health Board funds floating support services on the basis of the amount utilised for individuals who are eligible for CHC or Section 117 funding.

### Delivery of Housing

- 6.10 The key issue will be to incorporate ABUHB's needs assessment into each authority's Local Housing Market Assessment (LHMA) and their Local Development Plan (LDPs). The needs identified will provide the basis for bids for capital funding and for obtaining planning consent.
- 6.11 The main sources of capital funding for new supported housing developments in Wales are SHG and ICF. SHG is more appropriate for supported living or supported housing for schemes that are jointly commissioned with local authorities. ICF funding may be more appropriate for a regional supported accommodation such as a purpose built autism scheme.
- 6.12 Partnership working between the Health Board, social services and housing will be essential to ensure that the supported accommodation is in the right location and is flexibly designed to meet multiple needs. Also, partnership working is required to implement the front door model, particularly as there is a lack of one-bedroom social housing.

### Future Proofing

- 6.13 Any new supported accommodation developments for the Health Board will need to be future proofed to mitigate any risks in relation to the utilisation of these services.

- 6.14 The main aspects to future proofing these services are as follows:
- The development of self contained units so that the accommodation can be used by a variety of vulnerable groups, including redesignating these units as general needs housing if necessary.
  - Ensuring that these schemes have not designed as bespoke accommodation for specific individuals and any bespoke features are appropriate for the needs that are to be met e.g. for ASD.
  - Where communal space is provided it should be designed so that it can be repurposed e.g., as a flat or a community facility or office space for the organisation etc.
  - Where the service is jointly commissioned the contractual arrangements are sufficiently flexible to ensure that capacity can be shared between the partners.

### Voids

- 6.15 Local authority and housing association partners will require a voids agreement where the Health Board has referral or nomination rights to supported accommodation. This ensure that the rent loss is covered where a vacancy is not filled in a timely way.
- 6.16 Previously the Health Board has been reluctant to enter into voids arrangements as it commits the Health Board to an open ended arrangement if it is unable to find a suitable referral. Mitigations can be put in place through entering into flexible contracts whereby local authority partners can use Health Board nominations. To ensure such flexibility the schemes themselves will need to be designed to meet other needs i.e. they must not be bespoke to individuals.
- 6.17 In discussing the issue of voids agreements with ABUHB stakeholders, the general consensus is that 'it is a price worth paying' to secure guaranteed access to appropriate provision.

### Commissioning Strategy

- 6.18 ABUHB will need to develop a commissioning strategy to complement this Housing Needs Assessment, as the programme will be dependent on ABUHB commissioning and procuring care and support services. Furthermore, ABUHB may decide to commission floating support services funded by CHC and Section 117.
- 6.19 The commissioning strategy will need to take account of the following:
- Jointly commissioning care and support services with local authorities.
  - Contractual arrangements, possibly with separate Health Board and social services contracts with the providers.
  - Joint service specifications, where services are jointly commissioned.
  - Ensuring that service providers have the capacity and competence to deliver the services.

- Training for provider staff and whether there is a role for the Health Board and social services in providing such training.
- How to ensure value for money, including the types of contract e.g. cost and volume contracts rather than block contracts.

6.20 Flexible contracts will be essential for commissioned services. Such contracts will enable capacity to be shared on a flexible basis and a smooth transition from CHC to local authority funding where an individual is no longer eligible for CHC funding.

## Recommendations

6.21 The key recommendations for ABUHB arising from the Housing Needs Assessment are follows:

1.	A programme of 50 units of purpose built supported living for people with learning disabilities across Gwent, with the Health Board having nomination rights to 25 units.
2.	Piloting an 'Own Front Door' model for people with learning disabilities in partnership with a local authority on a new general needs housing development, involving jointly commissioning the care and support.
3.	Develop two purpose built autism supported living schemes of 6 units each in two locations in Gwent.
4.	Develop two purpose built schemes with a total of 16 units to provide short term step down capacity from the SISU and the mental health pathway.
5.	Commission an 'Own Front Door' programme of 8 units a year with intensive support for people with mental health problems.
6.	Jointly commissioning a semi-supported accommodation scheme of 6 units for young people with mental health problems, with the Health Board having nomination rights to 3 units.
7.	Develop two new long term supported living schemes for the forensic pathway of 6 units each. In addition develop a 6 unit supported living scheme for women who are subject to the forensic pathway.
8.	Consider commissioning floating support services for those eligible for CHC/joint funding.
9.	Start working with young people earlier so that they are better prepared for independence at the point of transition to adult services.
10.	Work with the local housing authorities in Gwent to incorporate ABUHB's housing needs assessment into each authority's Local Housing Market Assessment (LHMA) and their Local Development Plan (LDPs).
11.	Future proof any new supported accommodation developments to ensure that they are fully utilised.

<b>12.</b>	Enter into appropriate void agreements in relation to new developments to secure nomination rights.
<b>13.</b>	Develop a commissioning strategy to complement this Housing Needs Assessment.

## APPENDIX 1 – SUPPLY OF SUPPORTED ACCOMMODATION

LA area	Providers	Model type	Target Client group	Number of units
Blaenau Gwent	J Davies	Supported tenancy	MH	6
Blaenau Gwent	Essendene	Supported Tenancy	MH/ASD	5
Blaenau Gwent	Liberty Care	Supported Living	LD	1
Blaenau Gwent	Partnership of Care	Supported Tenancy	MH, LD and ASD	3
Blaenau Gwent	Pobl	Supported Housing	LD	3
Blaenau Gwent	Arches	Supported Tenancy	MH	2
Blaenau Gwent	Arches	Supported Tenancy	MH	2
Blaenau Gwent	Arches	Supported Tenancy	MH	2
Blaenau Gwent	Arches	Supported Tenancy	MH	3
Blaenau Gwent	Arches	Supported Tenancy	MH	3
Blaenau Gwent	Arches	Supported Tenancy	MH	3
Blaenau Gwent	Arches	Supported Tenancy	MH	3
Blaenau Gwent	Arches	Supported Tenancy	MH	2
Blaenau Gwent	Arches	Supported Tenancy	MH	2
Blaenau Gwent	Cambrian	Supported Tenancy	MH	2
Blaenau Gwent	Cambrian	Supported Tenancy	MH	4
Blaenau Gwent	Cambrian	Supported Tenancy	MH	3
Blaenau Gwent	ALP Supported Living services	Supported Tenancy	MH/LD	10
Blaenau Gwent	Platform	Supported Living	MH	5
Blaenau Gwent	Platform	Supported Living	MH	7
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	7
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	5
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	4

Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	5
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	6
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	3
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	4
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	3
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Mirus	Supported Living	MH, LD and ASD	3
Caerphilly	Mirus	Supported Living	LD	3
Caerphilly	Mirus	Supported Living	LD	1
Caerphilly	Mirus	Supported Living	MH, LD and ASD	3
Caerphilly	Montana	Supported Tenancy	MH	5
Caerphilly	Montana	Supported Tenancy	MH	5
Caerphilly	Montana	Supported Tenancy	MH	5
Caerphilly	Montana	Supported Tenancy	MH	3
Caerphilly	Montana	Supported Tenancy	MH	4
Caerphilly	Evergreen	Supported Tenancy	MH/LD	4
Caerphilly	Evergreen	Supported Tenancy	MH/LD	4
Caerphilly	Evergreen	Supported Tenancy	MH/LD	5
Caerphilly	Evergreen	Supported Tenancy	MH/LD	4

Caerphilly	Home from Home	Supported	MH/ASD	3
Caerphilly	Home from Home	Supported	MH/ASD	2
Caerphilly	Platform	Supported Living	MH	8
Caerphilly	Platform	Supported Living	MH	8
Caerphilly	Ty Bryn Bach	Supported Tenancy	MH/ASD/LD	3
Caerphilly	Achieve Together	Supported Tenancy	MH/ASD/LD	6
Caerphilly	Achieve Together	Supported Tenancy	MH/ASD	6
Caerphilly	ALP	Supported Living	LD	5
Caerphilly	ALP	Supported Living	LD	4
Caerphilly	Encompass Care	Supported Living	LD	2
Caerphilly	Drive	Supported Living	LD	1
Caerphilly	Cartrefi Cymru	Supported Living	LD	1
Caerphilly	CCBC	Supported Living	LD	6
Caerphilly	CCBC	Supported Living	LD	4
Caerphilly	CCBC	Supported Living	LD	4
Caerphilly	CCBC	Supported Living	LD	3
Caerphilly	CCBC	Supported Living	LD	4
Caerphilly	CMG	Supported Housing	LD	3
Caerphilly	Choice	Supported Housing	LD	2
Caerphilly	Compass	Supported Housing	LD	2
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Liberty Care	Supported Tenancy	MH, LD and ASD	10
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2

Caerphilly	Partnership of Care	Residential	MH, LD and ASD	3
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	3
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	1
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Partnership of Care	Supported Tenancy	MH, LD and ASD	2
Caerphilly	Pobl	Supported Housing	LD	2
Caerphilly	Pobl	Supported Housing	PMLD	4
Caerphilly	Pobl	Supported Housing	PMLD	4
Caerphilly	Pobl	Supported Housing	PMLD	4
Caerphilly	Pobl	Supported Housing	LD	4
Caerphilly	Pobl	Supported Housing	LD	4
Caerphilly	Pobl	Supported Housing	MH/LD	3
Caerphilly	Pobl	Supported Housing	LD	4
Caerphilly	Pobl	Supported Housing	MH	1
Caerphilly	Pobl	Supported Housing	LD	3
Caerphilly	Pobl	Supported Housing	LD	3
Caerphilly	Evergreen	Supported Tenancy	MH/LD	4
Caerphilly	Evergreen	Supported Tenancy	MH/LD	3
Caerphilly	Platform	Supported Living	MH	4
Caerphilly	Eva House/Hedge End	Supported Tenancy	LD	4
Caerphilly	PC Cymru Care	Supported Tenancy	LD	3
Caerphilly	Press	Supported Tenancy	LD	3
Caerphilly	Ridgemount	Supported Tenancy	LD	6
Caerphilly	Ridgemount	Supported Tenancy	LD	2



Caerphilly	Valley support Services	Supported Tenancy	LD	20
Monmouthshire	Liberty Care	Supported Living	MH, LD and ASD	5
Monmouthshire	Pobl	Supported Housing	LD	3
Monmouthshire	Pobl	Supported Housing	LD	3
Monmouthshire	Pobl	Supported Housing	LD/MH	3
Monmouthshire	Pobl	Supported Housing	LD/MH	3
Monmouthshire	Pobl	Supported Housing	LD	4
Monmouthshire	Pobl	Supported Housing	LD	4
Monmouthshire	Cambrian	Supported Tenancy	MH	3
Monmouthshire	Cambrian	Supported Tenancy	MH	3
Monmouthshire	Mind Monmouthshire	Supported Housing	MH	24
Newport	Liberty Care	Supported Tenancy	MH, LD and ASD	6
Newport	Gateway Support and Care	Supported Tenancy	MH/LD	8
Newport	Gateway Support and Care	Supported Tenancy	MH/LD	9
Newport	Gateway Support and Care	Supported Tenancy	MH/LD	14
Newport	Gateway Support and Care	Supported Tenancy	MH/LD	6
Newport	Gateway Support and Care	Supported Tenancy	MH/LD	5
Newport	Liberty Care	Supported Tenancy	MH, LD and ASD	5
Newport	Liberty Care	Supported Tenancy	MH, LD and ASD	5
Newport	Pobl	Supported Housing	LD	13
Newport	Pobl	Supported Housing	LD	5
Newport	Pobl	Supported Housing	LD	4
Newport	Pobl	Supported Housing	closed	4

Newport	Pobl	Supported Housing	LD	3
Newport	Pobl	Supported Housing	PD/ABI	5
Newport	Pobl	Supported Housing	LD	1
Newport	Pobl	Supported Housing	MH	4
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	4
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	4
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	5
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	7
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	3
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	4
Newport	SYI South Wales/Craegmoor	Supported Tenancy	MH	6
Newport	solas	Supported Housing	MH/Homeless ness	25
Newport	solas	Supported Housing	Complex needs	26
Newport	L pressley	Supported Tenancy	MH	10
Newport	Newport Council Supported Living	Supported Housing	MH	9
Newport	Newport Mind	Supported Tenancy	MH	4
Newport	Newport Mind	Supported Tenancy	MH	4
Newport	Newport Mind	Supported Tenancy	MH	4
Newport	D McIntyre	Supported tenancy	MH	4
Newport	S White	Supported tenancy	MH	6
Newport	West Park & Bryngwyn Ltd	Supported Tenancy	MH	10

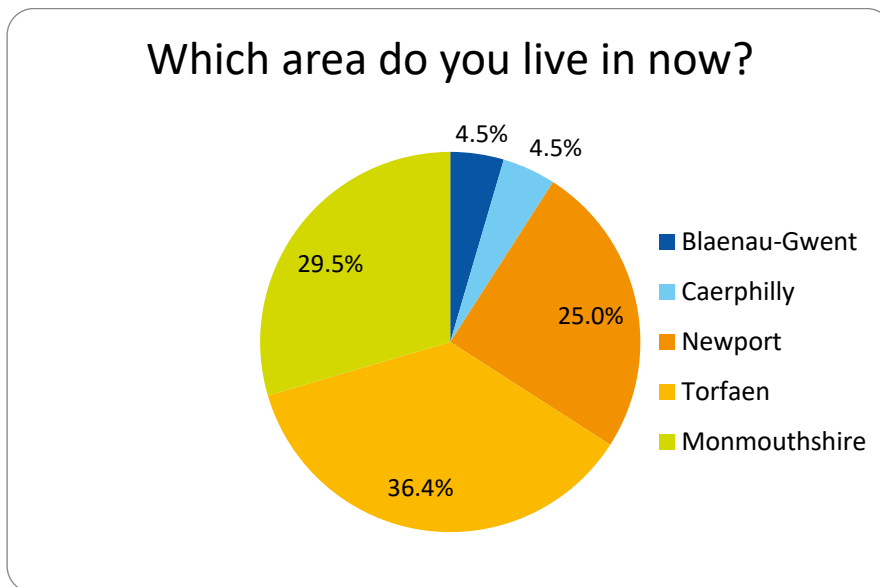
Torfaen	Home from Home	Supported Tenancy	MH	3
Torfaen	Home from Home	Supported Tenancy	MH	8
Torfaen	Torfaen and Blaenau Gwent Mind	Supported Housing	MH	16
Torfaen	Midway	Supported Tenancy	MH	1
Torfaen	Penywaun Bungalow	Supported Tenancy	MH/ASD	3
Torfaen	Liberty Care	Supported Living	MH, LD and ASD	3
Torfaen	Mirus	Supported Living	MH, LD and ASD	5
Torfaen	Mirus	Supported Living	MH, LD and ASD	2
Torfaen	Pobl	Supported Housing	LD/ASD	2
Torfaen	Evergreen	Supported Tenancy	MH/LD	5
Torfaen	Evergreen	Supported Tenancy	MH/LD	3
Torfaen	Evergreen	Supported Tenancy	MH/LD	4
Torfaen	Cariad Care	Supported Tenancy	LD	3
Torfaen	Cariad Care	Supported Tenancy	LD	3
Torfaen	Platform	Supported Living	MH	16
Torfaen	Prestige Care	Supported Tenancy	LD	20

## APPENDIX 2 - SURVEY OF SERVICE USERS

### 1. Profile of respondents

1.1 We received 44 responses to the survey. Please note that percentages given throughout this document are mostly taken from the number of respondents to the individual question, rather than the total number of respondents, so may not be consistent across different questions.

1.2 The pie chart below summarises where respondents live; most respondents live in Torfaen, Monmouthshire or Newport.

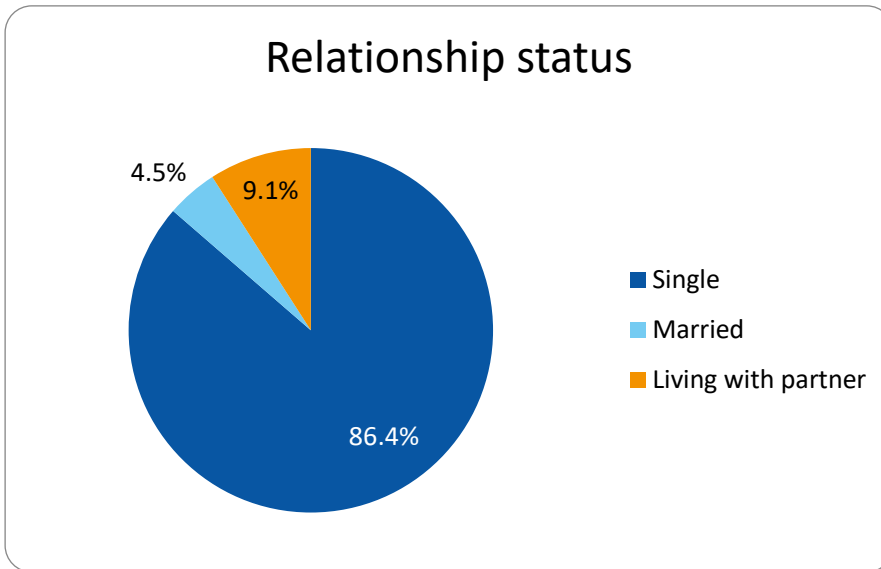


1.3 50% of responses were from women, and 50% were from men.

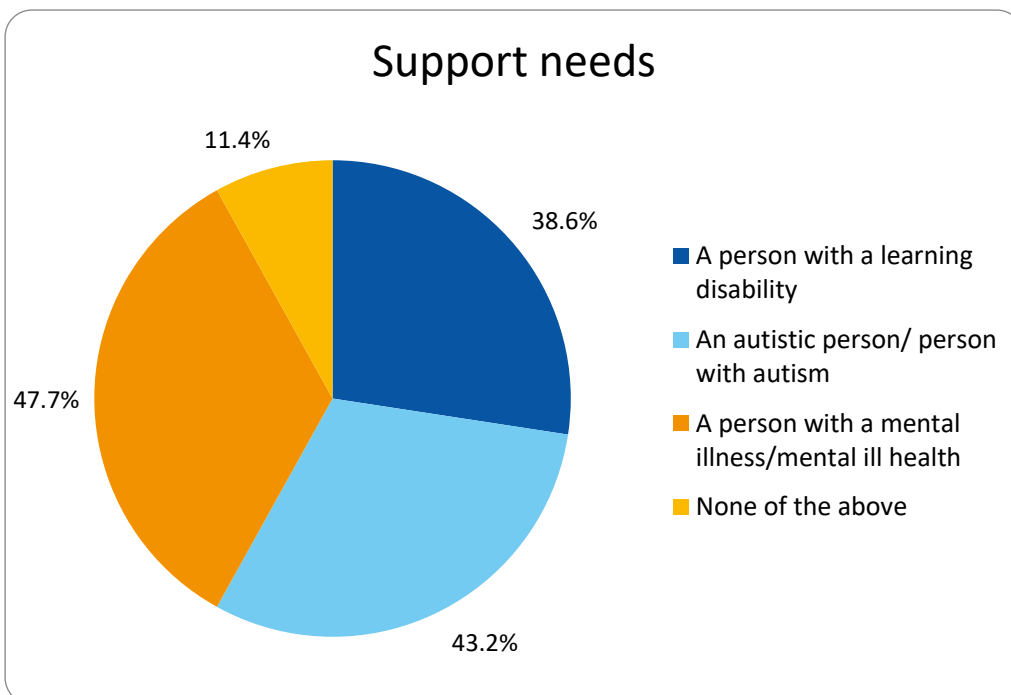
1.4 The table below summarises the ages of respondents; 88.6% of respondents were of working age (18-65), with only one respondent older than 66.

Age group	No. respondents	% respondents
Under 18	4	9.1%
18-24	11	25.0%
25-40	14	31.8%
41-65	14	31.8%
66+	1	2.3%

1.5 The vast majority, 86.4%, of respondents were single.

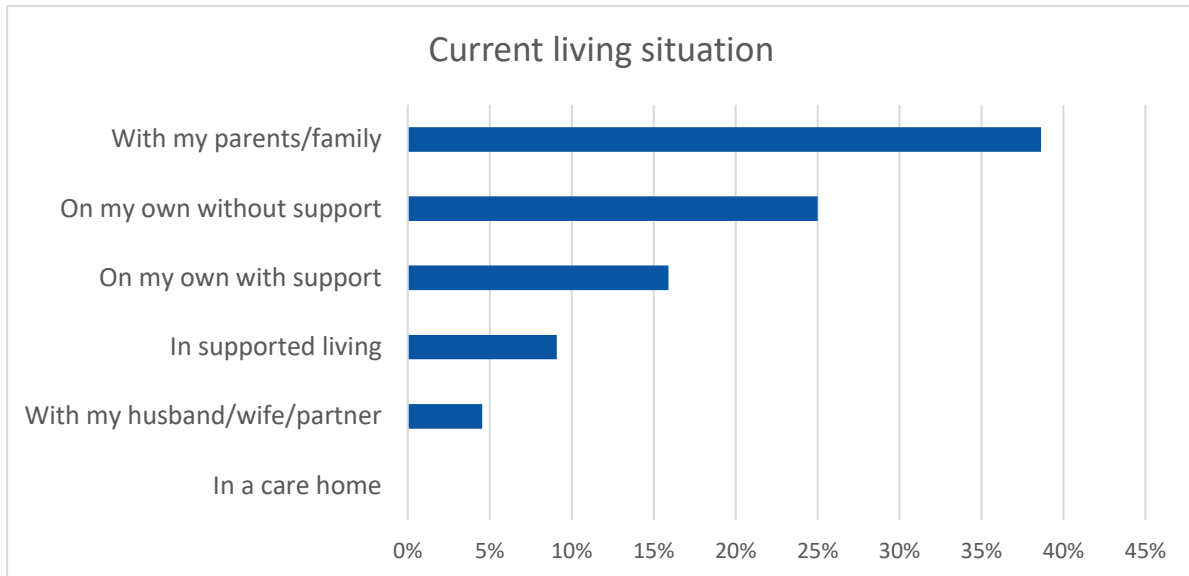


1.6 Respondents were asked to describe their support needs, by selecting from a list of options. The results show that just under half of respondents experience mental ill health, 43.2% have autism and 38.6% have a learning disability. 14 people, 31.8% of respondents, selected more than one option.



1.7 34.1% of respondents said that they have another disability. 23 people, 52.3% of all respondents, said that they are having treatment for long term mental or physical health problems. Of these people, 59.3% are receiving treatment for a mental health problem, 7.4% for a physical health problem and 33.3% for both. Finally, 38.6% of respondents receive community services, where a health or support worker visits them at home.

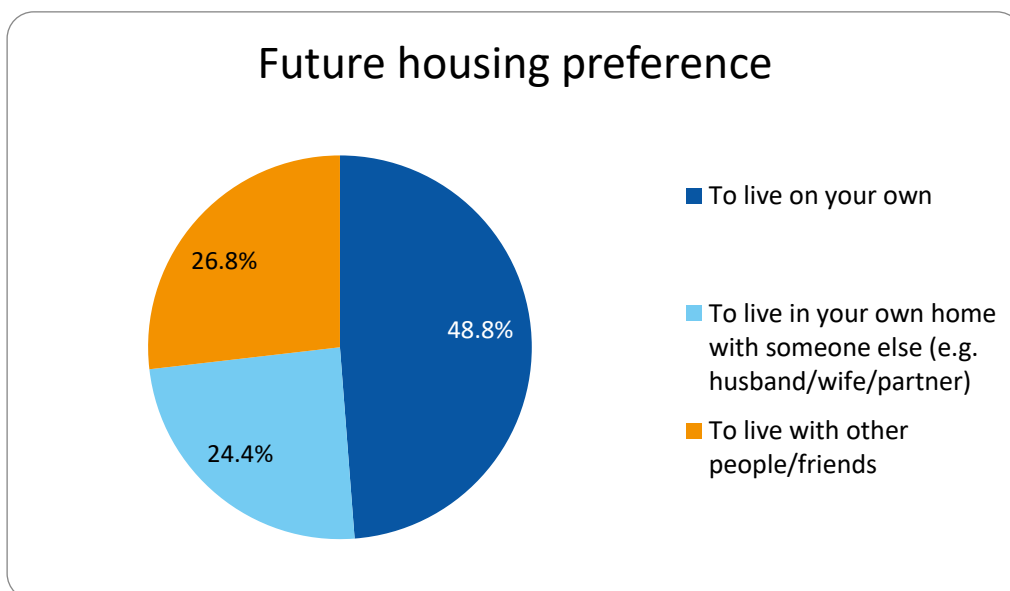
1.8 The chart below summarises respondents' current living situations.



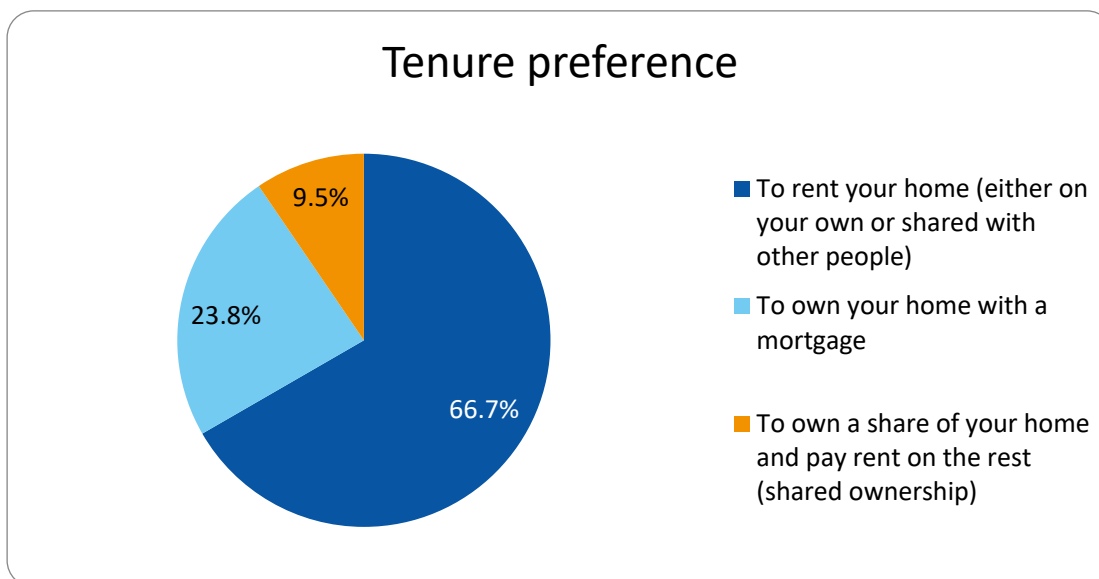
- 1.9 The most common living situation, of 38.6% of respondents, was with parents/family. A quarter of respondents live on their own without support, while 9.1% live in supported living.

### Future housing preferences

- 2.1 The main part of the survey was designed to gather information about future housing preferences. Initially, respondents were asked whether they (or the person they cared for) would like to live on their own or with other people. The split of responses was as follows:



- 2.2 Just under half of respondents want to live on their own in the future. About a quarter want to live in their own home with someone else, and a similar amount want to live with other people.
- 2.3 When asked about tenure preference, two thirds of respondents said they would like to rent their home.



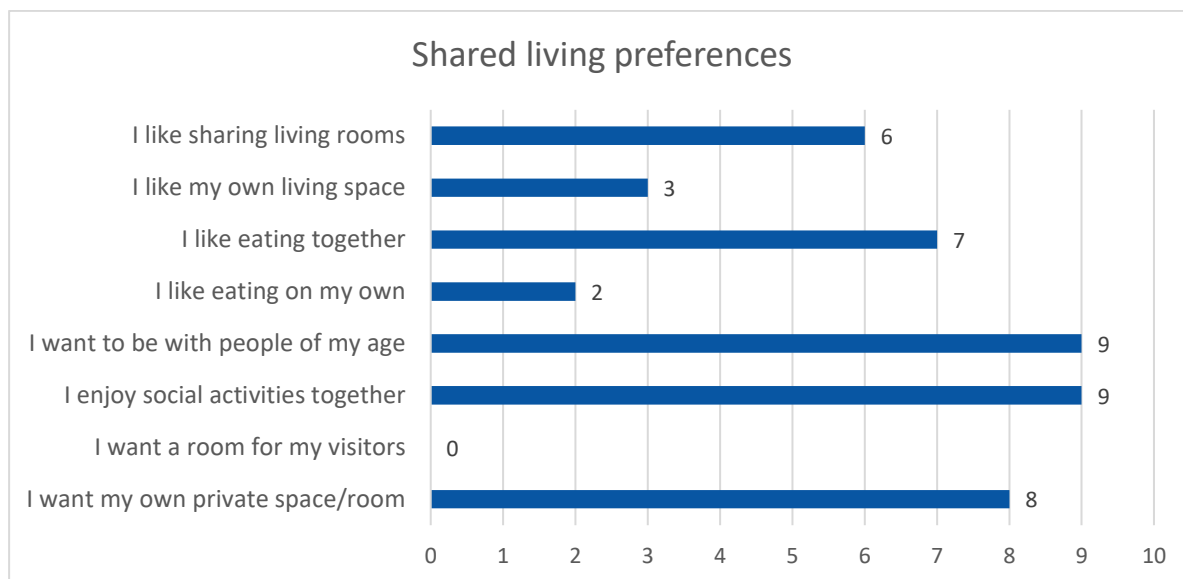
2.4 Respondents were asked what type of home would suit them best; as can be seen in the table below, responses were almost evenly split across the different types of buildings.

Type of home	No. respondents	% of respondents
House shared with other people	9	24.3%
Bungalow	9	24.3%
Flat	9	24.3%
Flats clustered together where there is some shared space for the residents	10	27.0%

2.5 76.7% of respondents said that they would need support in the future. 28 people described what sort of support they would require; their responses can be summarised as follows:

- 10 respondents would need support or care provided 24-hours a day;
- 5 respondents would require support with personal care;
- 10 respondents would require visiting support to help them maintain their tenancy, or to develop skills for independent living; and
- 2 respondents said they would only need support from their family.

2.6 Respondents were asked to share some views about shared living. It is most useful to consider the views of people who had said they wanted to live with friends or other people, as these are the people who would most likely want to live in shared supported housing; their views are summarised in the chart below.



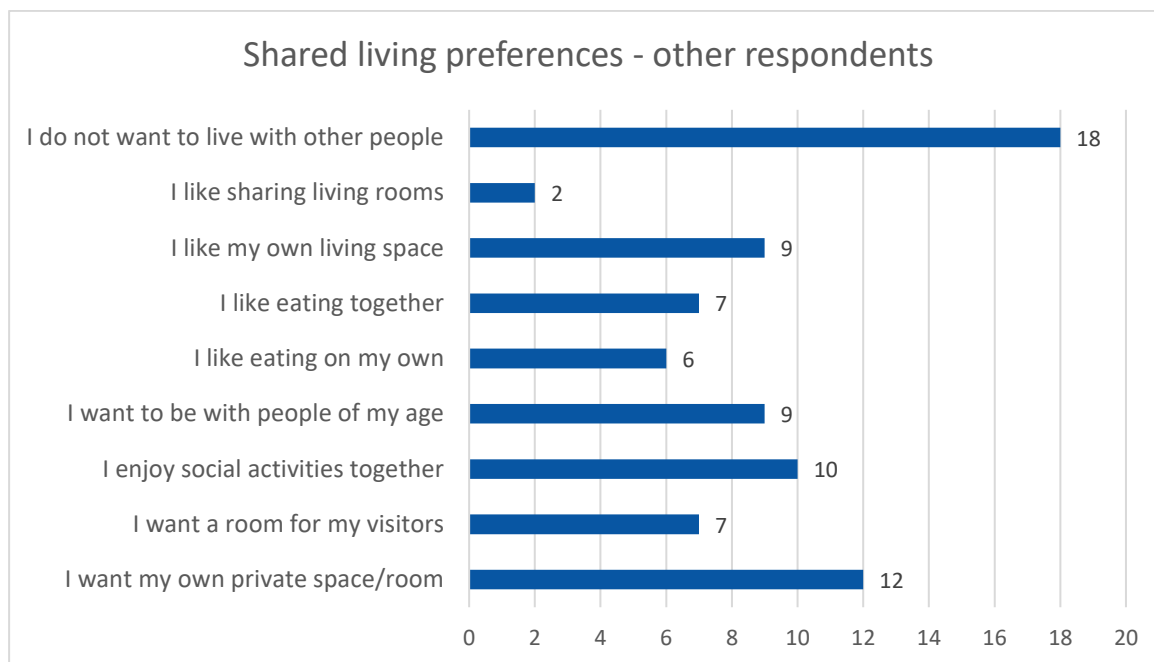
2.7 Of the 11 respondents who said they wanted to live with other people, 9 said that they want to be with people of their own age and that they enjoy social activities together. Other important factors for most of these respondents were having their own private space, eating with other people and sharing living rooms. Only a few of these respondents said that they would prefer to have their own living space or to eat on their own.

2.8 Some further questions were asked to gather information on specific preferences. These are summarised in the table below, which shows that most people who want to live in shared housing want to have their own bathroom but are happy sharing a kitchen and would prefer to live in a smaller shared house with 2 or 3 other people.

Preference	No. respondents	% respondents
I want to have my own bathroom	9	81.8%
I am happy to share a bathroom with other people	2	18.2%
I want to have my own kitchen	3	27.3%
I am happy to share a kitchen with other people	8	72.7%
I would be happier sharing with 2 or 3 other people	10	90.9%
I would be happier sharing with 4 or 5 other people	1	9.1%

2.9 We can also consider the views of respondents who said they want to live on their own, or with a partner/family, bearing in mind that in these cases respondents may only be thinking about sharing with their own family. These responses are summarised in the chart below.





2.10 18 people restated that they do not want to live with other people. Some people gave preferences regarding the following statements. Amongst these respondents, 9 people said they want their own living space, compared to just 2 who like sharing living rooms. About the same number of people said they like eating alone as said they like to eat with other people.

2.11 Considering the further preferences, it is clear that this group strongly want to have their own bathroom and kitchen. Most respondents in this group did not give a response to the question “How many people would you prefer to share a flat or house with?”; those who did all said they would want to share with only 2 or 3 other people. The responses are summarised below (please note some people skipped this section, so responses to each set of questions do not add up to 100%).

Preference	No. respondents	% respondents
I want to have my own bathroom	29	87.9%
I am happy to share a bathroom with other people	2	6.1%
I want to have my own kitchen	27	81.8%
I am happy to share a kitchen with other people	4	12.1%
I would be happier sharing with 2 or 3 other people	16	48.5%
I would be happier sharing with 4 or 5 other people	0	0.0%

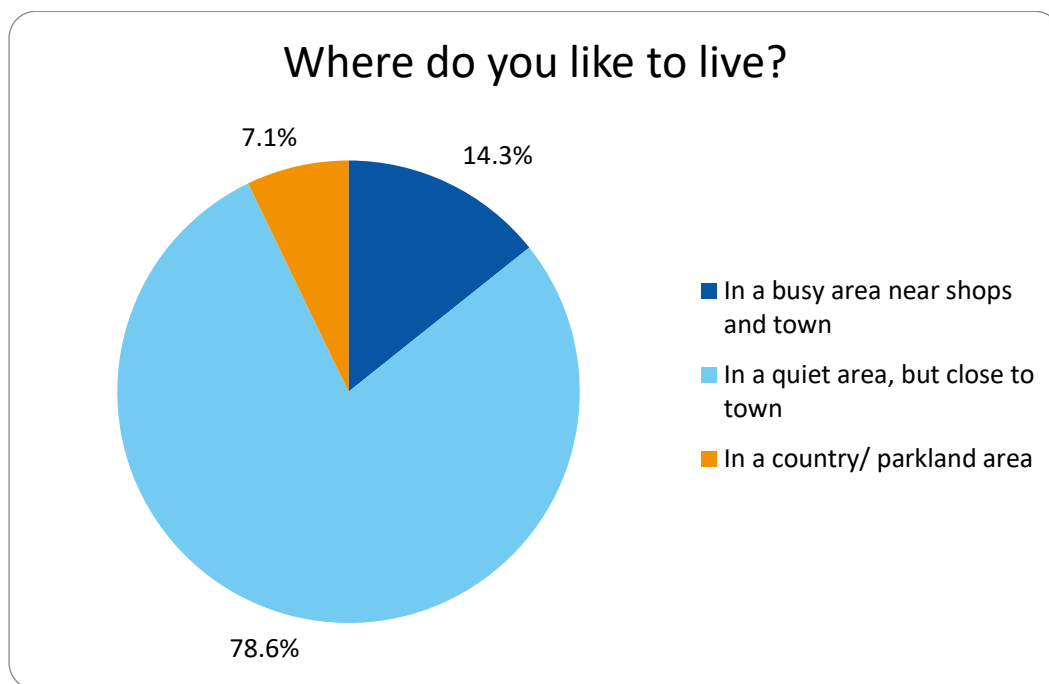
### Inside the home

3.1 Next, respondents were asked a series of questions about what they would need in their homes.

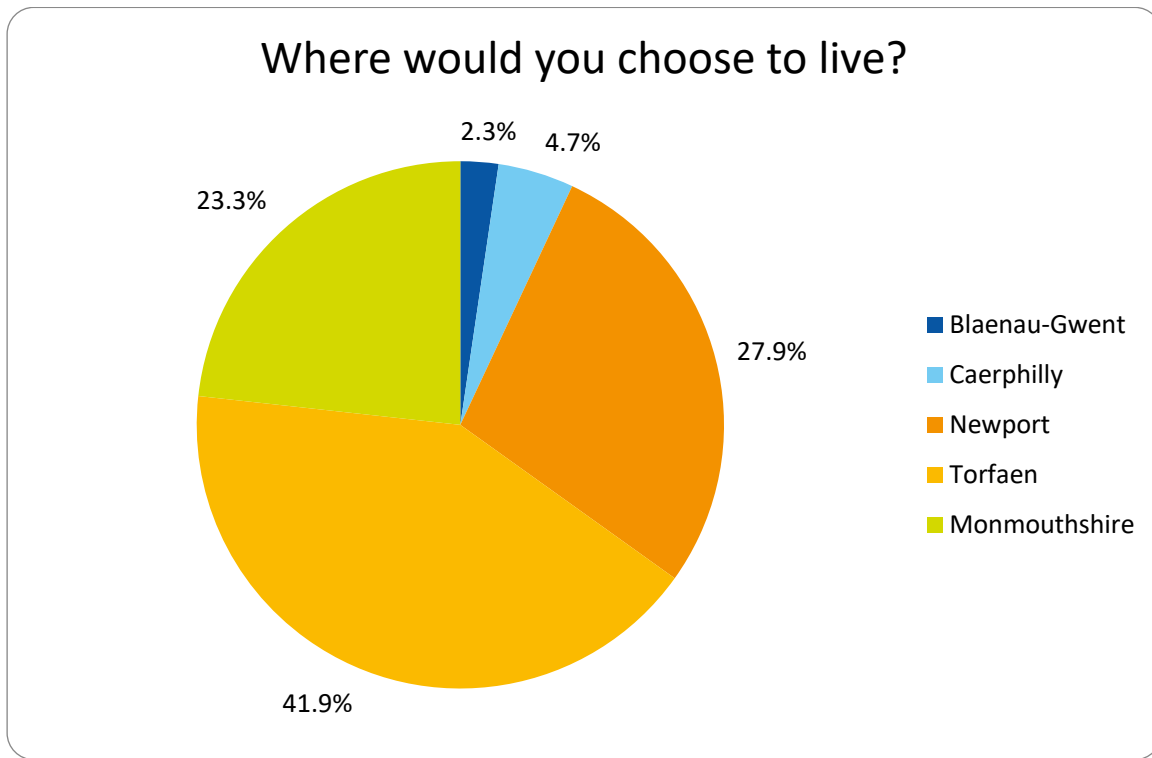
- 3.2 18.6% of respondents (8 people) said that they would need specialised equipment. Five people would need adapted bathrooms, ranging from a wet room, walk in shower, to a washer dryer toilet. Five people described adaptations they would need in the kitchen, including lowered surfaces, lockable cupboards and fridge, and appliances for people with visual impairments. Two people needed adaptations to help them get round the house (handrails and a hoist), while one wanted waterproof flooring.
- 3.3 88.4% of respondents (38 people) said that they like a standard bathroom (bath with shower, wash basin, toilet). However, 10 people stated in the comments that they would need specific adaptations in their bathroom to ensure it is accessible for them. 16.3% of respondents (7 people) said that they need a bathroom area where someone can help them with personal care.
- 3.4 17.1% of respondents (7 people) said that they need a sensory room / equipment / special lighting / colours / wider doors. Four people described needing or wanting a sensory room/garden and two people need low lighting. Two stated that they would need wider doors to allow wheelchair access.
- 3.5 People were asked to say anything else it would be important for them to have in their home. Common responses included: a garden (5 people), good Wifi (4 people), sufficient space in the house (4 people) and quiet/good noise insulation (2 people).

### Around the home

- 4.1 Finally, respondents were asked some questions about what they would want around their home. They were asked what sort of area they would like to live in; 78.6% of respondents said that they would like to live in a quiet area, but close to town. In comments, two people stressed that good transport links would be important.



4.2 Finally, respondents were asked where they would choose to live. The answers, summarised in the chart below, very closely match where respondents currently live. Only three people said they would like to live in a different area to where they live currently.



### APPENDIX 3 - PROJECTIONS

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Caerphilly	111,714	111,560	111,461	111,482	111,416	111,316	111,106	110,832	110,392	109,987	109,683	109,378	109,000
Blaenau Gwent	43,205	43,138	43,044	42,904	42,779	42,704	42,520	42,279	42,116	41,957	41,742	41,504	41,275
Torfaen	56,711	56,797	56,742	56,695	56,699	56,642	56,572	56,482	56,432	56,273	56,153	56,094	56,058
Monmouthshire	55,038	54,929	54,965	54,976	54,954	54,817	54,608	54,381	54,134	53,807	53,545	53,344	53,180
Newport	97,254	97,766	98,256	98,818	99,322	99,776	100,222	100,602	100,948	101,241	101,593	101,893	102,202
Gwent	363,922	364,190	364,468	364,875	365,170	365,255	365,028	364,576	364,022	363,265	362,716	362,213	361,715
<b>Learning Disability</b>													
<b>Total in Need</b>	17	17	17	17	17	17	17	17	17	17	17	17	17
Existing Nominations to Relets	1	1	1	1	1	1	1	1	1	1	1	1	1
New Purpose Built SL			5	5	5	5	5						
Relets in New Provision					1	1	1	2	2	2	2	2	2
New Front Door Model		2	2	2	2	2	2	2	2	2	2	2	2
<b>Sub total provision available</b>	1	3	8	8	9	9	9	5	5	5	5	5	5
<b>Net Needs (spot purchased)</b>	16	14	9	9	8	8	8	12	12	12	12	12	12
<b>Autism</b>													
<b>Total in Need</b>	3	3	3	3	3	3	3	3	3	3	3	3	3
New Purpose Built SL autism			4		4								
Relets in New Provision						1	1	1	1	1	1	1	1
<b>Sub total provision available</b>	0	0	4	0	4	1	1	1	1	1	1	1	1
<b>Net Needs (spot purchased)</b>	3	3	-1	3	-1	2	2	2	2	2	2	2	2

<b>Mental Health</b>													
<b>Total in Need</b>	39	39	39	39	39	39	39	39	39	39	39	39	39
Step down facility					16	16	16	16	16	16	16	16	16
Own front door		2	2	4	8	8	8	8	8	8	8	8	8
Transitions provision for YP					3	3	3	3	3	3	3	3	3
Long term supported housing			6		6								
Relets in New Provision					1	1	2	2	2	2	2	2	2
Long term supported hsg women				6									
Relets in New Provision						1		1		1		1	
Existing Nominations to Relets	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Sub total provision available</b>	1	3	9	11	35	30	30	31	30	31	30	31	30
<b>Net Needs (spot purchased)</b>	<b>38</b>	<b>36</b>	<b>30</b>	<b>28</b>	<b>4</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>9</b>

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