

CAMBRIDGE CITY COUNCIL

To: Executive Councillor for Housing: Cllr Kevin Price
Report By: Frances Swann, Supported Housing Manager

Relevant Scrutiny Committee: Housing Scrutiny Committee 24/9/2015

WARDS:All

MENTAL HEALTH TENANCY SUSTAINMENT SERVICE REVIEW

Non Key Decision

1. INTRODUCTION

This report is presented as an update on how the newly appointed Mental Health Tenancy Sustainment Service in City Homes has helped to enhance the council's role in supporting vulnerable adults to sustain their accommodation.

2. RECOMMENDATIONS

- 2.1 To continue to support the role of the Tenancy Sustainment Service in supporting vulnerable people to sustain their accommodation.

3. BACKGROUND

In October 2012, the Strategy and Resources Committee approved a bi annual review of Street Based Anti Social Behaviour which led to a series of workshops with City Councillors and professionals in 2013.

One the recommendations from the workshops was to develop and provide a programme of intensive tenancy support for individuals who move in to the City Council's general housing stock or are living in temporary accommodation.

The Mental Health Tenancy Sustainment Service within City Homes was created in October 2014. The Tenancy Sustainment Update marked Appendix 1 identifies the type of cases being referred to this new preventative service and what the outcomes were in the first 6 months.

In order to set the scene, this report starts by highlighting some information about mental health Cambridgeshire and then in Cambridge City.

3.1 Mental Health in Cambridgeshire

According to the Joint Strategic Needs Assessment 2010 (JSNA), if Cambridgeshire residents experienced roughly the national average rate of mental health(MH) problems, there would be an estimated 41000 people in Cambridgeshire that have mixed anxiety and depressive disorders,

Suicide figures in Cambridge and Fenland remain statistically higher than the national average for England.

The Cambridge Access Surgery which serves homeless people stated in its Quality Outcomes Framework (QOF) that “the prevalence of mental illness at the surgery was 13.7% compared to a Cambs average of 0.7%”.

The JSNA identified a need for more preventative services for people with MH needs and estimated that by 2030, there would be 15164 people aged between 18-64 in Cambridge with a common mental disorder an increase of about 8% since 2010.

3.2 Public Mental Health Strategy

Cambs County Council has produced a Public Mental Health Strategy for 2015-2018 which recognises that mental ill health has a £105bn annual cost to the economy. This strategy has identified that many public services are changing with a greater focus on early preventative services and identifies a number of statistical data about the impacts of MH which include:

- Half of all lifetime MH conditions emerge before the age of 14.
- People with severe mental illness die up to 20 years younger than their peers in the UK
- 70% of MH service users felt that they needed to conceal their illness (from others)

- The Public Mental Health Strategy 2015-18, suggests there are 63000 adults aged between 18-64 in Cambridgeshire with a common mental health problem and just fewer than 5000 patients registered in Cambridgeshire with a serious mental health problem, an increase since the 2010 JSNA review.
- Dementia is increasing as the population ages and people live longer and there are an estimated 19,000 children and young people (aged 17 years and under) who may experience mental health problems and are in need of mental health support.
- People living in households in England with the lowest income are more than three times more likely to have a mental illness

3.3 Position in Cambridge City

Budgets across both Health and Social Care are under pressure and the County Council has had to achieve a reductions in discretionary services such as mental health support.

Within Cambridge City, support for adults with Mental Health problems is delivered by a number of agencies although the majority are commissioned by the County Council. In Cambridge, there are two main types of support 1) Accommodation based support presently provided by Metropolitan Support and 2) Community support recently awarded to Riverside English Churches Housing Group.

In addition, in Cambridge there are generic (non specialist) support services for adults aged 18-64 commissioned by the county council and presently provided by Centra Support and for those aged 65+ currently by Cambridge City Council.

Last year, Cambridge City Council recorded 14 homeless acceptances where the person's priority need was recorded as mental ill health. However, in the first quarter of 2015/16, the number of MH acceptances has increased and if this trend continues there will be a 200% increase in this category compared to last year. it is likely given the information above that the number of homeless people presenting with or actually experiencing problems with their mental health is much higher.

The Public Mental Health Strategy acknowledges that mental health may be a factor in losing living accommodation and is worsened by

the stresses of homelessness thereby increasing the need for well managed housing with specialist support which helps lessen the risk.

Alongside this strategy, the City Council has committed to help improve services for people with MH problems and as part of its anti-poverty strategy continues to provide accommodation for people recovering from mental ill health.

3.4 Tenancy Sustainment Service

The significance of good quality tenancy sustainment has increased in importance due to changes such as welfare reforms and the general need for public services to reshape in order to identify and support people to remain in their own home from the earliest possible opportunities.

In 2014, the City Council invested in two Tenancy Sustainment workers with specialist knowledge in Mental Health support to work alongside colleagues in Housing Advice, City Homes and the Anti-Social Behaviour Team.

The aims of the service are two-fold:

- 1) to support tenants or applicants presenting for the first time with the symptoms of a mental health condition that is impacting on their housing and
- 2) to support those with an enduring mental health condition, who from time to time, become unwell and need to re-engage with health services.

The term “bridge the gap” has also been used for this service in that the two workers are able to respond in a crisis as well as in a planned way to engage individuals with primary and secondary health care services with a longer term aim to engage the individual in support. This can help to reduce the impact that their ill health can have on their tenancy. Furthermore, at present, the community support models commissioned by the county do not support clients with a care co-ordinator resulting in a gap in service.

For the period Oct 14 – July 15, the service received 52 referrals from a variety of different sources including Housing Officers, Housing Advice and the Anti-Social Behaviour Team. Appendix 1 includes supporting statistical data for this report.

The service is jointly funded from the Housing Revenue Account (75%) and the General Fund (25%) and although referrals are received from predominantly three separate sections within Housing, the tenure type shows that 68% are council tenants who might have otherwise been waiting to access support services.

As identified in Appendix 1, although clients are referred for support linked to their mental health, many have complex needs and at assessment, present with dual or more diagnoses including problems with drug and alcohol

In terms of outcomes, the majority of those referred were aged between 18-49. Of those:

- 73% were positively supported to either maintain their tenancy, start a new tenancy, move in a planned way rather than being evicted and to access MH services
- 34% whilst retaining their tenancy were supported and enabled to access on-going support.
- 17% refused to engage which is a common problem in mental health services.
- 10% referred were not appropriately referred

The success of the service is anecdotally further supported by the feedback from referrers and clients who feel that the two sustainment workers are helping to keep people in their tenancies as well as supporting colleagues to understand the sometimes complex pathway through adult mental health services in Cambridge.

According to a tenancy sustainment report by the Guinness Partnership in May 2015 the cost of a failed tenancy can amount to as much as £10000 when one considers the administrative and legal costs, void costs and costs associated with relating the home and in many cases, rent arrears that are no longer recoverable.

The service has also provided additional training for customer facing staff to further enhance awareness of mental ill health and work is underway to inform a better understanding of why tenancies fail and what preventative measures could be put in place to change this.

The Tenancy Sustainment Co-ordinator is liaising with partners in health and social care on the role of tenancy sustainment and how it can help prevent ill health particularly given the changes since the Care Act and the inclusion of the category of self-neglect in adult safeguarding. The Tenancy Sustainment staff will also engage closely with the Financial Inclusion

Officer to further identify and support vulnerable adults during the implementation of universal credits.

4. **CONSULTATIONS**

Members were briefed on the role of the Tenancy Sustainment Service as part of a wider Supported Housing Briefing in June 2015.

5. **CONCLUSIONS**

There is a recognised need for services to support adults with mental health problems. Preventative services, such as tenancy sustainment help to lessen the burden on high cost services such as hospitalisation and homelessness.

6 **IMPLICATIONS**

(a) **Financial Implications**

The total budget for this service is £74520

There are no directly measurable savings as a result of this service, however anecdotally; there is evidence that suggests up to £10,000 savings in negative expenditure per sustained tenancy.

(b) **Staffing Implications**

None – there are two full time employees delivering this service. No changes are proposed.

(c) **Equal Opportunities Implications**

This service improves opportunities for vulnerable adults to access services.

(d) **Environmental Implications**

There are no environmental impacts identified by this report

(e) **Procurement**

N/A

(f) **Consultation and communication**

The report will be available online as part of the Council's committee reporting framework

The Tenancy Sustainment Service will also feature in an edition of Open Door, the tenants and leaseholder newsletter and in Insight, the staff newsletter.

(g) **Community Safety**

This service makes a positive impact on community safety. The JSNA reports that those who suffer from mental illness are more likely to be victims of crime than to commit crime, although violent crimes committed by those with mental illness are more frequently reported.

The Tenancy Sustainment Service supports tenants who are both victims and perpetrators of crime to access mental health services.

7. **BACKGROUND PAPERS:**

JSNA Mental Health 2010, Cambs County Council

<http://www.cambridgeshireinsight.org.uk/currentreports/mental-health-adults-working-age>

Public Mental Health Strategy 2015-18, Cambs County Council

http://www.cambridgeshire.gov.uk/site/custom_scripts/cons_details.aspx?ref=361

Anti-Poverty Strategy 2014-17, Cambridge City Council

<https://www.cambridge.gov.uk/anti-poverty-strategy-consultation>

Guinness Partnership Review of Tenancy Sustainment 2015

[http://www.campbelltickell.com/images/publications/Guinness%20Partnership/Tenancy%20sustainment%20report%202015%20\(1\).pdf](http://www.campbelltickell.com/images/publications/Guinness%20Partnership/Tenancy%20sustainment%20report%202015%20(1).pdf)

To inspect these documents contact Frances Swann on 01223 462255

The author and contact officer for queries on the report is:

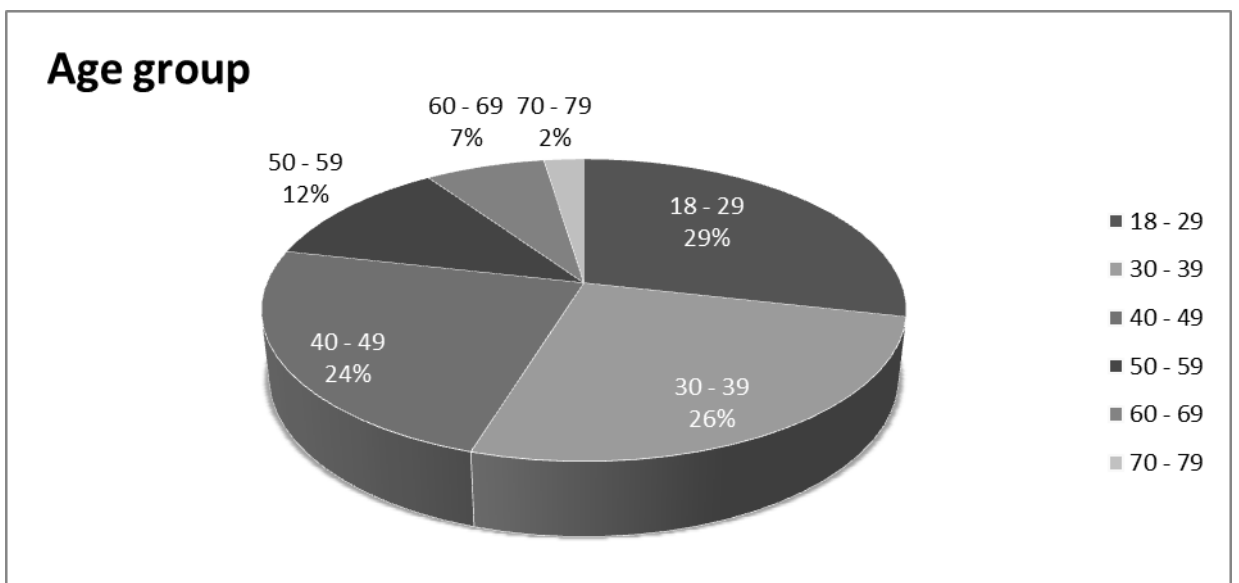
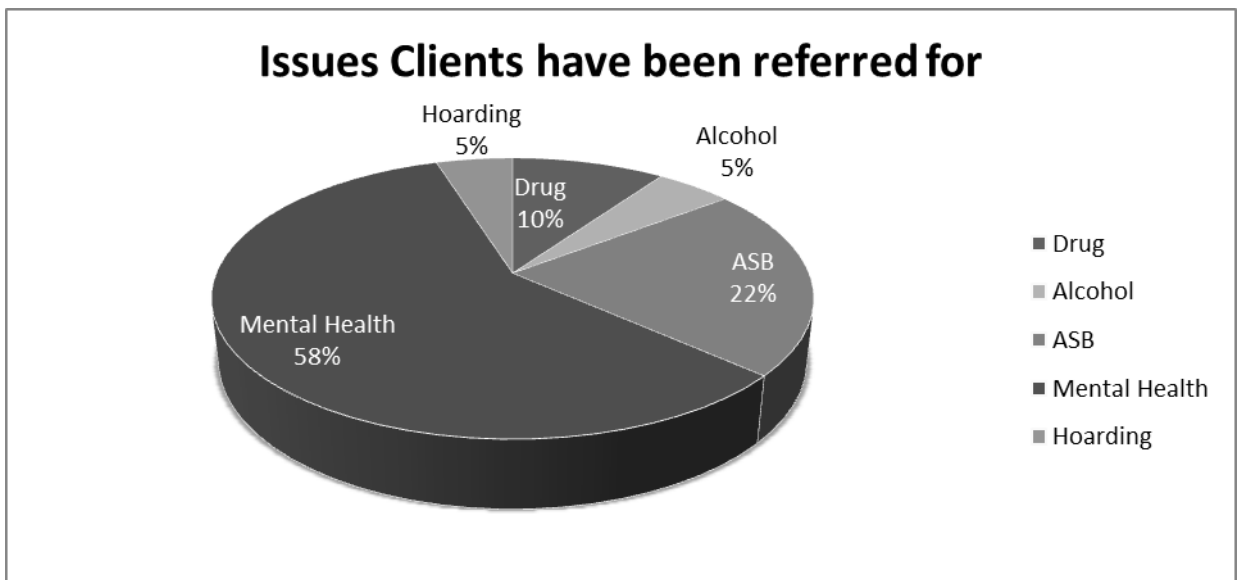
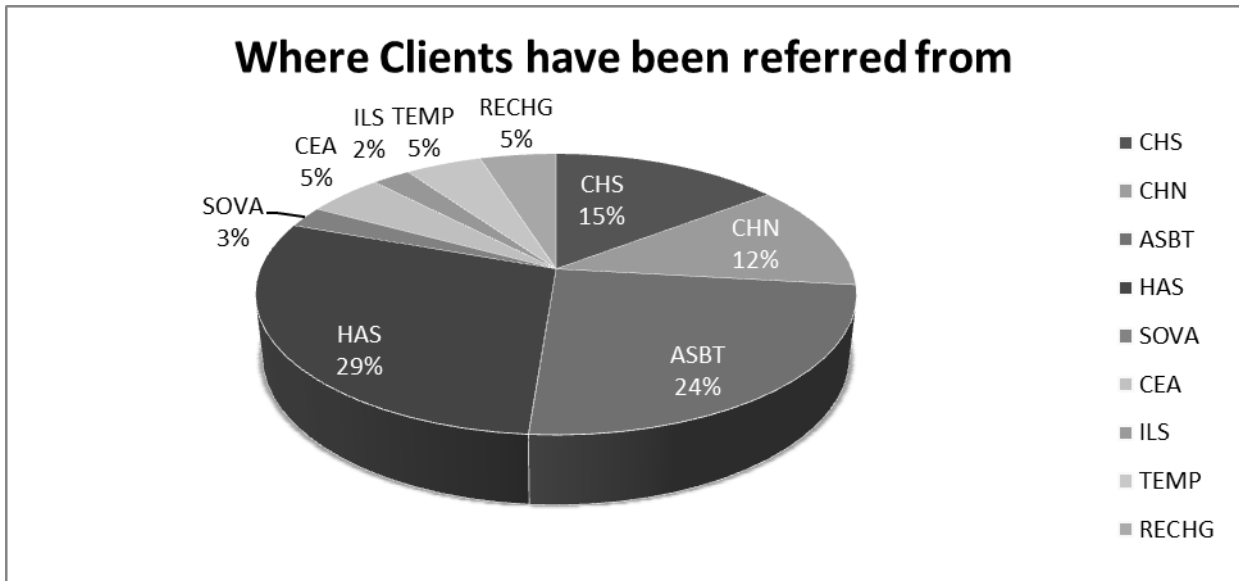
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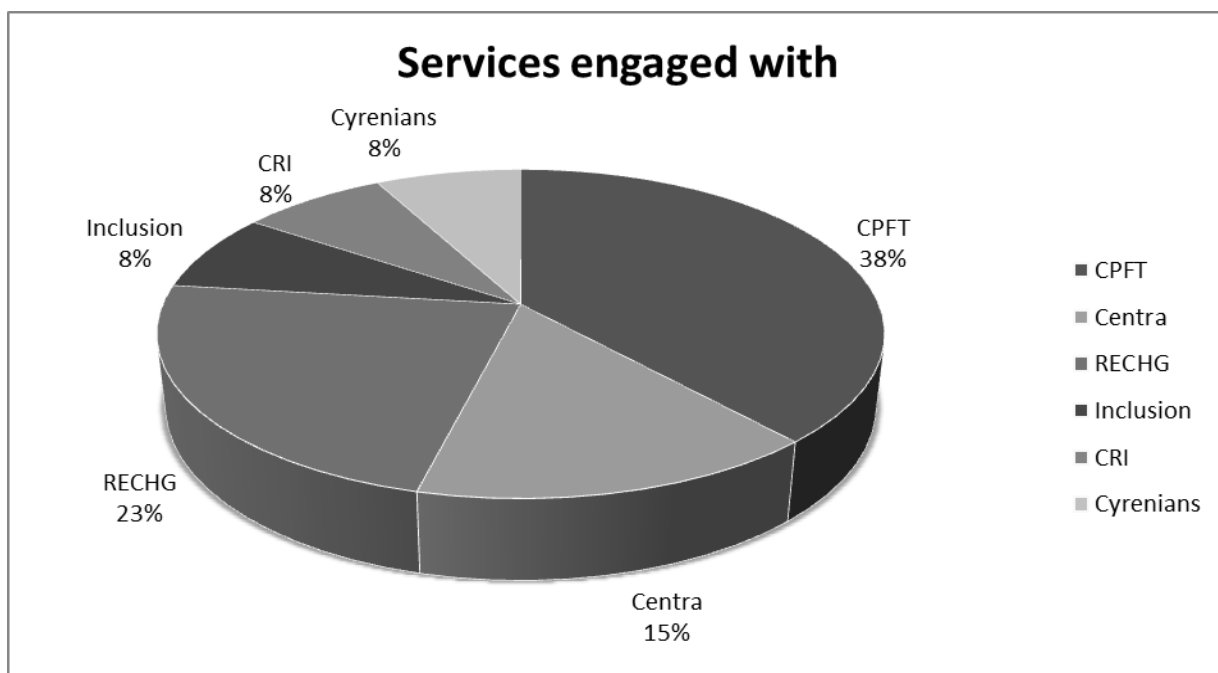
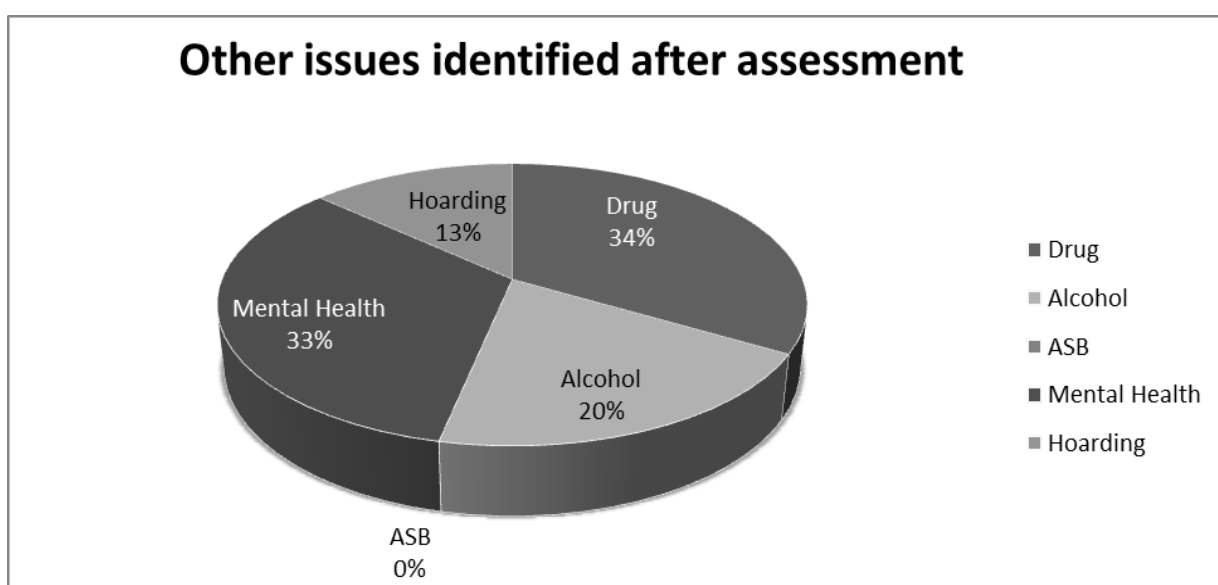
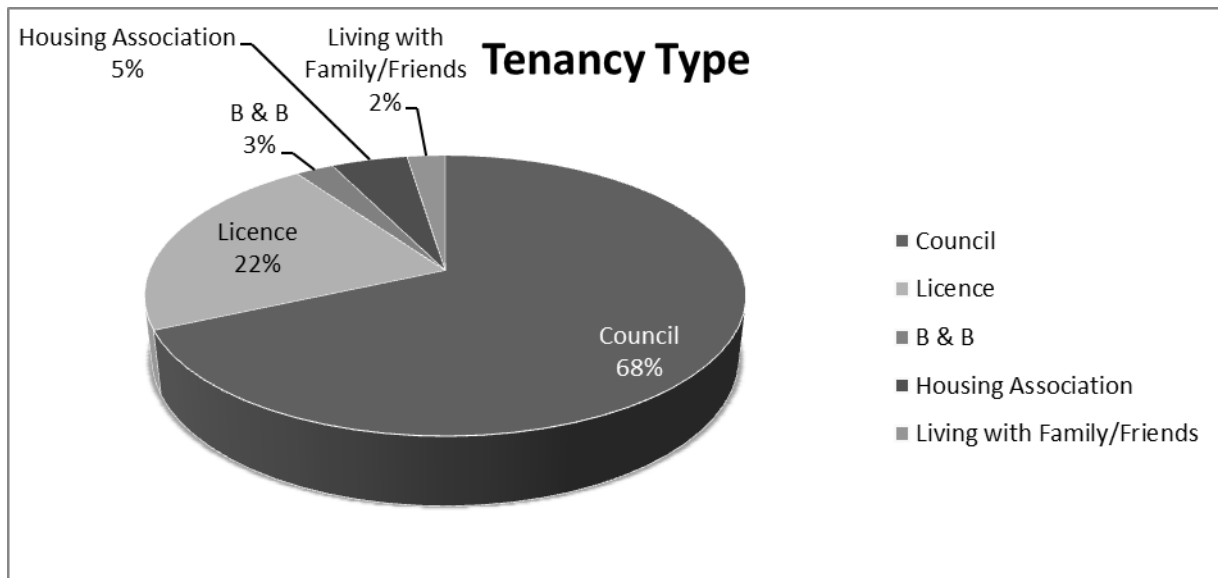
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Appendix 1:





Outcomes for clients at end of service

- Tenancy Maintained
- Tenancy Commenced
- Evicted
- Not Appropriate for TSS - Advice given
- Accessing MH Services
- Hospitalised
- Engaged with appropriate Service
- Refused Support
- Planned Move
- ASB Case Closed

