

Minutes

Community Service Scrutiny Panel

11th December, 2007

Present: Councillors Howarth (in the Chair) Laverick and Young.

Also Present: Councillor Thomson – Portfolio Holder for Communities,
Ms Catherine Bleasdale – Durham Primary Care Trust
Mr Malcolm Elsbury – Durham County Council

1. Apologies for Absence

Apologies for Absence were received from Councillors Crooks, Lightley, Mavin, Moderate, Robinson, Smith and Walton.

2. Minutes

The Minutes of the meeting held on 7th November, 2007 were confirmed as a correct record.

3. Review of Scrutiny of Homelessness

Presentations were given by Catherine Bleasdale from Durham Primary Care Trust and Malcolm Elsbury from Durham County Council.

Ms Bleasdale gave an overview of problems encountered by people who experience mental health issues. Mental health issues impact on housing but housing also affects those with mental health problems. A copy of Mental Health and Housing fact sheet 6 can be found at Appendix A.

The Panel were also advised that many of the people who suffer with mental health problems do not have the confidence to refuse or challenge accommodation locations, thus making their situations worse.

The PCT wishes to encourage multi-agency working, more agencies are being put in place giving vulnerable people additional support and confidence to seek help, where needed and the help being easily assessable. Services and improvements are being targeted in this area. Another key area of improvement is in the area of equalities and discrimination.

Mr Elsbury had prepared a report answering questions from the panel which had been sent to him via email, a copy of this report can be found at appendix B to the minutes.

Mr. Elsbury advised the panel that a closer liaison and understanding were required of partners roles, individuals were helpful but organisational policies made it difficult for people with mental health problems.

Members asked if agencies were moving away from the Day Centres, but were informed that the day centre still has a place and does a very good job in society.

The Chair and panel Members thanked Ms. Bleasdale and Mr. Elsbury for their very informative and useful presentation, copies of the fact sheets will be sent to Senior Housing Officers.

4. Draft Report – Review of the Scrutiny of Council House Repairs

The Panel approved that the Review of the Scrutiny of Council House Repairs and agreed that be sent to the next Scrutiny Committee for consideration.

5. Scrutiny of Gypsy and Traveller Unauthorised Encampments

The Panel discussed the scoping of the scrutiny prior to its commencement in January 2008. The scrutiny will look at problems surrounding unauthorised encampments of gypsies and travellers and will invite representatives from Durham County Council, the Police, the Travellers and Communities who have experienced problems.

6. Any Other Business

There was no other business the Panel wished to discuss.

Meeting terminated at 6.30 p.m.

OUTLINE OF REPORT TO DURHAM CITY SCRUTINY COMMITTEE – DECEMBER 2007

Q.1 - The approximate numbers of people with psychiatric problems who present as homeless, in Durham, if such figures are available;

- Between April 2002 and March 2007, 231 people have indicated mental health as a reason contributing to their circumstances.
- 47 out of these 231 asked for help with their mental health, with an additional 62 asking for help with emotional support

The number of people in need across the County because of a mental health issue increased dramatically between 2004/05 and 2005/06 to 97.

In 2006/07 the number of people indicating mental health as a reason decreased from 97 in the previous year to 93.

The three districts with most prevalent occurrence of mental health as a reason contributing to housing need are

- Derwentside having seen at or about 35 for each of the last two years,
- Durham city, 22 in the last year
- Easington, having seen between 15 and 20 for each of the last two years

Chester-le-Street, Derwentside and Durham City have seen increases in the proportion of people indicating mental health in the last financial year compared to 2005/06.

- On average amongst all people who indicate mental health as a reason, 41% are female and 59% are male.

Q.2 - What age range is most affected?

A year ago the most prevalent age group for people indicating mental health was amongst those aged 26–50, this number decreased in 2006/07, whilst the number amongst people aged 18-25 has increased year on year for the last five years.

Q.3 - What are the nature of the problems?

A fairly consistent 30% of people who indicated mental health are **unable to get on with their parents**, compared to a decreasing proportion of people who haven't indicated mental health as a reason for their need.

The proportions who **can't get on with other family members** has increased over the last three years from at or about 5% to approaching 25% in the last financial year.

Other most noticeable increases between the last financial year and the preceding year are seen in **fleeing domestic violence, harassment, unhappy with the area lived in and unsuitable accommodation**, with the later three all having seen increases amongst people with mental health as a reason of at or more than 7%.

Financial reasons and independence have also seen increases amongst people indicating mental health as a reason.

Amongst people indicating mental health, **own drug / alcohol problem** has been indicated as a reason in need by one in ten people over the last three years, compared to an average of 2% of people who have not indicated mental health as a factor contributing to their need.

Q.4- How are they assessed?

- For more seriously ill – through Care Co-ordination within the Community Home Treatment Integrated Teams from Tees, Esk & Wear Valleys NHS Trust (TEWV)
- For less serious – GP assessment
- Service users have to be subject to care coordination to access provider services.
- For the purposes of the figures in this report are self-reporting

Q.5 - What alternative accommodation options are there?

District	Provider	Capacity	Type
Durham City	Stonham	8	Shared living
	Waddington Street	6	Accomm. based
	Waddington Street	4	Floating support
Durham and Chester le Street	Social Care and Health	47	Floating Support

Supporting People - Service Review Findings

Supporting People services are reviewed on a three year cycle. Key review findings for mental health services from 2003-2006 are as follows:

- Reviews covered areas of performance, quality, value for money and strategic relevance;
- All services achieved a satisfactory level of performance on the national Quality Assurance Framework and new contracts will be issued for all providers;
- Service users were interviewed in each review and reported high levels of satisfaction with services;
- Services were found to contribute to reduced readmission rates and overall positive outcomes for service users;
- Where funding was in place from other agencies in addition to Supporting People, evidence indicated that the level of SP funding was appropriate to the level of housing related support provision and there were no significant eligibility issues;
- Where quality issues were identified, these are being addressed on a scheme by scheme basis via a formal action plan;
- In a recent exercise undertaken by the Supporting People Team for the ODPM it was established that out of 200 current service users with mental health problems, 5% were unable to move on from short term services due to lack of suitable move on accommodation.

Q.6 - What are the other relevant issues?

Tackling Stigma & Discrimination - As major employers in many areas, local authorities also have a duty to protect and promote the mental health of their employees.

The Disability Discrimination Acts 1995 and 2005 place a duty on all public bodies, including local authorities, to ensure that they do not discriminate against people with disabilities (including mental health disabilities), to actively promote their inclusion and to consult with people with disabilities on policies and decisions.

Councillors also have a duty to promote the long-term environmental, social and economic well-being of their local area. Good mental health is central to any strategy to promote and improve community well being. ["Mainstreaming mental health – An introduction for Councillors – 2005]

From work during the Day Services Review, Care Coordinators from the Durham Area indicated that Housing was an area of concern in respect of awareness and understanding of housing staff about Mental Health issues, poor standards of housing offered and service user difficulties in coping.

Q.7 - How can local authorities' best assist in alleviating the problems?

The following are extracts from the document "**Action on Mental Health – A guide to promoting social inclusion**" published by the Social Exclusion Unit in 2004

Key facts

- Over four out of five people with severe mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone.
- Many people with mental health problems feel that they are not offered the same choices as other people when seeking a new home, and that they are frequently obliged to take hard to let properties.
- People with mental health problems are one-and-a-half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home.
- Mental health problems are prevalent among homeless people with 30 to 50 per cent of rough sleepers having mental health problems, and as many as one in five homeless people having a mental health problem and a further issue such as substance misuse.

What can staff in the housing sector do?

- Liaise with Mental Health Trusts so that they are aware of local mental health facilities, and build links with health and social care staff.
- Work with residents and mental health and social care professionals to ensure that tenancies are sustained by providing clear advice on such matters as benefit entitlement, and by ensuring that appropriate support services are put in place, eg advice agencies or occupational therapists.
- Recognise that admission to hospital is not a reason for the person to give up their accommodation, as Housing Benefit and Council Tax Benefit will continue to be paid if someone is in hospital for up to 52 weeks.
- Inform the Housing Benefit department and Benefits Agency when a person is admitted to hospital, if they are unable to do so themselves.
- Draw an agreement up with the tenant that if concern exists about the person's mental health, the housing officer can raise the concerns with the tenant and/or their GP/Community Mental Health Team contact so that they can receive appropriate support before a crisis is reached.
- Support health and social care staff to retain the individual's link to the community and provide support (where required) to the individual on returning to their home.
- Access mental health awareness training to better understand the needs of this client group – many voluntary and statutory organisations are able to facilitate this training. People with experience of mental health problems should be involved in the delivery of the training.

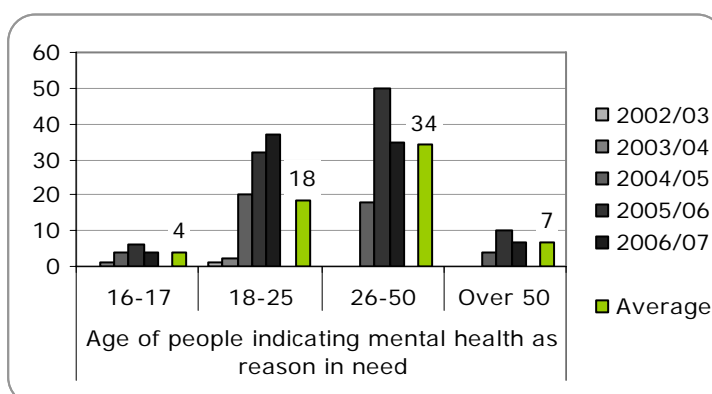
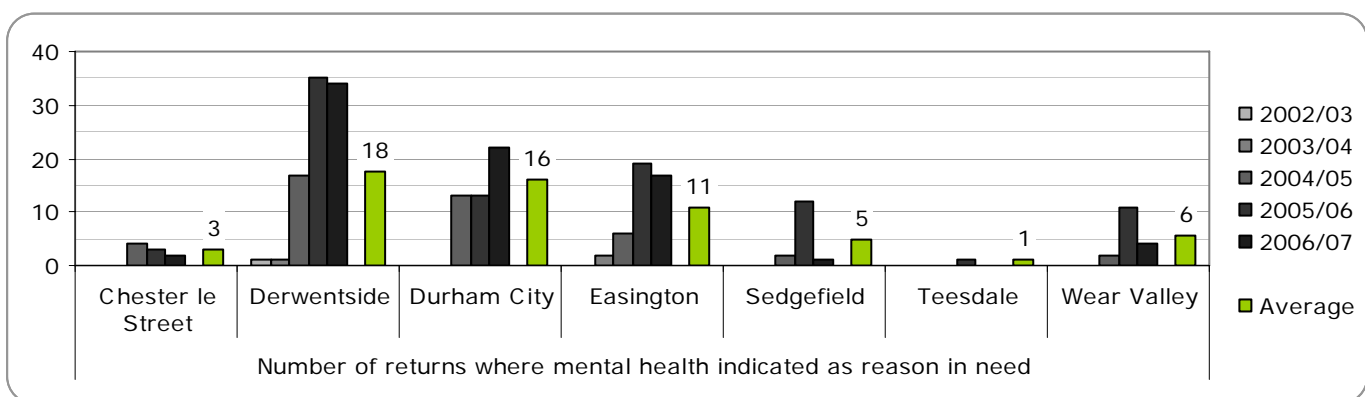
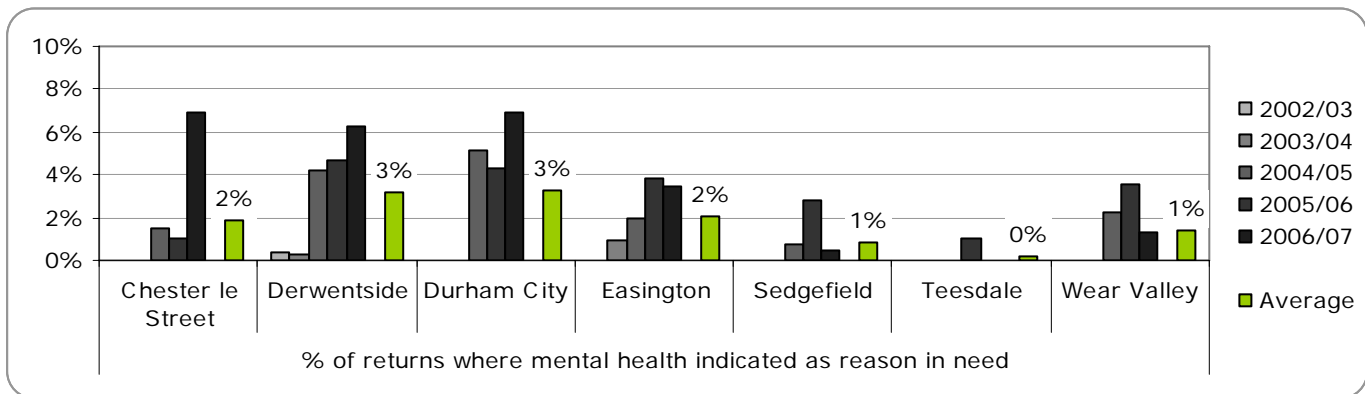
What Can Professionals in The Health and Social Care Sector Do?

- Check a person's housing situation when they first access their service, ie hospital, Community Mental Health Team, GP surgery. Staff should work with the person to reduce the risk of losing their home, if the accommodation is appropriate. If the person will be homeless they should be referred to the local housing authority and work with housing services to identify and address their housing and support needs.
- Establish referral protocols with local housing advice agencies.
- Offer informal and formal support to housing staff on mental health issues and housing management.
- Recognise the role that housing staff play in supporting people with mental health problems in the community, and develop collaborative working relationships with them.

What Can Housing and Health Professionals Do Together?

- Organise regular meetings (possibly using the Care Programme Approach (CPA)) between the individual, care co-ordinator and the housing officer to ensure that correct support is identified and that support packages complement each other, eg housing-related support and care services.
- Set up regular meetings/good practice forums between the health and social care services and housing staff to increase understanding of each other's roles, pressures and priorities.
- Establish clear and effective channels for advice and referral for housing services.
- Implement joint training to raise awareness of, increase understanding and deal with mental health problems and housing/support needs.
- Develop systems for collecting and sharing information between services.
- Develop and monitor a shared outcome (between housing and mental health services) on improving mental health support for homeless people or those at risk of homelessness (see *Achieving Positive Shared Outcomes in Health and Homelessness*, Office of the Deputy Prime Minister, 2004).
- Agree joint protocols between services on general and forensic hospital admissions and discharges so that people with a mental health problem who might be homeless or vulnerable to homelessness are identified and their support/housing needs are addressed as part of a planned discharge. (See *Discharge from Hospital: Pathway, Process and Practice*, Department of Health, 2003).
- Appoint a health and housing/homelessness champion to lead joint work in the Primary Care Trust/local authority.

CHARTS FROM DRAFT MENTAL HEALTH MONITORING BULLETIN – Centrepont (Oct 2007)



References

- **Draft Mental Health Monitoring Bulletin** – Centrepoin (Oct 2007)
- **Report for Mental Health LIT – Supporting People** (May 2006)
- **Action on Mental Health – A guide to promoting social inclusion** (Social Exclusion Unit 2004)