

## 1 Mental health accommodation provision:

1.1 The borough has the following total amount of mental health accommodation:

Name of service:	Name of provider:	Type of service:	Units:	Funded by:
Harwood Road	Hestia	Residential care	15	ASC
Charleville Road	LCH	Residential care	9	ASC
Talgarth Road	Hestia	Residential care	10	ASC
Tamworth	H&F	Supported housing (high)	14	Supporting people (68%) ASC (10%)
Perham Road	LCH	Supported housing (high)	9	Supporting people (+ASC top-up)
Irving Road	Mind	Supported housing (high)	10	Supporting people (+ASC top-up)
Goldhawk Road	Look Ahead	Supported housing (high)	8	Supporting people
King Street	Look Ahead	Supported housing (high)	12	Supporting people (+ASC top-up)
Lakeside	Hestia	Supported housing (high)	10	Supporting people (+ASC top-up)
Medium support	Mind	Supported housing (medium)	31	Supporting people
Barons Court	LCH	Supported housing (medium)	7	Supporting people
Lena Gardens	LCH	Supported housing (medium)	6	Supporting people
Moore Park Road	Hestia	Supported housing (medium)	7	Supporting people
Goldhawk Road	Hestia	Supported housing (medium)	8	Supporting people
Kwanza House	Look Ahead	Supported housing (medium)	7	Supporting people
Nia House	Look Ahead	Supported housing (medium)	8	Supporting people
Boscombe Road	Mind	Supported housing (low)	5	Supporting people
Horton Haven	PCT	Recovery	8	PCT block
Glyn ward	PCT	Recovery	14	PCT block
<b>TOTAL</b>			<b>198</b>	

1.2 The above table demonstrates that Tamworth contributes **7%** of all mental health accommodation in the borough.

## 2. Immediate risks of closing the service:

**Red** = high risk      **Amber** = Medium risk      **Green** = low risk

**4&5** = high risk      **3** = medium risk      **1&2** = low risk

	Risk description	Impact analysis	Proposed solution
<b>1</b>	One current Tamworth service	Financial impact of a residential placement	There are 49 units of alternative high support

	user may need residential care if no alternative high support housing can be identified before service closure.	could effect the savings that would be created by closing the service.	housing and within these projects up to 6 have been identified as ready to move on. At least 10 people in medium supported housing are ready for move on to general needs. PATHS are on the Tamworth project board and a move on sub group will be established to ensure there is a concentrated effort and priority to finding move on solutions for all those in high/medium supported housing that have been identified as ready to move on. There are Band B opportunities that can be explored.
3	High redundancy costs of staff team	Redundancy costs are likely to be in excess of £XXXX. However this would be a one-off cost, unlike the cost of continuing the service or the potential high placement costs.	Staff will be offered redeployment, but in the current environment it is highly unlikely there will be any opportunities.

### 3. Long term risks of closing the service:

	Risk description	Impact analysis	Proposed solution
3	Closing Tamworth will create fewer options for move on from residential care, which could result in more residential care placements at a higher cost than supported housing.	Fewer move on options could mean that people remain in residential care for longer and be referred to residential care as an alternative to supported housing, which has a significant financial impact as well as an impact on individual well-being.	Analysis shows that there have been long term voids in high support accommodation in the last 18 months, which demonstrates that the demand is not as high as had previously been thought. The accommodation strategy, which is due at the end of the financial year, will outline the need for care coordinators to take a managed risk approach to placing people and make better use of care packages and floating support in general needs housing.
2	Fluctuating discharges could start again, which will result in more residential placements.	Steadied since June/July, but this is not a long enough period to get a good understand of change, however care coordinators do now have a better approach to managing	Continue to monitor readmissions, continue to performance manage Trust, meet regularly about delayed discharges, include move on formally into fortnightly delayed discharges meetings to keep pressure on.

#### **4. Mental health accommodation strategy:**

- 4.1 A review of all mental health placements over the last 18 months has demonstrated the need for the borough to have a mental health accommodation strategy, which will be completed by the end of the financial year. The strategy will include the following areas:
- 4.2 Commissioners to continue to support the function of the housing liaison service into the admissions ward in WLMHT and the work of the PATHS team to better inform practitioners of the range of accommodation options available for patients being discharged from hospital, including maintaining existing tenancies.
- 4.3 A stream of work (which has already begun) to understand and agree what mental health rehabilitation comprises. It will lead to a clarification of a clear pathway to and through mental health rehabilitation and that will include how it will be delivered by the mental health service through the recovery teams in the community and in supported housing.
- 4.4 We will work with partners in commissioning and provision to improve our work with people with co-existing mental health and alcohol and or drug misuse problems through the development of clearer pathways that support more effective protocols and partnership working. This cohort of patients have been identified as one of the most difficult to move on.
- 4.5 We will work with procurement to both test the market for the delivery of more versatile community based support packages and stimulate (where needed) care to include how individuals can be supported to maintain their own accommodation tenancies.
- 4.6 The creation of a move on group/panel, which will be added onto the delayed discharges group that meets every fortnight. The operation of this group will be to focus on move plans for those patients who require moving on to more independent and or lower level supported living. The anticipated result of this closer case by case monitoring is to increase flow in the system.
- 4.7 The combined effect of these actions will be to bring about a change in the focus of managers and practitioners in mental health services. The changes will focus on increasing throughput in the system while improving recovery based practices that aims to help people with mental health problems live as independent as possible lives in their own homes. It will also facilitate the reduction of reliance on hospital bed based services and stimulate more community options for those with mental health problems.