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a comprehensive review of the accommodation needs  
of adults of working age with mental health problems  
in Wandsworth

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george o'neill consultancy  
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## **Executive Summary**

South West London & St George's Mental Health NHS Trust (Mental Health Trust) and the London Borough of Wandsworth commissioned George O'Neill Consultancy to conduct a needs assessment of accommodation for people experiencing mental health problems. The Mental Health Trust and the London Borough of Wandsworth are partners in ensuring that the accommodation needs of people with mental health problems are identified and met. They commissioned this review, because they are committed to working together to improve services for all residents of Wandsworth and to ensure that services are provided in a non-stigmatising manner.

Social care services for people with mental health problems, which were managed by the London Borough of Wandsworth, were transferred under Section 31 agreement to the management of the Mental Health Trust in 2001. The social care purchasing budget has been the responsibility of the mental health Trust since 2001 and the mental health hostels, which were previously part of the Borough Council, were transferred to the management of the Mental Health Trust in 2004. The Trust also provides a range of accommodation, managed within their rehabilitation services.

Supporting People commissions a range of accommodation for people with mental health problems in collaboration with the Mental Health Trust. The Housing Department provide tenancies via a Mental Health Housing Sub-Register and also place people with mental health problems in temporary accommodation via their Homeless Persons Unit.

The Wandsworth Primary Care Trust commissions a range of specialist provision for people with mental health problems, mainly with complex high cost support needs.

In order to ensure that the review of accommodation embraced all who had an impact on the accommodation needs of Wandsworth residents, who experienced mental health problems, it was agreed at the outset that all key agencies involved in the commissioning and provision of accommodation should be included within the scope of this review.

## **Aims of the review**

To assess the accommodation needs of people experiencing mental health problems in the London Borough of Wandsworth.

## **Objectives**

- To undertake an assessment of Local Authority and Trust managed provision, including a representative range of external providers.

- To review the capability and capacity of a representative group of existing providers, assessing whether sufficient balance/range of provision exists to provide black and ethnic minority groups, dual diagnosis and gender specific requirements.
- To review commissioning and purchasing arrangements assessing budgetary efficiency, cost pressures and promoting responsible commissioning.
- To identify options and models to meet present and long-term need, analysing cost benefit / quality improvement implications of any proposed strategic change.

## **Method**

The review adopted various methods including:

- literature analysis;
- secondary analysis of data from the social care purchasing budget, Trust providers, external providers, Supporting people, Public Health, the Primary Care Trust and the Housing Department;
- semi-structured interviews with senior managers and clinicians from the key agencies;
- semi-structured interviews with service users currently residing within the Trust and externally purchased provision;
- focus groups with service users, care coordinators, community team managers, rehabilitation services managers, ex Local Authority (social care hostels), hostel managers and Homeless Persons Unit managers;
- an analysis of strategy documents, policies and procedures used within the key agencies which impact on accommodation and associated practice;
- gap analysis.

## **Main Findings**

### **Strategy**

- Following on from the previous mental health strategy in 2003 the London Borough of Wandsworth and the Primary Care Trust are currently finalising a new strategy.
- This strategy will include joint commissioning intentions.
- A joint commissioning strategy is being developed.
- Currently the strategies, which do exist in the London Borough of Wandsworth, tend to operate separately and are not linked to each other. This should be rectified by the new overarching strategy.

- Some of the SSI recommendations from their 2002 inspection have yet to be fully implemented, but the respective agencies are working towards achieving this.

### **Provision**

- There are 179 community places provided by the Trust, making it the largest provider of care in the Borough.
- There appears to be an adequate supply of accommodation for the demand, but due to lack of people moving on, the system is stuck.
- Although there appears to be a wide range of provision, there is a lack of clarity of the functions of different establishments, resulting in much of the accommodation being similar.
- There are not clear pathways between different services.
- According to Supporting People only 30% of current accommodation is in self-contained units.

### **Purchasing**

- All of the Trust's social care purchasing with 94 providers is done on a spot purchasing basis.
- 224 people were in some form of residential care in the last financial year.
- 34 people were resident in B&Bs, of whom 16 (47 %) were subject to S117.
- The Trust pays approximately £100 per week more for B&B accommodation than the Housing Department.
- The average unit cost for residential care in London is £563. Excluding "high cost" placements 10 key providers used by the Trust are charging more than £750.
- The ex Local authority hostels are below the London average unit cost, but 3 of the 4 community supported hostels are above the average.

### **Cost Pressures**

- 49% people in purchased care Registered residential and nursing care and Supporting People placements are subject to S117
- 18 high cost placements account for 25% of the budget
- The average weekly cost of voluntary sector care £636 is above the London average of £563
- Some non specialist providers are charging far above (£300 -£400) the London average
- The highest area of activity is within Rosedene, a residential home for older people, at a charge of £650 per week.

## **Activity**

- Tooting and Furzedown CMHT has the highest number of people in purchased care, including the highest number in B&B.
- Roehampton and Putney CMHTs have no people placed in B&Bs.

## **Profile**

- The majority of people in purchased care are in the age group 25-44 (40%) which is reflective of the overall Borough population.
- 33% of people are over 60 years of age.
- The CMHT with the highest number of non white clients (Tooting and Furzedown) has the highest number of people in purchased care, including the highest number in B&B and has the highest readmissions, even although it has the lowest amount of referrals.
- The teams with the highest percentage of white clients (Roehampton and Putney) do not use B&B have low levels of purchased care, low levels of admissions and readmissions, even although Roehampton is one of the highest areas of deprivation in the borough.

## **Providers Survey**

Of the 62 providers who responded: -

- Over 70% of accommodation is provided in single rooms with people sharing communal facilities.
- 28% said they had waiting lists for places in their establishments (75% of this 28% are residents within in-house accommodation).
- 60% of respondents said they did not have anyone waiting to move.
- Of those who were waiting to move 77% were for accommodation with lower support than was being currently provided.
- 39% of people had been resident in their accommodation for more than 5 years (41% of people in externally purchased care and 59% in-house).
- There was an over representation of people described as Black Caribbean (26%) compared to a Borough representation of 4.9% in the 2001 census.
- The highest area of need identified was personal care (61%), which included self hygiene and medication support.
- Overall in-house providers described themselves as dealing with higher levels of need in comparison to externally purchased care.
- Chellowdene stood out as having the highest amount and widest range of need among the respondents. 47% had problems with illicit drugs, 74% personal care needs, such as support with medication and support with personal hygiene and 68% were reported as being currently physically aggressive physically aggressive, with a risk of violence to others.

- Few places are dealing with people who have dual diagnosis.
- There is little movement from establishments and no long waiting lists for most accommodation.
- People are waiting for either high level rehabilitative placements or lower level support.

### **Service Users**

Of the 20 service users interviewed: -

- 80% said they had been offered no choice of accommodation.
- 35% said they did nothing during the day, with another 25% saying they did activities on one day per week.
- 60% said they used no local facilities.
- 70% said they did not want to move from their current accommodation.
- 20% were awaiting housing via the Mental Health Housing Sub-Register and all had been waiting for more than one year.

### **Focus Groups**

- People with complex needs are placed in B&Bs for long periods of time.
- Dual diagnosis is the area of greatest unmet need.
- There is a paucity of information and guidance regarding accessing, function, cost and quality of residential and nursing care.
- Staff in “social care hostels “ are dealing with residents who have more challenging needs, but are not trained to do so.
- There is no culture of move on or recovery.
- Rehabilitation services are seen as particularly stuck and under pressure.
- There is a poor relationship between The Mental Health Trust and the Housing Department, with little understanding of the criteria the Housing Department use (in particular HPU) and of each other’s processes.
- Chellowdene is of particular concern.
- Reviews of placements are taking place in an infrequent manner.
- There is little understanding of Supporting People and what it has to offer. Many staff were not aware of their resources and the services commissioned, such as floating support.
- There is a lack of variety in type of accommodation, with lack of clarity about function.
- Residents do very little during the day and receive little active rehabilitation, making them more rather than less dependent.
- The systems are disjointed with no clear pathways.
- Some hostels do not have adequate staff cover in order to deal with the level of need and risk.
- Some buildings are no longer suitable for use as mental health accommodation.
- People are not being discharged from S117 with huge financial consequences, as well as not assisting people to become less dependent and to assist their recovery.

- The majority of people from all focus groups did not think the Trust should provide so much accommodation.

## **Housing Issues**

- Currently the Housing Department are supporting 32 people in bed and breakfast type accommodation (29 of these are in B&B and 3 in self contained, nightly paid B&B annexes ).
- In 2005/2006 there were 141 approaches to HPU from people who were mentally ill. 68 of these were accepted as having a priority need under Part VII of the Housing Act 1996 (as amended). This means they have been accepted as being vulnerable in housing terms.
- There are 66 people with mental health problems currently placed in B&B (32 from Housing Dept and 34 by the Trust).
- Dual diagnosis and the problems associated with it were seen as the greatest area of unmet need.
- In 2005/2006 20 people were re-housed from the Mental Health Housing Sub Register From supported hostels outside of homelessness provisions. A further 39 people were rehoused from temporary accommodation under the Mental Health (Homeless) Resettlement queue. This represented just over nine per cent of lettings to bedsit and 1 bedroom properties.
- Priority for re-housing is given to people nominated from HPU.
- There is a lack of bed-sits and one bedroom accommodation generally within the overall supply of units becoming available for letting, with competing demands from other groups entitled to legal 'reasonable preference' under the allocations scheme.
- There is very little collaborative working between the Trust and Housing Dept.
- Officers in the Housing Department are unclear about the structures and processes in the Trust, largely owing to the changes brought about resulting from reorganisations.
- There is no information sharing protocol between the Trust and Housing.
- People are still being discharged from hospital in an unplanned manner directly to HPU, sometimes with no prior notice or discussion.

## Recommendations

### Commissioning

- In order to ensure the best use of limited resources and to ensure the accommodation needs of people with mental health problems are prioritised, a clear joint commissioning strategy should be developed. The strategy should use the findings of this review to inform their work. It should take a socially inclusive and non stigmatising approach to accommodation needs. Supporting people, the Housing Department, the Trust, Primary Care Trust, Social Services and service user and carer representatives should be partners in developing this.
- The findings of this report should be reported to the Local Implementation Team. A task group from the LIT should be established to oversee implementation and ensure its work is embedded in the LIT.
- In order to assist with the implementation of this review and to ensure that resources are being used effectively and efficiently, it is recommended that the Supporting People budget, the Social Care Purchasing budget, the Primary Care accommodation budget for adult mental health are overseen by one Joint Commissioning Manager. It is also recommended that this post takes the lead in coordinating joint planning in this area.
- Using 94 providers for adult mental health can be costly, time consuming and difficult to manage. It is recommended that the Trust in collaboration with Supporting people, negotiate with key providers to block purchase a range of specified services and that costs for these services are negotiated at the outset, with clear service level agreements. The specialist areas which should be commissioned are: dual diagnosis; BME; Crisis Accommodation; Forensic services; deaf services; women only services.
- In order to assist this re-specification, a forum of key providers should be established where the accommodation needs are specified and priorities established. There should then be a remodelling of spend based on the specialist needs mentioned previously.
- The model of accommodation adopted may include the following components
  1. Normal housing (social, housing association and private).
  2. Normal housing with temporary and on going floating support.
  3. Supported housing with support staff during the day.
  4. Supported accommodation with staff available during the day and on-call in the evening, weekend and night.
  5. Recovery accommodation, which offers residents 24 hour skilled support, where residents are assisted to move to less dependent accommodation.
  6. Specialist accommodation for BME, dual diagnosis, forensic, deaf, women only crisis accommodation support and those with long term support needs.



- There should be clear pathways between different types of accommodation and a stepping stone, managed approach should be adopted. It is recommended that the key partners take a radical approach in redesigning and re-specifying their current accommodation and spend in order to deliver the co-ordinated model described. An options appraisal should be undertaken to decide whether all of these services should be specified with the independent sector, including all in-house provision, or whether a mixture of internal and external providers would be better able to meet service user needs in terms of social inclusion and citizenship.
- From this review there is evidence that those with the most complex needs are being placed in B&B. This means that currently those with the greatest needs are receiving the least support. In order to assist with changing this, an audit of the needs of people currently in B&B should be undertaken and individual plans made to assist them to move to other accommodation. In the longer term the Trust should consider jointly commissioning temporary and crisis accommodation, in collaboration with the Housing Department and Supporting People, which could be accessed via HPU or the Trust.
- Specialist floating support schemes should be developed, which are both time limited and on-going. This should be commissioned in collaboration with Supporting People, Housing Associations and Housing Department. In the first instance it is suggested that floating support should be made available to all people in B&B accommodation.
- The highest area of provider activity from the social care purchasing budget is with Rosedene. This is a residential home for older people. Consideration should be given to whether the responsibility for the ongoing review and care of these people is transferred to older people services, where there needs may be better understood and more actively met.
- The review has found gaps in relation to high support and low support accommodation. However, there has not been evidence of lack of resources. There is, however, ample evidence of a lack of recovery and move on culture, in both externally purchased and in-house accommodation. It is a priority that this culture is managed to change. This will require strong leadership and should be jointly led in a planned manner by the key commissioners and providers. It is suggested that joint training in recovery approaches be provided to community, housing and residential staff. Targets should also be set within contracts and service level agreements, which offer recovery, based outcomes.

## **In-house provision**

- There is currently no culture of move on and recovery within the “social care “hostels. Many of the buildings are no longer suitable when taking a socially inclusive and recovery based approach to accommodation. Consideration should therefore be given to undertaking radical change within these hostels. An options appraisal exercise should be undertaken to assess whether it is in the Trust and service users interest to have these services run by the Trust or independent sector. The results of the appraisal should be considered when assessing the level and type of work, which the Trust wishes to block purchase from the independent sector.
- Throughout this review Chellowdene has been highlighted as causing particular concern in terms of the environment, need and level of risk being managed. In particular the concerns about residents being harassed and the illicit drug use by many of the residents. The Trust should consider closing this hostel and negotiating with the London Borough of Wandsworth, who own the building , to sell the property and retain some of the profits to work in partnership with a Housing Association to offer self contained units with support for people with chaotic behaviour, who are currently placed in B&B.
- Thurleigh Road is a smaller hostel and more suitable for a specialist unit. It should be considered to change its function to one of the gaps in specialist areas previously mentioned., such as dual diagnosis or temporary crisis accommodation.
- Inner Park Road and Gwendolen Ave should have all of its current residents reviewed, with the aim to move all residents who are able to live more independently within the next 12-18 months.
- In all of these units time limits for length of stay and their functions must be made explicit.
- In West Drive, all clients should be reviewed and ensure that all are allocated a community care coordinator. Currently home care is being purchased to assist staff with personal care tasks. This practice should stop.
- Staff in all of these units should be provided with training in support, time and recovery approaches.

## **Rehabilitation Service**

- Throughout this review there has been evidence that this is a service under pressure. It has the highest waiting list of those reviewed for people trying to access the service. However, there is not much evidence of people waiting to move on . There is therefore little movement from the service, creating a bottleneck.

- It is recommended that people with lower level needs identified during this review, who are part of the rehabilitation service are assisted to move to less dependent accommodation and are then supported by CMHTs and that the specialist resources available to this service are targeted to those in greatest need. This will require negotiations with the Housing associations in some situations and with those tenants who are in assured tenancies. This, however, should not prevent work being undertaken with residents to help them move.
- In changing the function of some of these hostels to higher need, staffing levels will need to be reviewed, to ensure that there is adequate staff cover for the needs and risks identified.
- Staff within the hostels should receive training in support, time and recovery approaches and a recovery based approach should be developed.

### **Housing Department**

- There is a shortage of bed-sit and one bedroom accommodation within the Borough. This is the type of accommodation, which most people are awaiting on the Mental Health Housing Sub- register. In the short term the Housing Department should consider extending the current deposit scheme with private landlords, to people with mental health problems. In the longer term the Trust, Supporting People and the Housing Department, should be jointly planning to increase the amount of home based care offered, with a range of support options, in order to maximise social inclusion.
- The review has highlighted the increasing length of time people have to wait for re-housing. As recommended in the 2002 SSI inspection of mental health services in Wandsworth , the Council should review the working of the housing sub register in order to identify and rectify any blockages in the system.
- Evidence from the review also shows there is no information sharing protocol between the Trust and the Housing Department. It is recommended that a clear policy on confidentiality and sharing of information is developed.
- In order to improve relationships and practice between the Housing Department and the Trust, it is recommended that briefing sessions and updates on plans, key staff changes, key policies and procedures are held between community and housing staff on a quarterly basis. It is also recommended that liaison staff from each community team are identified who meet with HPU at specified intervals, in order to provide expert advice in complex situations. These staff could also undertake joint assessments with housing staff.

## Service

- A detailed audit of all people on S117 should be undertaken. This should include an examination of whether the original reasons for being subject to S117 are ongoing. The care team should give consideration to discharging people from S117 who no longer meet the S117 criteria and guidance should be provided to staff to assist them in this process.
- Written guidance should be given to all care teams to ensure that S117 care planning includes: at the commencement of S117 there is a written plan detailing which aspects of the care plan are subject to S117, the outcomes desired ,timescale for review and possible discharge from S117.
- A centralised system of review and monitoring should be developed and implemented to ensure that all people in specialist accommodation have their ongoing accommodation needs addressed at regular intervals and that reports on review and outstanding reviews are regularly presented to the Purchasing panel.
- In order to improve the available information about accommodation a website and manual should be developed detailing providers, access, cost, function and availability and that this is update din a regular basis.
- Written purchasing guidance should be developed and given to all care coordinators. This should include, how to access funding, assessing quality, standards of assessment, review processes.
- The current process for accessing funding from the PCT should be simplified in order to provide clarity and to ensure that when places have been identified they are not lost due to the length of time the process takes. It is suggested that one Joint Commissioning Manager oversees the PCT and Trust social care purchasing budget.

## Action Plan

	<b>Task</b>	<b>Person Responsible</b>	<b>Timescale</b>
1.	Provide details of the Section 31 clients who are not claiming Housing Benefit whilst placed in Bed & Breakfast placements.	Purchasing Support Manager, MHT	November 2006
2.	Liaise with Dave Worth (HPU) to investigate possibility of Section 31 clients claiming Housing Benefit at Bed & Breakfast Placements	Assistant Director, WBC	November 2006
3.	Provide details of unit cost for Section 31 clients at Bed & Breakfast placements to JC to enable a comparison of unit cost between Social Services clients and Section 31 clients	Purchasing Support Manager, MHT/ Strategic Commissioning and Partnership Manager	November 2006
4.	Discuss the possibility of a member of the Supporting People team and HPU team attending the SWLStG Trust delayed discharge meeting	Assistant Director, WBC	November 2006
5.	Provide CH and MB with Social Services' current Individual Residential Placement review form for their reference	Strategic Commissioning and Partnership Manager	November 2006
6.	Review all residents at Chellowdene to ensure that they are appropriately placed and if not plans are made for them to move on	Rehabilitation Service Manager, MHT/ Lead Clinician	December 2006
7.	A steering group is established to oversee this action plan	Project Manager	December 2006
8.	A Project manager is commissioned to guide this action plan and report on progress to JCB	Assistant Director, WBC/ Service Director, MHT	December 2006

9.	Liaise with WPCT to establish the funding cost of Continuing care level one cases placed into external placements in the last 12 months. This information to be used to examine whether increasing in-house provision would be financially and clinically effective.	Purchasing Support Manager, MHT	January 2007  (subject to WPCT providing info)
10.	Ensure appropriately recent reviews have taken place for the current 11 'High Cost' Placements and submit continuing care applications for those that it appears may meet the continuing care level one criteria.	Purchasing Support Manager, MHT \ General Managers	January 2007
11.	Investigate whether the current 'glut' of bedsit capacity experienced by Social Services could be used to care for Section 31 clients	Commissioning Manager	January 2007
12.	Identify private landlords that would be willing to take certain clients currently on the MHSR as private tenants in their properties	Head of Housing Services, WBC  Purchasing Support Manager, MHT to liaise with Head of Housing Services, WBC	January 2007
13.	Identify the clients currently on the MHSR who would be suitable for private tenancies and arrange with Housing for LBW to take them up	Purchasing Support Manager, MHT/Head of Housing Services	February 2007
14.	Propose revisions to the SWLStG Care Plan Proforma to specify which services are provided under S117 aftercare and to provide a recovery focus. The revisions will be considered by the appropriate Trust Committees, including Rio.	Project Manager	February 2007
15.	Ensure that all clients at the ex-council Hostels have been reviewed in accordance with eCPA procedures	Rehabilitation Service Manager, MHT/ Lead Clinician	February 2007

16.	Undertake reviews of appropriateness of placement to level of need	Rehabilitation Service Manager, MHT	March 2007
17.	Centralised system of monitoring of placement reviews to be developed.	Purchasing Support Manager, MHT	March 2007
18.	Investigate the possibility of move on of clients at medium support supporting people placements to low support / floating support placements. Inform the teams of suitable low support / floating support to move these clients onto.	Purchasing Support Manager, MHT	March 2007
19.	Collate information on the clients on the Assertive Outreach caseload who may be appropriate for placement. Arrange with GMs for these clients to be moved on where appropriate.	Rehabilitation Service Manager, MHT/ Lead Clinician	March 2007
20.	Liaison staff from each community team are identified and meet with HPU staff at regular intervals in order to provide expert advice and undertake joint assessments.	General Managers	March 2007 and ongoing
21.	Quarterly meetings are held between the Housing Dept, the Trust and Supporting People to update on plans, key staff changes, key policies and procedures etc	Rehabilitation Service Manager, MHT/Supporting People Manager Head of Housing Services, WBC	March 2007 and ongoing
22.	Investigate and consider additional resources to care for 'Dual diagnosis' clients (Those with mental health as well as drug & alcohol misuse problems)	Project Manager/ Assistant Director, WBC/ MH Commissioning Manager	March 2007
23.	Investigate and formulate a method for discharging, where appropriate, existing clients from S117 aftercare	Project Manager	March 2007
24.	Implement the discharge of existing S117 clients from S117 aftercare where appropriate	Service Director, MHT	April 2007 – September 2007

25.	Arrange a stakeholder project to discuss the strategic direction of change in the accommodation for Section 31 clients. This should include different elements of accommodation required.	Project Manager	March 2007
26.	Negotiations should be undertaken with LBW to ascertain whether monies from a possible sale of Chellowdene could be used to develop more appropriate models of accommodation.	Project Manager/ Commissioning Manager	March 2007
27.	An options appraisal exercise should be undertaken to assess whether it is in the Trust and service users interest to have its in-house accommodation services run by the Trust or independent sector or mixed economy of care.	Project Manager	April 2007
28.	<p>Following on from the points above, a detailed plan will be drawn up and implemented over the following 12 months to change the current model of care. This may include tendering current services and all of the issues associated with such an exercise. It will certainly involve a radical remodelling of current service provision.</p> <p>The coordinated model of accommodation adopted should include the following components</p> <ol style="list-style-type: none"> <li>Normal housing ( social , housing association and private ).</li> <li>Normal housing with temporary and on going floating support.</li> <li>Supported housing with support staff during the day.</li> <li>Supported accommodation with staff available during the day and on-call in the evening, weekend and night.</li> <li>Recovery accommodation, which offers residents 24 hour skilled support, where residents are assisted to move to less dependent accommodation.</li> <li>Specialist accommodation for BME, dual diagnosis, forensic, deaf, women only crisis accommodation support and those with long term support needs.</li> </ol>	Project Manager/ Rehabilitation Service Manager, MHT / Commissioning Manager/MH Commissioning Manager /Head of Housing Services, WBC\ Supporting People Managers	April 2007 to March 2008



29.	A shared information source and manual to be developed, detailing information about providers, how to access services, cost and function.	Purchasing Support Manager, MHT / Project Manager	April 2007
30.	A forum of key stakeholders is established to assist the remodelling process.	Project Manager / Rehabilitation Service Manager, MHT / Purchasing Support Manager, MHT/ Supporting People Manager	May 2007
31.	Undertake needs analysis for MHSR and generate options to satisfy and establish process to forecast needs on a year by year basis	Head of Housing Services, WBC / Commissioning Manager	May 2007
32.	Detailed purchasing guidance to be issued to all care coordinators	Purchasing Support Manager, MHT/ Project Manager	May 2007
33.	Staff in Housing Department, in-house and external care providers , care coordinators receive training on recovery based approaches in mental health	Project Manager/ Supporting People Manager	July 2007 and ongoing
34.	The responsibility for ongoing review and care of clients over 75 yrs old at Rosedene should be transferred to Older Peoples Services	Commissioning Manager	July 2007
35.	Once the model of accommodation has been agreed (see point above), the functions of all in-house and externally purchased placements should be explicit, with clear pathways between the different parts of the service and timescales for placements made clear. SLAs to be developed in order to monitor this ,between the Trust and providers and between LBW and the Trust.	Commissioning Manager / Service Director, MHT /Project Manager	July 2007
36.	Contracting and block purchasing arrangements to be put in place with independent providers. These should include recovery based outcomes.	Project Manager/ Purchasing Support Manager, MHT / Strategic Commissioning and Partnership Manager	September 2007

37.	Residents with lower level needs identified during this review, who are part of the rehabilitation service should be assisted to move to less dependent accommodation and then be supported by CMHTs and the specialist resources available to this service targeted to those in greatest need.	Rehabilitation Service Manager, MHT / Project Manager	September 2007
38.	A joint commissioning strategy for accommodation is developed	Commissioning Manager / MH commissioning manager, PCT/ Head of Housing Services, WBC/Project Manager/ Supporting People Manager	September 2007
39.	Housing Department extend their Deposit Schemes to people with mental health problems.	Head of Housing Services, WBC	September 2007
40	Specialist floating support schemes should be developed, which are both time limited and on-going.	Project Manager/ Commissioning Manager / Head of Housing Services, WBC / Rehabilitation Service Manager, MHT/ Supporting People Manager	November 2007