CLIENT USE STATEMENT : DATE MAY 2020 REF : 101/35/CUS01
Change of use from Dr's surgery to mental health support service, providing self-contained accommodation / assisted living with 24 hrs cover

This statement has been prepared in support of the above planning application to answer initial questions set out by the planners with regards to how the building is to be used and who will use the service etc.

1. Who is the intended client group ?

Primary purpose is to provide bespoke packages to patients aged 18years to 65. We aim to support the smooth transition of individuals from mental health settings to a community based high support service, providing self-contained accommodation, individual tenancies and support from 24/7 Support Workers. MaryRuth services draws from the concept of full recovery, with personalised holistic approach to care provision involving each individual to help them identify and achieve their goals and move forward in their lives, whilst managing ongoing symptoms. There will be focus on maximising the potential for each individual to maximise their potential to lead an improved quality of life.

2. Please to explain which people would be eligible to be granted a tenancy within the development and who would be refused.

We will carry out access assessments following referrals from the commissioners/case managers within our catchment area. We will be liaising with mental health settings within our area of operation as a priority but will also consider other referrals from out of areas settings. Our service will cater for individuals who are ready for this transition back into the community but still require care and ongoing support to aid full recovery. The pre-admission assessment will be carried out by qualified professionals that they are ready for this step forward. We will be looking at this strategically ensuring that we blend property needs with care needs as well as ensuring value for money for the institutions and authorities funding it.

We may exclude individuals who have significant history of Arson and active substance misuse behaviours. We do acknowledge that we will have a service within a community and it is our aim to ensure robust risk management plans are prioritised. We will work with other agencies such as the police and Criminal Justice to ensure those with an index offence and with a criminal record undergo extensive risk screening

3. Based on the outcome of questions 1 and 2 - has the landlord identified clear evidence of local demand for this type of property in this location near to our town centre?

Looking at the needs of Mental Health within the communities, market research shows that there is a need for more support units in order for more people to access the support they require to move forward and live in a good home with the right care support , community integration and independent living.

5. Who has the nomination rights and what would be the intended catchment of the development?

Barnsley will be our priority catchment area, however other areas within South Yorkshire would be considered.

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6. Who would be the registered provider, have any discussions taken place with them and is an agreement with an RP in place? If so, are there any details you can share with us about the terms and conditions that would govern eligible residents?

The registered provider would be MaryRuth Support and they are currently working on our RP which should be ready soon.

7. Is it correct that the proposal is to offer assured tenancies? What happens if resident's circumstances change such as their health improves to the point that they feel able to start work and see a reduction in their benefits? Or if there is a resident that refuses support/increases risk/ causes disruption to the others?

Regular case reviews will be carried out in collaboration with the commissioners, social worker and in some cases significant others, A review meeting will address progress made by each individual within our service. In the case of residents making progress in their presentation regular discharge planning meetings will be held on a monthly basis. Residents will be offered opportunities to participate in their recovery meetings which will focus on future independent placement. As part of our philosophy of care we will also aim at reinforcing each individual`s potential to living independently, this is achieved by participation in living skills such as cooking, shopping, budgeting……..

We accept that some of our residents may relapse and present with challenging and high risk behaviours. It is our duty of care to ensure other residents remain safe, we will be carrying out regular risk assessments using intermittent or increased observations when necessary. We will highlight the risk behaviours with individuals involved and if it is mental health related, review meetings will be carried out to consider moving residents involved to other more secure environments. Each resident will have a crisis plan which will identify options to be implemented should a relapse occur. We will also engage the local police if necessary in the case of a serious threat to other residents

In the case of a resident's circumstances changing, this will be looked at on an individual basis. If the health improves, measures will be in place to see how best to support the resident. If the current setting is seen to hold them back, then they will be supported to find suitable accommodation if that is their choice and support will be given until they have settled and the door left open should they need more support.

8. How would you ensure a sufficient staff team for a scheme of this size ? particularly if they have to cater for a wide range of needs with different specialisms/ approaches/ needs?

The service has a staffing Matrix which will depend on the resident and their needs. Staffing needs will be agreed for each resident before they are accepted to our service. Some residents will require more assistance with managing their transition to the community setting, for example, a resident referred from an inpatient low secure mental health service may require close monitoring during the initial stages of her/his admission to our service. This may include having an extra staff member allocated to support an individual on a 1-1 basis certain times of the day. We aim to have mental health support workers and activities coordinators. We have qualified nurses as part of our staff establishment and these professionals will support individuals with self-medication needs. Those residents requiring appointment to GP or Mental health reviews by community teams will be supported by the support workers.

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9. how would the development be appropriately managed given that there will not be a 24 hour at the service? How would staff take the necessary breaks?

A shift pattern will be in place to ensure that the property is manned 24 hours a day and staff get the required breaks as necessary. The amount of staff will depend on the number of residents and their needs.

There will also be an on-call Manager who will be available to offer support via telephone and when required will attend to assist.

10. Please explain to us how the scheme would manage the additional needs/ vulnerabilities of tenants due to the diverse range of clients. How would you ensure that staff were able to effectively support such a broad range of need?

Appropriate and required training will be given such as moving and handling, medication management, tenancy support, Basic Life Support, Safeguarding adults and crisis de-escalation techniques.