



**Housing and Mental  
Health Strategy  
2019-2022**



Improving Lives

**Greater Manchester Housing Providers is formed by the following partners:**



# Contents

<b>Foreword</b>	<b>04</b>
<b>Executive Summary</b>	<b>06</b>
<b>Introduction and Purpose</b>	<b>08</b>
<b>Housing and Mental Health</b>	<b>10</b>
<b>Transforming our Services</b>	<b>14</b>
<b>Future Development</b>	<b>21</b>
<b>Delivering our Priorities</b>	<b>22</b>
<b>Potential Economic Benefits and Future Commissioning Models</b>	<b>25</b>
<b>Monitoring The Implementation of The Strategy</b>	<b>28</b>
<b>Appendices</b>	<b>29</b>



## Foreword

**Greater Manchester Mental Health NHS Foundation Trust (GMMH) are delighted to present this strategy for housing and mental health. This is our commitment to supporting the role housing, health and social care provision has in addressing the needs of service users.**

It is widely recognised that effective recovery and prevention of mental health problems is reinforced by good quality housing and support.

### Mental ill health is frequently cited as one of the main reasons for tenancy breakdown

and housing problems are often the reason for a mental health crisis. Having settled housing and accommodation is known to have a positive impact on mental health, providing the basis for people to recover, receive appropriate support and to build resilience, and in many cases, return to work or training.

Safe, secure, affordable housing is critical in enabling people to work and take part in community life. Many people with a mental health issue can live independently in their own home and as a mental health trust, we need to provide a range of options and support to maintain this. This strategy puts in place commitments to help people remain in their homes for as long as is practically possible. Our aim is to work jointly with all our partners to deliver better outcomes and reduce inequalities for service users, through having a range of housing pathways to ensure care is provided in the least reactive way, promoting independence.

The importance of housing is clear, as is the financial implication – that investing in housing-related support services can generate savings

across health and social care as well as improved outcomes for individuals. The transformation of services in our Adult Acute Pathways, as well as our ten-point plan to eliminate out-of-area placements by 2021, will help us respond to growing demand and support people in the

least-restrictive environments, close to family and friends. We need to have a housing offer which avoids unnecessary admissions to hospital, reduces lengths of stay and supports living well in the community.

If a hospital admission is necessary, we will integrate housing as part of the discharge planning process – this is critical if delayed transfers of care are to be avoided.

We will continue to explore new models of housing and support and continue our work on homelessness as well as substance misuse, forensic pathways and housing for older people.

We would like to thank our colleagues Housing Association Charitable Trust, Greater Manchester Housing Providers consortium, Greater Manchester Health and Social Care Partnership and key local Supported Housing providers for their engagement and support in the development of this strategy.

We are confident that through working with our commissioners and housing partners, we can support people to live more independent and improved lives.



**Neil Thwaite**

Chief Executive of GMMH



**Rupert Nichols**

Chair of GMMH



**Deborah Partington**

Executive Director of Operations



ForViva's Amblecote Gardens extra care scheme, in Salford

## Executive Summary

GMMH are a key provider of acute mental health services, and as such, a core partner in the Greater Manchester Health and Social Care Partnership. We are part of the wider transformation of health and social care services.

The impact on mental health of poor housing is well evidenced. Mental ill health is frequently cited as a reason for tenancy breakdown and housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient care. There are many reported difficulties across the country in delayed discharges, although a lack of suitable housing seems to be a fundamental driver. Lack of housing can also impede access to treatment, recovery and militate against social inclusion.

## Housing and mental health are closely related.

Safe, secure and affordable housing is critical in enabling people to live well, work and take part in community life. Having settled housing and accommodation is known to have a positive impact on our mental health.

As we move towards a more personalised pattern of health and social care provision, non-institutional services become more important to achieve health and social care outcomes and can save the NHS a significant amount of money.

Housing has become recognised as a central part of an effective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help in the least restrictive environment possible. In many cases, settled accommodation facilitates a return to work or education. A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support.

Housing is becoming an increasingly important issue as demand rises, impacting on delayed transfers of care, long lengths of stay and the use of out of area placements for both our acute and rehabilitation services. We are looking to the housing sector, as our acute hospitals partners have, for some solutions and to support us in creating a strategic approach to housing that addresses the current pressures we experience in our care pathways and enhance the community housing offer to our service users to sustain and promote recovery.

The key to an effective housing strategy is to facilitate the right level of support at the right time with access to appropriate options for people when their needs increase or reduce, to maximise their capacity for independent living. In many areas, often through funding pressures. There are inadequate levels of different housing related support and different housing options for

the current population need. The result of this is people remain in options which no longer meet their needs so the option fails or they lose

their independence more quickly than they would in a stepped or staged system of support or accommodation provision. People are also admitted or re-admitted to hospital beds or become delayed in hospital beds for longer periods than necessary due to the lack of available options being at a lower or a higher level than their assessed needs.





**Mosscare St Vincent's Housing Group scheme, in Bolton**

GMMH want to ensure that we have in place the necessary strategic relationships with local housing providers and developers so that our future developments include the delivery of care and recovery services in the least restrictive environment possible

We recognise the need to better engage with housing providers who can work alongside us in the community and address the pressures we face, particularly within our acute and rehabilitation care pathways.

This Housing Strategy is the start of a new relationship with the housing sector. It initially focuses mainly on the issues and opportunities of addressing housing for our service users in the acute and rehabilitation pathways, and for those who experience homelessness. During our discussions, we began to identify other opportunities housing solutions for our services working with older adults, substance misuse services, and specialist services including forensic and health and justice. As we develop new relationships and services with our housing partners, we will review this strategy with a view to extending our approach to housing across

all of our services, in Greater Manchester and beyond.

An immediate priority is to explore how housing can improve patient outcomes and support patient flow within our adult acute care pathway across our four operating localities. We recognise, however, that in developing new strategic relationships with local housing providers, we can lay the foundations for further strategic developments for all of our services delivered across the North West.

## Introduction and Purpose

In the Autumn of 2018, GMMH commissioned Housing Association Charitable Trust (HACT) to undertake a series of semi-structured interviews with key stakeholders from across the Trust and the wider health, and social care environment. The objective was to explore how GMMH could work strategically with housing authorities and housing and care providers to better meet the needs of people seriously affected by mental ill health and to develop a strategic plan for the Trust.

In October 2018, the Trust hosted a Mental Health and Housing Summit. Hosted by the Chair of the Trust and attended by members of the Board and other senior colleagues, this summit brought together representatives from the Greater Manchester Housing Providers (GMHP) consortium, Greater Manchester Combined Authority (GMCA), Greater Manchester Health and Social Care Partnership (GMHSCP) and key local housing support providers. We explored a number of options with the aim of understanding how housing providers could bring their assets – tangible and intangible – to the issues we face in supporting those people most seriously affected by mental health problems. SEE appendix 1 for engagement list.

GMMH provides in-patient and community based health and social care for people with mental health problems in Bolton, the city of Manchester, Salford and Trafford. As well as providing a range of mental health services, we also provide substance misuse services to people addicted to drugs and alcohol in Greater Manchester. As a large trust working across a population of 1.2 million people in Greater Manchester, we deliver services from over 130 different locations including inpatient wards, outpatient and community services

GMMH are a key provider of acute mental health services, and as such, a core partner

in the Greater Manchester Health and Social Care Partnership. We are part of the wider transformation of health and social care services and want to further embed the Partnership's ambition for greater integration of services and improved mental health and wellbeing outcomes for the citizens of Greater Manchester and beyond.

We recognise the important role that housing plays in securing better recovery outcomes for our service users. We also recognise the need to better engage with housing providers who can work alongside us in the community and address the pressures we face, particularly within our acute care pathways.

Like many mental health trusts, GMMH experiences increasing demand for mental health care, resulting in acute pressures for emergency admissions on a day-to-day basis. The pressures are so great, in 2017/18 this resulted in 400 acute Out of Area Placements (OAPs) for Manchester alone.

To address this, we have worked with our partners in GMHSCP to developed a 10 Point Plan to eliminate OAPs (see figure 1).

Housing is becoming an increasingly important issue as demand rises, impacting on delayed transfers of care, long lengths of stay and the use of out of area placements for both our acute and rehabilitation services. We are looking to the housing sector, as our acute hospitals partners have, for some solutions and asked HACT to support us in creating a strategic approach to housing that addresses the current pressures we experience in our care pathways and enhance the community housing offer to our service users.

GMMH want to ensure that we have in place the necessary strategic relationships with local housing providers and developers so that our future developments include the delivery of

## Figure 1: The GM 10-Point Plan to Eliminate OAPs

1. Create whole system collaboration on the objective to eliminate OAPs with every provider and commissioner (health and social care) having Executive sign up to the plan.
2. Agree a GM definition of an OAP and a trajectory that will eliminate the need for OAPs.
3. Agree a data set that demonstrates elements of patient flow (inpatient and community) across GM and introduce regular data and monitoring systems.
4. Agree and implement GM standards that achieve fidelity of an effective Acute Care Pathway including decision to admit protocols and discharge planning.
5. Agree standards with all NHS providers on Bed Management and create a GM Bed Bureau that includes real time data.
6. Respond to the findings of the Crisis Concordat work to understand the current response to crisis care and what is required to fill any gaps.
7. Establish the availability of adequate housing, including specialist supported housing and how specialist care packages are agreed and develop collaborative proposals across GM to fill these gaps.
8. Continue to learn from others and share the GM experience.
9. Evaluate the effectiveness of the GM plan and the impacts on service users, their friends and family.
10. To establish the costs of OAPs and develop systems to reduce this.

care and recovery services in the least restrictive environment possible. The purpose of this strategic plan is to explore the following:

1. Development of strategies to engage people with complex needs, including homelessness to progress through different levels of housing services with the aim of achieving a level of independent living in the least restrictive environment to match their needs and abilities
2. How to engage housing providers in mental wellbeing and recovery services in the community.
3. Increasing the supply of alternatives to high cost inpatient rehabilitation and clinical placements where these may be unnecessary;
4. Identify ways in which housing services can contribute to reducing pressures in acute mental health services, within all parts of the care pathway
5. Laying the foundations for a longer-term transformation of specialist services, in complex and secure care, with supported housing playing a more prominent role.

An immediate priority is to explore how housing can improve patient outcomes and support patient flow within our adult acute care pathway across our four operating localities.

We recognise, however, that in developing new strategic relationships with local housing providers, we can lay the foundations for further strategic developments for all of our services delivered across the North West.



**Irwell Valley housing development scheme, in Trafford**

## Housing and Mental Health

Housing and mental health are closely related. Safe, secure and affordable housing is critical in enabling people to live well, work and take part in community life<sup>1</sup>. Having settled housing and accommodation is known to have a positive impact on our mental health<sup>2</sup>. As we move towards a more personalised pattern of health and social care provision, non-institutional services become more important to achieve health and social care outcomes and can save the NHS a significant amount of money.

The impact on mental health of poor housing is well evidenced<sup>3</sup>. Mental ill health is frequently cited as a reason for tenancy breakdown<sup>4</sup> and housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient care<sup>5</sup>. There are many reported difficulties across the country in delayed discharges, although a lack of suitable housing seems to be a fundamental driver<sup>6</sup>.

Lack of housing can impede access to treatment, recovery and militate against social inclusion. Delayed discharge because of difficulties with housing is both common and persistent. Housing has become recognised as a central part of an effective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help in the least restrictive environment possible. In many cases, settled accommodation facilitates a return to work or education. A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support.

However, accessing housing and being able to

move through a pathway of care to appropriate accommodation still requires service users to negotiate a range of obstacles. Housing advice is an expertise base rarely found within the NHS, and without it, Care Co-ordinators struggle to help service users navigate and negotiate complex systems of organisations, entitlements and law. As a result, housing circumstances continue to have a detrimental impact on mental and physical health, length of stay (LOS) and drive increased pressures onto already stretched NHS services.

### **The key to an effective housing strategy is to facilitate the right level of support at the right time**

with access to appropriate options for people when their needs increase or reduce, to maximise their capacity for independent living. In many areas, often through funding pressures. There are inadequate levels of different housing related support and different housing options for the current population need. The result of this is people remain in options which no longer meet their needs so the option fails or they lose their independence more quickly than they would in a stepped or staged system of support or accommodation provision. People are also admitted or re-admitted to hospital beds or become delayed in hospital beds for longer periods than necessary due to the lack of available options being at a lower or a higher level than their assessed needs.

Many people with mental health problems are also placed in residential or nursing homes where there are vacancies instead of supported

1. Closing the Gap: Priorities for essential change in mental health [www.gov.uk](http://www.gov.uk)
2. HM Government, State of the nation re: poverty, worklessness and welfare dependency in the UK.
3. Johnson R, Griffiths C and Nottingham T. At home? Mental Health issues arising in social housing.
4. Social Exclusion Unit, Mental Health and Social Exclusion, [www.nfao.org](http://www.nfao.org)
5. Johnson R, Griffiths C, Nottingham T. At Home? Mental Health Issues Arising in Social Housing.
6. Royal College of Psychiatrists, Improving acute inpatient psychiatric care for adults in England, Interim report of the Commission to Review the Provision of Inpatient Psychiatric Care for Adults, [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

housing options, which may not be available to support people with complex needs. These facilities are not generally designed to maintain independence and so people, including younger people, become de-skilled and unable to maintain levels of self-care and choice when they could remain independent for longer, with the right level of support and environment. In addition to this many care home providers are offering placements to adults with mental health problems rather than older people who may also have physical health needs which in some areas has resulted in too few placements for older adults who then become delayed discharges when admitted to acute or mental health inpatient services.

GMMH operates in areas where there are various housing pressures and finding and securing the right kind of housing is not always straightforward. Working alongside local housing providers is therefore critical. Some areas have a broader range of housing supported than others. A brief summary of accommodation types is in APPENDIX 3.

For the first time in many years, as a result in changes in government strategy, Housing Associations (HAs) are able to access significant capital funding via the Department of Health and Social Care to be able to develop new provision. However, with the strength of their own resources, some will develop without this form of subsidy. HAs manage complex development supply chains and are well versed in negotiating local planning processes<sup>7</sup>.

Housing Associations also have significant expertise in developing and delivering care and support services in local communities, including support for mental health service users. Their main interface is with local authorities but have

much less experience of working directly with CCGs and NHS Trusts. HAs deliver residential and ‘floating’ support services, mostly under block contracts, but also through spot purchase arrangements with social care commissioners. This funding is, however, under increasing pressure and they have experienced at least a two-thirds reduction in funding for housing support over the past ten years following the abolition of Supporting People as a ring fenced funding stream.

There is both significant housing expertise and a number of housing assets throughout Greater Manchester that are being decommissioned. The withdrawal of community-based housing support is perceived by a number of stakeholders to have a negative impact on people with mental health problems and the services provided by GMMH and has contributed to an increased pressure on acute care services.

However, it also presents an opportunity, with expertise and assets able to be reconfigured and redirected to address not only bed pressures at the Trust but to deliver improved outcomes for service users. Immediate action with housing and support providers to identify these resources will be critical to ensure that specialist purpose built accommodation is retained for specialist use for the Trust, rather than converted into general use. Elsewhere, housing associations have been developing and delivering a range of services in response to calls from commissioners or in partnership with health care providers. These include housing advisers in discharge teams, recovery workers in neighbourhoods, crisis cafes, crisis houses and step-down from acute settings (including forensic and employment services using IPS principles<sup>8</sup>).

7. Mental Health and Housing: Housing on the Pathway to Recovery. [www.housingandhealth.org](http://www.housingandhealth.org)

8. Mental Health and Housing: Housing on the Pathway to Recovery. [www.housingandhealth.org](http://www.housingandhealth.org)



Currently CCGs and Local Authorities (LAs) jointly fund packages of care for people with mental health problems in residential care homes, nursing homes and independent hospitals. Some service users are placed in these facilities due to a lack of alternative supported housing options, which could facilitate their achievement of better health and social care outcomes. This could release funding which could be redirected and better utilised locally by developing a range of supported housing options and housing related support within an integrated care pathway.

Working with housing providers and developing new strategic relationships could open up a new development area for the Trust, one that recognises the importance of good housing for recovery, reduces the needs for costlier hospital beds, and improves outcomes of service users in a community setting. In considering a new strategic future with housing partners, it will be important for GMMH and its commissioners to view additional bed capacity in housing-based settings as part of its demand and capacity planning and

to deliver this through its own estates strategy and system wide discussions about best use of the public estate.

The majority of people aim to live independently and do not need supported housing though at times they may have difficult or precarious housing issues that once addressed, could result in earlier discharge home. In addition, sustaining the tenancy that someone has come from, if a hospital admission is required, in most cases would be preferable to tenancy failure.

Short-term step down supported accommodation is becoming an effective model for helping reduce the length of stay and expedite discharge. We are already piloting a new service in Manchester and a service in Bolton, which has been redesigned to offer this option. It can also help bring people back from out of area placements into longer-term accommodation and prevent re-admission. It can also be an important part of successful rehabilitation services. The benefits of this approach are not only financial;

---

9. <http://www.contactconsulting.co.uk/wp-content/uploads/2015/02/Integration-that-Works-One-Support-Tile-House-Evaluation.pdf>

One Housing Group<sup>9</sup> estimates that it is about a third of the cost of an equivalent inpatient bed, but it also helps achieve better outcomes.

For housing providers, any step-down/supported housing provision will be part of a community pathway working towards independent living in a community setting. One of the key benefits is the ability of an individual to have a tenancy. Not only does this enable independent living, but also it removes the rent and housing management cost from those borne by the commissioner. Instead, Housing Benefit will meet part of the cost. This is a significant difference, between a third and a half, of the equivalent residential care cost per bed.

If the physical structure of existing properties is sound, and internal space suitable, refurbishment can bring buildings and services into use in a faster timescale than new build. GMMH could look to utilise our own properties for re-use, seeking to maximise the use of our estate. Consideration should also be given, however, to the properties owned by the housing providers and their potential for re-use. Housing associations would be willing to explore purchasing other buildings and converting them for use if income streams can be identified.

There are existing partnership arrangements between housing providers and Third Sector support providers, which this arrangement could be modelled on.

In the longer term, new-build is also an option and presents an opportunity for the commissioning, with housing partners, of new contemporary purpose-built provision that can act as an alternative to inpatient care. With a new GM estates strategy being developed, there are opportunities to look at how estate, both public and private, is utilised to build new community based provision options.



## Transforming Our Services

### The Current Position

The Trust is already exploring a range of innovative options to address pressures and ensure people receive the right care in the least restrictive environment possible and we have some experience of working with local housing organisations. Given the pressure on the community-based housing provision, traditionally supported through social care, we need to explore new ways of collaborating across the wider system. In so doing it will be important to learn from the many examples nationally where systems have collaborated to develop sustainable community solutions.

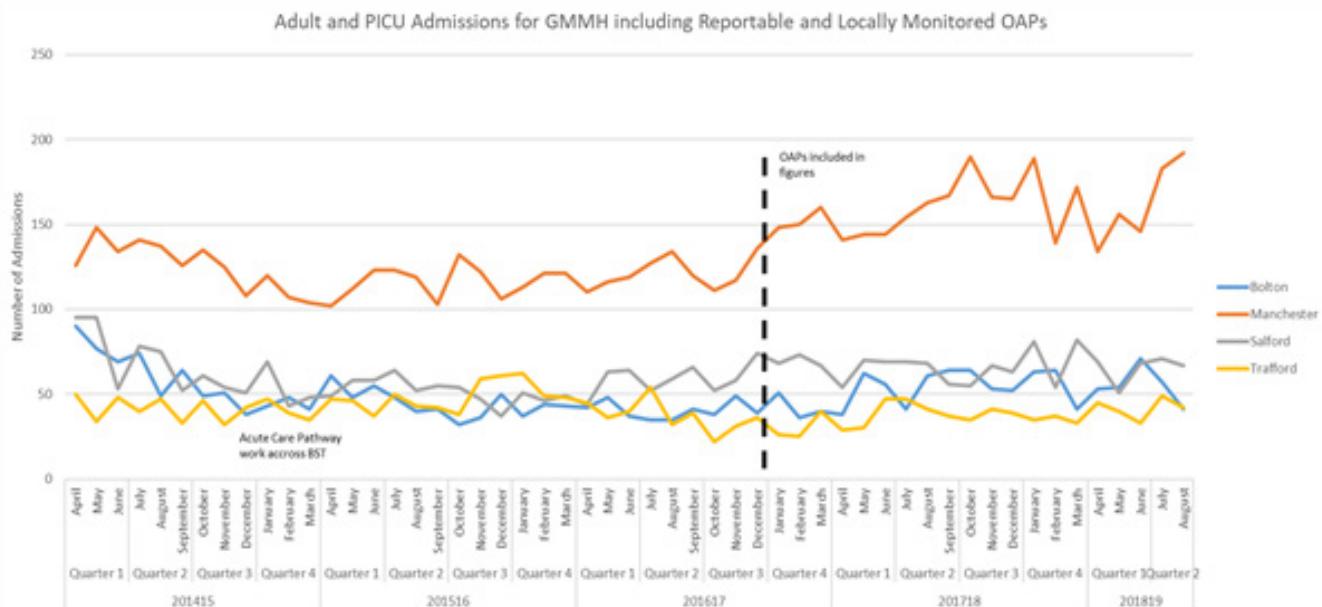
GMMH has core relationships and partnerships with social care across our operating areas. These are strongest in Manchester, Trafford, Bolton and Salford. How we maximise these relationships and muster all of the resources available to reduce pressure on our services is a key part of our future strategy. How we do this with housing in mind is something we will pay more attention to. However, with increasing pressures on local authority resources we know that these

relationships alone are not sufficient to address the challenges.

The Trust faces pressures within block contracts with limited capacity to extend revenue beyond our core provision, but recognise that we must work as part of a whole system in order to influence and explore future funding options in order to take action and invest in different solutions if we are to deliver the recovery outcomes we are committed to. We are keen to ensure that housing based solutions are a feature of our future contracting with our commissioners. The constraints of the current economic position is, however, a key feature in framing the exploration of new solutions to the immediate pressures.

GMMH faces many challenges and we want to bring a new set of partners to the table. Demand for our adult Acute and PICU beds is high and increasing. We are experiencing unexplained peaks of up to 23% increases in demand; the reasons are many and complex which need further exploration. Demand in the City of Manchester is much higher than our other boroughs, as table 1 below demonstrates.

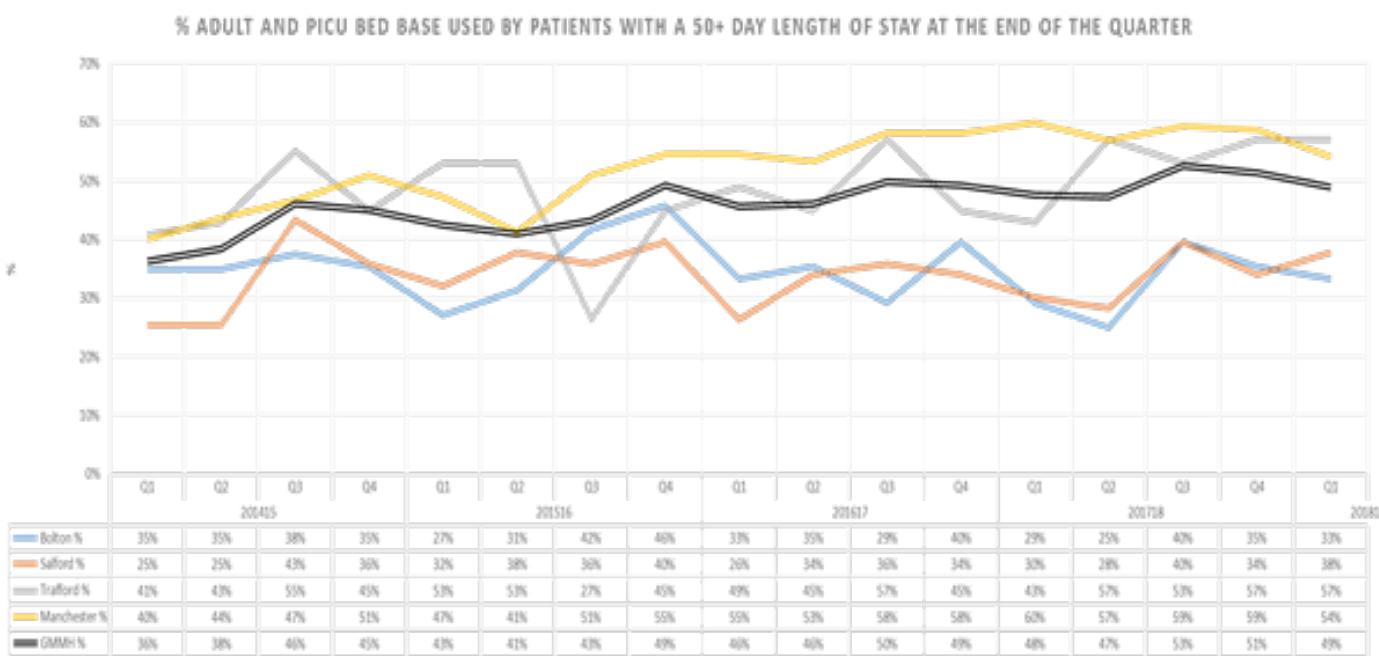
**Table 1 – Overall Pattern of Adult and PICU Admissions by District.**



There will always be a need for inpatient care. However, it is important that we are able to respond in a way that ensures that someone is not admitted to an acute bed when other options could meet their needs. Across the nation, inpatient beds are under pressure, frequently operating at 100% capacity, which results in challenges in managing peaks in demand. It is not always the case that there is a shortage of beds but rather a difficulty in managing length of stay and delays along the pathway. The GM OAPs Steering Group is exploring solutions through the 10 point plan to eliminate OAPs.

Our length of stay remains high, particularly in Manchester and Trafford, which creates significant pressures in the pathway. Table 2 illustrates this pressure distributed across the different boroughs with LOS over 50 days. Work is taking place as part of the 10-point plan to understand the purpose of an acute admission and to understand the reasons for Delayed Transfer of Care (DTOC). GM providers, LA and CCG commissioners have agreed a new way of recording DTOC and escalating concerns. This agreement will ensure an increased focus on the pathways out of hospital and solutions to barriers.

**Table 2 – Adult and Acute bed base used by patients with a 50+day length of stay.**



Considerable work has taken place over the past 18 months to reduce the number of acute OAPs, the overall length of stay and significantly reduce LOS for service users who are outliers in terms of longer LOS. As part of the new DTOC process, there will be an increase focus on stays of over 50 days by GMMH, the Local Authorities and the CCGs. Across GMMH there continues to be significant spend on OAPs and GMMH are working as part of a whole system solution to

ensure this income is spent more appropriately locally with longer term recovery and community based solutions. OAPs cost the Trust £6m in the first six months of 2018/19.

Delayed transfers can cause considerable distress and unnecessarily long stays in hospital for services users and occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. The Trust is working with

our commissioners to ensure we have a good understanding of which patients are delayed and what actions are necessary to remove any barriers to discharge.

However, demand and capacity continue to be a challenge. Further work is needed to divert people from admission, where clinically appropriate, address housing difficulties within all parts of the pathway and ensure the length of stay is further reduced by having an improved understanding of Delayed Transfers of Care.

Homelessness is a key issue in Greater Manchester and all our localities. As the main mental health provider in the City, we have been working closely with our partners involved in the Manchester Homelessness Charter as part of the Mental Health Action Group. Many people are identified as homeless or at risk of becoming homeless when they are admitted to hospital and Trust services then experience considerable difficulty developing safe and sustainable discharge plans for people without stable accommodation. Eradicating homelessness is a key priority for GMCA, which has developed a Homelessness Strategy. Several pilot schemes have been funded to develop sustainable solutions to addressing and preventing homelessness. The Strategy recognises the impact mental health and substance misuse have on homelessness, both as a cause and a consequence.

People become homeless for different reasons, such as leaving care or prison etc. and some people remain homeless for a longer period and have greater and interrelated support needs. The long-term homeless who often cycle between rough sleeping, mental health and/or criminal justice services and temporary accommodation, have the greatest support needs and are the most likely to have been exposed to trauma. There are particularly vulnerable subgroups of people who are homeless which include but are not limited to young homeless people, women, migrants, drug users and those with mental health issues.

The Trust has put in place a Bed Bureau, a trust-wide initiative to manage both access and patient flow. Having clear sight on admissions, lengths of stay and DTOC will help significantly in managing the high and fluctuating demand. We will be clearer about the purpose of an acute adult inpatient admission and implement a system of recording and monitoring 'Red and Green Days' to ensure all days spent of an acute ward for service user's count. Red and Green Days is a visual management system to assist in the identification of wasted time in a patient's journey; Red being a day where little or no value is added to support steps towards discharge and Green being a day when value is added by interventions which help a service users to take steps towards discharge.

We recognize that there is also a need to get better at discussing routes home at the point of admission as, unfortunately, this conversation can often occur as late as a week before discharge. This is too late and can result in further delays as housing related difficulties can take some time to resolve e.g. if people have rent arrears, have previously been evicted, given up a tenancy and are then considered to have made themselves intentionally homeless they are not prioritised within the housing allocation process. Other delays can be linked to a need for a property deep clean, accessing keys, benefits and or adaptations to facilitate a return to independent living as well as access to temporary housing or accommodation. Housing and homelessness is a key issue for many of our service users, and the application processes for social housing are complex and require applicants to bid online on a daily basis to secure a property at a time when they are least likely to have the volition or tenacity to complete such a task.

Access to good quality affordable housing is an issue across all the local authorities. Several factors have affected this situation including:

- Social housing policy
- The impact of welfare reform
- The reduction of supported housing funding and wider public sector service reductions

- Population growth
- Private rental market

Levels of supported housing provision have reduced following the removal of Supporting People ring fenced funding which was put in place to help end social exclusion and to enable vulnerable people to maintain or to achieve independence through the provision of housing-with support. Many housing providers de-registered with CQC from providing the higher levels of supported housing, which many Trust service users require, and many Local Authorities re-tendered their contracts to focus on lower levels of provision and floating support.

Housing is a key issue for our service users. We need to increase our capacity to deal effectively with their housing problems, as well as to ensure that their housing is sustained if they require an emergency admission. GMMH recognises that many of the long length of stays and DToC involve service users with accommodation issues. Employing housing options advisors to work within both community and ward based teams would go a considerable way to supporting service users and to reducing DToC. This approach has been introduced relatively quickly in other Trusts, and when it has, DToC due to housing have reduced to zero within 2-3 months<sup>10</sup>.

We have already taken some key steps to make housing expertise available within Trust services such as working with Northwards Housing to host pilot Mental Health Housing Options Advisor at Manchester Move. This is an important step and provides an important interface between the Trust and the housing options services in Manchester City and Salford. However, these roles are currently non-recurrently funded through Winter Resilience funding and we would

like to expand and develop these roles across all of our other inpatient areas. Plans are in place to employ Housing Options Advisors) as part of the patient flow hub, to help deploy this expertise across all boroughs with the knowledge necessary to assist with local delivery and to drive local integration and coordination across local systems. Housing Champions have also been identified within all acute and rehabilitation wards to support other staff working with inpatients to address their housing issues.

We also need to have available access to step down supported housing, helping people to step-down from inpatient beds on their way back to the community. To facilitate this, we are piloting a model previously evaluated by Birmingham University, a 6-12 week step-down supported housing service with Home Group; part of Stoneham Housing Association, called Beech Range in Manchester. It provides 8 beds with 24-hour support, is fully integrated within the GMMH, and provides a safe and personalised transition from hospital to home. As a pilot, we are evaluating of the service with a view to understanding its effectiveness in enhancing pathway flow and achieving positive recovery outcomes for our service users. If successful, we will look to extend this model across the trust.

Through this pilot, we hope to demonstrate the importance of this kind of provision to better manage patient flow and help discharge those with longer lengths of stay. We need to work with our commissioners to explore how we can secure sustainable funding for new models.

Our focus on managing patient flow is also on ensuring there is better community-based provision for people when in crisis. An audit undertaken in April 2018 demonstrated that 32% of informal admissions were avoidable

---

10. NMHDU (2011) Housing and housing support in mental health and learning disabilities – its role in QIPP. London

if suitable options were available or had been explored. With our commissioners we are reviewing crisis provision across our localities and working alongside our key providers.

Housing difficulties and solutions are not just for those who enter acute care, but also for all those living with mental health difficulties. There is a clear role for housing provision in preventing admission into acute care and housing providers can help people to deal with the stresses of welfare reform and other causes of mental health crisis.

There are too many people placed in locked or high dependency rehabilitation beds and there is a need to develop a more comprehensive community rehabilitation offer. There is a need for step-down accommodation that also provides rehabilitation to recovery principles. There are also too many people in forms of residential placement that are resource intensive and do not deliver the desired outcomes. There is also a lack of specialist provision for women. We have examples of best practice where services have been commissioned and developed locally in order to repatriate Rehabilitation OAPs for example in Bolton, Manchester and Salford.

CQC<sup>11</sup>highlighted that nationally GMMH has a high number of rehabilitation beds with an unequal distribution across our four operating boroughs, Manchester has the most with 101 whilst Trafford have none. The Trust is in the top quartile for both Rehabilitation beds and out of area rehabilitation placements. Although work has been undertaken with our commissioners to repatriate some of our out of area rehabilitation placements, particularly in Manchester, Salford and Bolton, pressures persist. We need to fully understand the extent of Rehabilitation OAPs across our localities and develop plans to bring

both service users and the resource back to invest into local services and housing options.

Our Rehabilitation Pathway needs to change and we need to provide more enhanced supported housing solutions in the community as blockages in our Rehabilitation Pathway result in pressures in our acute pathway and we are keen to develop services to support repatriation and resettlement in environments that are less restrictive.

We will work with our commissioners to better understand the needs of service users in our Rehabilitation beds and OAPs and with our local supported housing providers to co-produce a new model of care for supported housing in rehabilitation. We will build on work that is taking place in other parts of the country, with service users with complex care and forensic histories, to enable more people to work towards their recovery outcomes in a supported housing environment.

To achieve greater integration between supported housing and our clinical services we would need to bring supported housing into our own supply chain, commissioning services and working alongside providers in the community. We will explore with our CCG and LA commissioners what the benefits could be from transferring the Placement budgets to GMMH. This is may be a longer-term goal for Rehabilitation, but work could start immediately by aligning resources within the existing commissioning relationships.

We will need to ensure that the GM review of supported housing fully reflects our ambitions for rehabilitation services and that we engage fully with those working on the new strategy.

11. CQC (March 2018) Mental Health Rehabilitation Inpatient Services <https://www.cqc.org.uk/publications/themed-work/briefing---mental-health-rehabilitation-inpatient-services>

The Trust experiences considerable difficulties on occasion with accessing appropriate placements that help people to move on from in-patient and rehabilitation services. This can impact on patient flow and bed capacity and contributes to bed pressures and delayed transfers of care. The CCGs and Local Authorities, who have responsibility for assessing and funding supported housing and residential care placements, currently hold the placement budgets. There are opportunities to explore how the whole system can work together to better integrate this process and how the budgets can be utilised to support people with more complex needs.

Difficulties with housing are known issues across all of our services and it is not uncommon for service users to experience difficulties with housing, both at points of crisis and during discharge planning. Many service users retain tenancies through a long admission which they have no intention or ability to return to and others surrender tenancies which they could return to or retain and apply for a transfer to a more suitable property or type of provision. These decisions are sometimes uninformed and can impact greatly on any new application, from a housing application perspective, the service user may be categorised as making themselves intentionally homeless.

Access to crisis accommodation is limited and there is a need to explore how housing can play a key part in crisis provision within all boroughs. This could include housing expertise as part of the Home Based Treatment Teams, so that housing issues are being identified and dealt with at an early stage. It could also include looking at the provision of Crisis Accommodation, providing a short stay intervention in a safe environment avoiding the need for hospital admission.

Crisis beds can play a significant part in stemming the flow of people into in-patient wards. A Crisis House that is rooted in the principles of recovery and developed in partnership between GMMH and local supported housing providers can provide a community-based alternative to

hospital admission where it is clinically safe and appropriate to do so.

There are increasing pressures within the housing sector, where affordability and accessibility in some areas is becoming stressed. In other areas, housing markets have collapsed which means that many homes are no longer fit to live in and in other areas, the private rented market is often unaffordable. Housing providers have expertise in navigating housing systems and processes and have access to housing resources that the Trust does not have so cooperating with them will be an important element in finding a solution to these challenges. Mental health services lack the expertise to address complex housing issues. Care Co-ordinators struggle to address housing issues and secure the full rights to housing that a service user may be entitled to. This lack of expertise can contribute to the high numbers of service users under 65 years in care homes.

GMMH operates in a dynamic environment of devolution in the Greater Manchester Region. We are a key partner in the GMHSCP and in delivering the GM Mental Health and Wellbeing Strategy. As part of this strategy we are engaged with the Greater Manchester Combined Authority Supported Housing Steering Group. Nevertheless, there is a range of GM partnerships that we would like to improve our relationships with, particularly within the housing sector. In preparing this strategy, we have started engaging with the GMHP) and would welcome further engagement with the Health and Housing Programme Board. With significant work already underway to deliver a GM Housing Strategy by the end of the year, there is a need to address the housing needs of GMMH service users, and describe a strategic vision for housing within the transformation of mental health services provided by the Trust.

The GMHSCP have undertaken a review of supported housing across Greater Manchester. The role of supported housing within our care pathways is a key issue and opportunity for us. We are concerned that the existing supported

housing in Greater Manchester is not always configured to meet the needs of our service users, or integrated with our clinical teams to deliver the recovery outcomes we need. We will need to work with stakeholders involved in the Greater Manchester Supported Housing Steering Group as they prepare a GM wide plan for March 2019.

In October 2018, we commissioned HACT to carry out a series of stakeholder interviews with and facilitated a hosted a summit with local housing associations to discuss how best to take forward this agenda. The findings from this work has led to the adoptions of five priorities. These are set out in the next section.

During our discussions with local social housing providers, we discovered that are significant investors in local communities, supporting and funding a wide range of community wellbeing services for their local residents. There are significant opportunities for greater collaboration, combining our resources to increase our impact. We will explore ways in which this can happen across our four boroughs.

Many social housing providers spoke about their daily struggles to support their tenants and residents with increasingly poor mental health. We know that poverty and dependence

on benefits can result in increasing stress and anxiety. We have already taken steps to extend our IAPT services and have recently won the Greater Manchester Social Prescribing contract. We can use our expertise in more ways to support our housing providers with the skills they need to respond to the mental health problems of their tenants.

We also heard that some social housing providers are nervous about housing people with mental health problems. They worry that they do not have access to services when people experience a mental health crisis. They shared examples of tenants who needed help but struggled to get access to specialist mental health support.

In developing new relationships, we will ensure that our housing partners know how to access our staff when they need them. So that they can have confidence in housing people with mental health problems, and they know who to contact in an emergency. We will provide training to our housing partners to improve their understanding and management of service users with mental health problems. GMMH staff will benefit from housing training so that our staff are better able to support service users with their housing needs.



## Future Development

### **Further Development of The Strategy with Internal and External Stakeholders and Ensure Effective Delivery.**

GMMH will identify service models that can contribute to ensuring that the right care is being delivered in the right place at the right time and in the least restrictive environment. This will be a combination of community services and accommodation-based models. We are committed to using evidence-based models, based on the best available data from pilots undertaken by the Trust and elsewhere and developing our own evidence within a context of managed risk. From the available evidence and data, we will set out a number of interventions and the proposed return on investment.

We recognise that as we move forward there will be other opportunities to explore and develop this strategy to reflect other clinical pathways including, older adults, drug and alcohol, and secure pathways. The housing models themselves may not vary significantly across pathways.

Housing that is developed or is refurbished to a reasonable standard can usually be adapted to meet the needs of a particular client group. What will vary to a greater or lesser degree will be the skill mix, the therapeutic interventions being offered and the relationship between clinicians and the housing schemes. We will co-produce the service model with service users, clinical leads and housing partners to ensure that there is confidence that there are shared approaches to risk and safety.

We will engage our housing partners in what can be done at no cost, within the existing housing contracts and through joint commissioning arrangements. We recognise that people seriously affected by mental illness access the same housing market as the rest of the population. Therefore, we will work with our housing partners to develop protocols and the skills necessary to maintain people in their own homes as much as possible and to ensure that

there is a clear housing pathway to recovery and independence.

In the first instance we will need to flex the GMMH block contracts and work within existing resources as much as possible. We will explore opportunities for the potential devolution of commissioning budgets to GMMH as a lead provider which would provide opportunities to achieve change at pace. However, we will also want to leverage the opportunities created across the integrated care system and access revenue and capital to support transformation as well as involving housing associations in the evolving integrated care partnerships.



## Delivering Our Priorities

GMMH, like many other Mental Health Trusts is experiencing issues with patient flow.

At the same time, we are seeking to improve quality and productivity. Key to the success of the strategy is managing demand, reducing length of stay, and pushing the acute care, rehabilitation and other pathways further into the community. At the same time, there is a strong feeling that there is more work that can be done upstream to support service users to prevent and manage crisis and reduce the need for admission. GMMH is already working with a number of housing services across its operating area.

However, there is a recognition that in order to meet current and future challenges there is more work to be done. This section identifies the main



objectives for improvement and developments over the next 1-3 years, which are designed to address the challenges already described.

### Priority 1

Integrate housing into our Acute Care Pathway, to improve pathway flow, reduce length of stay and reduce the need for out of area acute placements as well as improving health and social care outcomes, promoting recovery for service users. We will do this by:

1. Creating a team of Housing Options Advisors who are linked to local services and form an integrated part of the GMMH Bed Bureau, working across the Trust to provide access to housing expertise to resolve housing issues for our service users.
2. Exploring the expansion of crisis provision and developing new crisis houses that reduce the need for admission.
3. Evaluating and securing a sustainable funding source to extend step-down accommodation, to enable people to move on with their recovery and into more independent forms of housing.
4. Ensuring routes home are clear at the point of admission
5. Making every effort to maintain a service user's tenancy, where appropriate
6. Agreeing with housing providers clear and standards and timescales for action and escalation
7. Providing clarity regarding DTOC and agreed system of escalation with our commissioners
8. Agreeing a trusted assessment process with housing providers
9. Exploring options for further step up and step down provision with commissioners e.g. the Home View scheme in Manchester and the New Lane scheme in Bolton.

## Priority 2

Work with commissioners and housing partners to identify new development opportunities for new models of service delivery and potential funding streams. We will do this by:

1. Exploring opportunities for joint investment with local housing providers and Local Authorities in community wellbeing programmes.
2. We will work with commissioners to identify the most suitable housing options for our service user needs
3. Identifying models that GMMH wishes to procure and pilot, working with clinical colleagues to agree which of these are generic and which are specific to particular pathways e.g. substance misuse, secure service or older age.
4. Engaging housing partners in what can be done at no additional cost, within the existing block contract and through joint commissioning arrangements.
5. Establishing opportunities for leverage within the integrated care system to access revenue and capital to support transformation as well as involving housing associations in the evolving integrated care partnerships.
6. Ensuring our housing partners have easy access to our clinical staff when their tenants are in crisis.
7. Exploring mutual training and workforce development opportunities with GMMH and housing providers
8. Agreeing how and when housing issues can be raised and escalated.
9. Further developing approaches to accessing and sustaining employment for people affected by mental illness.

## Priority 3

Reconfigure our Rehabilitation Pathway with a core role for supported housing that extends our services further into the community. We will do this by:

1. Establishing with our commissioners their intentions with regard to future rehabilitation provision and the repatriation of Rehabilitation OAPs
2. Co-producing a new Community Rehabilitation supported housing offer.
3. Developing the Trust's role as a prime provider within an integrated Rehabilitation Care Pathway
4. Actively engaging in the GM Supported Housing review so that our ambitions are fully reflected in strategies for both revenue and capital.
5. Understanding the numbers of rehabilitation OAPs and agree repatriation plans
6. Developing innovative housing solution as part of a repatriation plan.

## Priority 4

Continue working alongside partners to address the mental health needs of people who experience homelessness. We will do this by:

1. Improving the mental health and homeless pathways so that people experiencing homelessness have timely access to support
2. Increasing mental health support for people using homelessness services and living in temporary accommodation.
3. Implementing our new duties under the Homelessness Reduction Act 2017.
4. Ensuring GMMH and Mental Health are represented at key strategic meetings to influence the housing agenda and implementation of the GM Housing Strategy
5. Development of a Trust wide Homelessness strategy and action plan.

## Priority 5

To further develop the Trust Housing Strategy with internal and external stakeholders and ensure effective delivery. We will do this by:

1. Consulting further with internal colleagues to understand pressures and issues in other areas of the Trust
2. Participating in the GMCA commissioned work by Housing LIN ( Learning and Improving Network) to understand future housing and care needs
3. Understanding commissioner intentions for new models of care
4. Working with our commissioners to develop pathways to transition service users from residential and nursing care to a lower level of support to promote independent living
5. Exploring opportunities for further pilots and examples of good practice, working with clinical colleagues in Older Adults, Substance Misuse and Secure Services.

## Potential Economic Benefits and Future Commissioning Models

The cost of poor housing on health are well documented as are the economic arguments and costs benefits for housing and good health and wellbeing.

The National Mental Health Development Unit (NMHDU) in their report of 2011 'Housing and Housing Support in Mental Health and Learning Disabilities', identified that where community based housing support is used well the savings to social care, stood at £19k a year per person, with savings in the region of £4k per month that the individual remain in hospital.

Other potential savings have been identified by the Care Services Efficiency Delivery (CSED) programme at the Department of Health (DH).

### Examples

#### 1. Three Rivers Housing Association: St Stephen's Close supported living step-down following discharge from a psychiatric hospital

Wear Valley DC, Durham County Council, Three Rivers Housing Association and the Richmond Fellowship have developed a supported living service to help people step down from psychiatric hospital to independent living. The service has eight self-contained flats built around a communal space. Entry to the premises are controlled 24 hours a day so that new clients feel safe and each client has a key to their own flat and is responsible for their own bills. Of the eight flats, five are block purchased by the PCT as a step-down facility to enable prompt discharges from psychiatric hospitals into the community.

The provision of four weeks of floating support to clients immediately after they move on provides vital continuity of support during transition. This helps to reduce the revolving door scenario where people relapse during stressful changes in circumstances and need more intensive support again.

In 2007-08 the running costs for St Stephen's Close were £277,000 or on average £34,625 pa or £665 for each of its eight clients per week. Around £109 of this is paid for by rent from the clients or by housing benefits. This gives a net cost of £556 per client week. This equates to a saving of 39% or around £22,000 per client per year across the wider health and social care system.

Based on a series of service audits it is suggested that:

- Housing based support services for people with mental health problems could deliver cost savings to health and social care of £10,000 to £20,000 per year per individual
- Supported housing for people with moderate mental health needs, after discharge from hospital, could offer estimated savings of £22,000 for each person per year across the wider health and social care system.

## 2. Willow Housing and Care: Hospital Discharge

As a specialist provider of homes, sheltered housing and services for older people Willow Housing and Care became aware that a number of new tenants were coming from hospital, where it seemed they had remained too long because their own home was not suitable to return to. Working closely with SP commissioners, Willow Housing and Care decided to provide a support service to older people in hospital, who were ready to leave but could not return home. The scheme focuses on prevention, diverts people away from residential care placements, saves social services delayed discharge fines and helps free hospital beds.

The service receives referrals from the hospital and GPs. Their support worker works with the patient and their family in hospital for two to three weeks, helping them make choices about returning home or alternative accommodation such as sheltered or extra care. If they wish to return home, Willow Housing and Care arranges for any aids and adaptations, cleaning, and homecare required. It then provides on-going support for up to six months.

The DH's evaluation of the service has shown that for a £40k investment, the service has saved £400k in health and social care expenditure through reducing admissions to residential care and re-admissions to hospital. Service users have shown a high satisfaction with the service, an increasing number of older people have returned to live independently after hospital with a better quality of life and greater control over where they live.

## 3. Look Ahead Housing and Care: Coventry Road pilot

The Coventry Road service in Tower Hamlets is a high-needs, mental health accommodation-based service that has self-contained flats for 20 clients. Clients have a range of complex needs including ongoing substance misuse, gambling addictions and forensic histories. There is a staff team of ten support workers, one manager and one deputy manager jointly funded by Supporting People and the PCT.

The purpose of the pilot, being run jointly by Look Ahead Housing and Care and London Borough of Tower Hamlets, is to trial a core and flexi model of personalised support services. The core refers to a fixed range of services required by all clients in order to run an accommodation-based service, while the flexi refers to individual support and a cash budget that enables the service to be more tailored to the needs, wishes and interests of the customer.

The pilot aims to:

- Develop a personalised model that increases choice and control for Coventry Road clients while also enabling staff to deliver safe and effective rehabilitation and recovery service
- Develop a personalised model that is cost effective and sustainable
- Create a body of learning that will assist other services to adopt personalisation and will inform commissioning approaches.

## 4. South London & Maudsley NHS Foundation Trust

In early 2017, South London and Maudsley NHS Foundation Trust (SLaM)'s acute inpatient services were experiencing significant pressures to meet the demand for inpatient beds. The number of available acute admission beds had significantly reduced, and the use of overspill beds had increased. Reducing overspill and minimising delays in discharge had become a key trust priority.

A trust-wide audit revealed that Croydon acute inpatients had the highest mean length of stay, at 60.5 days. Meanwhile, almost one-third of Croydon inpatients experienced lengthy inpatient stays of over 61 days, with many experiencing difficulties with housing or homelessness.

In response to this, SLaM commissioned a new specialist service to be based within Bethlem Royal Hospital to work alongside clinicians and the current discharge team.

Launched in February 2017, Look Ahead were commissioned to deliver the service. It involves Look Ahead housing and advice workers (HAWKs) working with patients with mild to severe mental health needs, who are experiencing housing problems that are leading to delays in discharge.

Patients are supported to move on from the hospital to either supported living, the private rented sector, council properties or hostel accommodation. They are helped to access funding, legal advice, benefits and other services; and once they move into their new accommodation, to sustain their tenancies or placements.

Since launching in February 2017, more than 200 patients in Croydon have been supported with housing, which has allowed them to leave hospital quicker. In March 2018, the pilot was extended and expanded to include four staff working across hospitals in Southwark, Lambeth and Lewisham.



## 5. Essex Mental Health Intensive Enablement Services (EMHIES)

Essex Mental Health Intensive Enablement Services (EMHIES) provides a supported housing service for individuals aged between eighteen and sixty-five with complex and enduring mental health needs. There are sixty-one units distributed across Essex, with the majority located in north east and mid Essex. The service is designed to provide intensive, short-term support as an alternative to residential care and as preparation for more independent living. The service is commissioned by Essex County Council and delivered by Metropolitan, one of the UK's leading providers of affordable housing and care and support services.

Stakeholders from both the commissioner, Essex County Council, and responsible NHS Trust, EPUT, highlighted that EMHIES helped to relieve pressure in the mental health pathway in Essex. It does this by taking individuals from residential care, or providing an alternative to it for those leaving hospital, thus helping to free up beds on wards and in residential care.

Further, stakeholders agreed that EMHIES moves individuals towards independence quicker than residential care, the primary alternative service. Therefore, as well as helping move people out of hospital, EMHIES also helps to speed the process of individuals leaving the mental health pathway altogether.

Therefore, based on this feedback from key stakeholders, EMHIES does contribute to a

- £204 per unit per week cheaper than the average cost of a local authority residential care service
- £1463 per unit per week cheaper than the average cost of a mental health care cluster, which is the cost of hospital care
- £2544 per unit per week cheaper than the average cost of a low-secure mental health inpatient service
- £3048 per unit per week cheaper than the average cost of a medium-secure mental health inpatient service

## Monitoring the Implementation of the Strategy

The Trust's commitment to housing, as outlined in this strategy, will be supported by the monitoring of key actions. An initial Action Plan is included in Appendix 2 and a more detailed work programme will be developed.

A separate strategy with an Action Plan will be developed to take forward our commitments regarding homelessness and mental health.

Governance of this plan will be through the Operational Leadership Committee Appendix 4. Progress against these plans will be monitored via the formation of a GMMH Housing and Mental Health Forum which will meet monthly and report to the Operational Leadership Committee

A quarterly report will be produced for the Operational Leadership Committee.



## Appendix One

### Engagement Acknowledgement

Housing Association Charitable Trust (HACT) undertook a series of semi-structured interviews with key stakeholders from across the Trust and the wider health, and social care environment.

In October 2018, the Trust hosted a Mental Health and Housing Summit. Hosted by the Chair of the Trust and attended by members of the

Board and other senior colleagues, this summit brought together representatives from the Greater Manchester Housing Providers (GMHP) consortium, Greater Manchester Combined Authority (GMCA), Greater Manchester Health and Social Care Partnership (GMHSCP) and key local housing support providers.

Charlie Norman	CEO, MSV Housing
Anne Duffield	Head of Policy and Housing Options, Northwards Housing
Matthew Gardiner	CEO, Trafford Housing Trust
Guy Cresswell	Executive Director Customer Services, Great Places
Rachel Peacock	CEO, Making Space
Andrew Hopkinson	Director, Homelife
Helen Simpson	Strategic Relationship manager (Housing), GM Health and Social Care Partnership
Jenny Hunt	Public Services Reform Change Manager, Trafford Council
Andrew van Doorn	CEO, HACT
Rupert Nichols	GMMH Chair
Neil Thwaite	GMMH CEO
Deborah Partington	Director of Operations
Clair Carson	Associate Director of Operations
Kate Hall	Acting Head of Operation Substance Misuse
Richard Rodgers	Strategic Lead for Substance Misuse
Tom Woodcock	Strategic Lead for Community Asset Development
Shirley Wheeler	Head of Operations – Rehabilitation Division
Dr Alice Seabourne	Associate Medical Director
Paula Solomon	Strategic Lead for Patient Flow

## Appendix Two

### Action Plan 2019 – 2021

<b>Priority</b>	<b>Proposed Actions</b>	<b>Responsible/Lead Person</b>	<b>Timescale</b>
Share the GMMH Housing and Mental Health Strategy	<ul style="list-style-type: none"> <li>• Present the plan for discussion with clinical and operational leads within our internal forums for discussion</li> <li>• Present the plan for discussion and engagement with our commissioners, partners and housing providers</li> </ul>	Shirley Wheeler	April 2019
Establish a GMMH Housing and Mental Health Forum	<ul style="list-style-type: none"> <li>• Agree Terms of reference and membership</li> <li>• Meetings to commence in May 2019</li> </ul>	Shirley Wheeler	May 2019
Develop an action plan and work programme to implement and achieve the priorities within the strategy	<ul style="list-style-type: none"> <li>• Engage with internal and external partners a work programme and delivery plan.</li> </ul>	Shirley Wheeler	July 2019

## Appendix Three

### Accommodation Types

#### Supported Housing

There are different types of housing and a range of supported housing options available in most localities. Schemes are usually commissioned by Local Authorities within block contracts from Housing Associations and/or Third Sector organisations who have Housing Association partnerships. Increasingly, due to Local Authority funding constraints, CCGs contribute funding to packages of care, which involve supported housing/supported living schemes and residential care options for people being discharged from hospital. There are two components to supported housing; the house or building and the support service provided to the resident to enable them to live independently. Generally schemes include housing support with care provided together or people are supported in their own home i.e. **Floating Support**.

There are different levels of support ranging from low, which may include a few hours support per week, up to high support which could include support 24/7, support can be short or long term and residents may have their own self-contained area with shared communal areas.

The full range of supported accommodation includes the following:

**Sheltered Housing and Extra Care Sheltered Housing** which are more often available to older people, but more recently for adults, and/or people with physical disabilities with different and flexible levels of support provided within purpose built and accessible complexes or flats with some communal facilities, additional security, 24/7 support available when needed and some shared activities. These facilities enable people to maintain their independence for longer whilst affording privacy and choice.

**Hostels** may be a short-term option for people leaving hospital or prison who need accommodation but would generally be used for single people with lower levels of support need.

**Nursing Homes** provide access to a range nursing care for people with assessed needs from basic 24/7 nursing oversight and care planning through to complex physical and/or mental health nursing interventions for people who need a level of nursing care greater than that which a District or Community Nurse could provide through visits within the community.

**Residential Care Homes** provide 24-hour support and supervision for people who do not have significant nursing needs. Residents would generally have their own room and share all other facilities and their meals, laundry etc. plus some help with personal care (washing, dressing and administration of medication) if needed would be provided for them.

**Shared Lives or Adult Placement** schemes are when people live in the home of a person who is paid to care for them by the Local Authority. These options are generally for people with lower levels of support.

People may also live independently in their own home which they own or rent from a private or social land lord and have care provided within the home by friends and family or paid carers, Floating Support etc. in addition to being supported by CMHTs, Home Based Treatment Teams or other community mental health services if they have mental health needs.

## **'Step-Down', Intermediate Care and Re-ablement Services**

These are usually temporary accommodation options for people leaving hospital who may need an extended period of support following hospital discharge to maximise their independence to enable them to return to live in their own home or move into more independent living. Intermediate Care and Re-ablement services offer short-term intensive support packages to enable someone to regain their independence. Step-down service may be provided for periods of a few weeks up to 18 months as a transitional arrangement from a longer-term hospital admission to more independent living in the community.

## **Aids, Adaptations and Assistive Technology**

Local Authorities commission a range of services to support people to remain or to return to live independently and safely in their own homes if they have mental health problems and/or physical health problems and disabilities. These can be major or minor, depending on need, assessed by an Occupational or Physiotherapist and subject to eligibility under the Care Act. CCGs also fund and organise equipment for people who are eligible for Continuing Health Care.

## **Eligibility for Housing Related Support**

Anyone who has a housing need should have a needs assessment undertaken to establish the level of support needed and their eligibility for funding of that support. Some housing support services may be subject to self-funding or people may be required to make a contribution, depending on their eligibility. People leaving hospital who have been detained under Section 3 of the Mental Health Act, or other Sections such as Section 37 (but not Section 2), are eligible for Section 117 Aftercare funded by their responsible CCG and Local Authority. This may include the provision of specialist accommodation with support. If their needs are for more general housing then this could be funded from Housing Benefit and their care needs funded by the CCG and Local Authority. The importance of stable and secure accommodation is the essential basis for improving wellbeing and recovery for people with mental health problems and therefore housing need should be considered within the Care Programme Approach (CPA) process.

The Care Act requires Local Authorities and CCGs to support the care systems to assess need and enable people to maintain their independence and improve their wellbeing. The Act refers to reducing need and dependence on services by 'delaying needs' through targeted early intervention to maximise people's independence. Whilst NHS services are provided free at the point of delivery, services commissioned by a Local Authority will be provided subject to national eligibility criteria under the Care Act and may be chargeable to the individual, following a financial assessment, if they are not eligible for Section 117 Aftercare.

## **Housing Related Support**

The purpose of housing related support is to enable someone who is eligible to live more independently in the community, to sustain a tenancy and to prevent unnecessary readmissions to hospital. People with mental health problems are particularly vulnerable to losing their home if they have previously been evicted or if they have rent arrears. Housing related support can support people to essentially be a good tenant and a good neighbour by consistently paying their rent and bills

on time, keeping the accommodation relatively clean and tidy, reducing any anti-social behaviour, preventing residents from financial or other exploitation, acting on any safeguarding concerns, reducing fire and other safety risks and generally supporting people's recovery and independence.



**Housing and Mental Health Team**

Greater Manchester Mental Health NHS Foundation Trust  
The Curve, Bury New Road, Prestwich, Manchester.  
M25 3BL

 0161 773 9121

 [www.gmmh.nhs.uk](http://www.gmmh.nhs.uk)

 [facebook.com/GMMentalHealth](https://facebook.com/GMMentalHealth)

 @GMMH\_NHS

This information can be provided in different languages, Braille, large

print, interpretations, text only and audio formats on request.

Telephone: 0161 358 1644

Email: [communications@gmmh.nhs.uk](mailto:communications@gmmh.nhs.uk)