

**MENTAL HEALTH HOUSING AND  
SUPPORT STRATEGY FOR  
DORSET  
2013 to 2016**

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# CONTENTS

	Page
<b>Executive Summary</b>	<b>3</b>
<b>Introduction</b>	<b>7</b>
<b>National &amp; Local Context</b>	<b>9</b>
<b>Vision &amp; Principles</b>	<b>14</b>
<b>Market Position Statement</b>	<b>18</b>
<b>Service Development</b>	<b>23</b>
<b>Resources</b>	<b>25</b>
<b>Delivering the Strategy</b>	<b>28</b>

## **EXECUTIVE SUMMARY**

The purpose of this strategy is to set out how Dorset County Council in conjunction with its key partners and stakeholders can improve existing, and commission new or remodelled housing and support services to meet the health and social care needs of people with mental health problems (throughout this Strategy reference to people with mental health problems may, where appropriate include people with autistic spectrum conditions).

### **National Context**

This strategy has been developed in the context of the national strategy, No Health Without Mental Health. Published by the Department of Health in February 2011, this strategy sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services.

### **Local Context**

In October 2011, the Dorset Declaration was signed by the Director of Dorset Adult and Community Services, The Chair *NHS Dorset and NHS Bournemouth and Poole* and the Chair of Dorset Healthcare University NHS Foundation Trust at the Dorset “No Health without Mental Health” conference. The declaration states that:

*“We are committed to working as individuals, in our organisations and in partnership, to ensure that people with lived experience of mental illness always receive our understanding, acceptance, respect and support in their recovery.*

*To reduce stigma and discrimination, promote mental health and enable people to live the lives they want to live.”*

### **Vision**

This Strategy will seek to prevent homelessness and enable people with mental health (MH) needs to live in settled accommodation and promote mental well-being, reduce discrimination and social exclusion. It will also ensure engagement with families and carers and local communities in their role as providers of accommodation and housing-related support.

### **Mental Health Housing & Support Pathway**

There are several underpinning principles that operate within the Mental Health Housing and Support pathway:

- The desired direction of travel for individuals on the MH Supported Housing Pathway is towards recovery and

independence;

- All MH Housing and Support Providers work with service users towards achieving these ambitions;
- The pathway supports people to move towards their goals as and when they are ready;
- All housing related support will be tailored to the individual's particular needs including long term needs of individuals who require longer periods of support to achieve their ambitions.

#### **Where we are at the moment**

Dorset Mental Health Forum has overseen a peer specialist housing project under PSA16, ***a public service agreement addressing the needs of socially excluded adults. PSA16 aims to ensure that the most socially excluded adults are offered the chance to get back on a path to a more successful life. People with mental health difficulties are amongst those groups known to experience social exclusion.***

The Forum's report identifies a number of measures that would improve the housing system and people's experiences as follows:

- Information and good interagency working and communication;
- Appropriate accommodation that meets their assessed needs;
- Effective support and skills in order to maintain a tenancy;
- Interagency understanding of the realities of mental health problems and the relationship between secure, appropriate housing and good mental health;
- Housing services and stock that meet customer demand.

Under the Supporting People programme a number of contracts for mental health housing support services are in place with a current expenditure (net of contributions from partners) of £957,117. The programme also funds a generic county-wide floating support service. In addition to the above, a number of placements in supported housing are funded direct from Dorset County Council Community Care budgets. There are also some supported housing services funded by NHS Dorset.

With regard to accessing general needs accommodation in the social housing sector, each of the six District / Borough Councils in Dorset maintains its own housing register. The Dorset-wide Move-On Strategy is used to ensure that people with mental health problems who are ready to move-on from supported housing to more independent living are given equal access to such accommodation.

Registered Providers such as housing associations and other landlords play a key role in providing low-level support and intensive

housing management for people with lower support needs.

Voluntary groups such as Dorset Carers Partnership, Dorset Mental Health Forum and East Dorset Mental Health Carers Forum are key resources and are likely to have an enhanced role in the future as public sector funding reduces.

There is currently a geographical inequality with all of the Supporting People funded services being in the West of the County.

A significant proportion of the Supporting People spend is on private sector supported lodgings. There has been a tendency for such placements to have been seen as a permanent solution, with little recognition of the fact that people change and can have the potential to move on, with support, to more independent forms of accommodation.

There remains a significant group of people who are still living on a long-term basis in NHS units, or in residential care homes directly commissioned by the NHS.

The spectrum of housing options available for people with mental health options is far from complete. There may be a role for home improvement agencies in supporting older people with mental health problems to remain independent in their own homes. There is also a gap in the market for housing-related support services for home-owners and private renters with mental health problems.

### **SERVICE DEVELOPMENT**

Partners are requested to adopt this strategy in order to:

- Address the proposals of the peer specialist review and place the service user at the centre of any new pattern of services;
- Develop the mental health, housing and support pathway;
- Make services equally accessible across the county;
- Develop Crisis Recovery accommodation;
- Undertake assessment of the housing and support needs of long-term services users;
- Develop a wider range of housing and support options;
- Ensure improved availability of advice support and assistance to people with mental illness;
- Speed up the integration of services, ensuring that NHS, Social Care and Housing services form part of a single joined

up system;

- Seek to ensure that more health and social care professionals take responsibility for ensuring that people's housing needs are met;
- make effective use of existing funding streams and identify appropriate capital and revenue investment opportunities to help deliver the strategy.

## RESOURCES

It is now well-established that investment in specialist housing and housing-related support services delivers significant savings in public sector spending. Both capital investment for specialist housing and revenue funding for housing-related support services contribute to efficiencies across public sector services, particularly in health and social care and the criminal justice system.<sup>1</sup>

There is a commitment against Supported Living in the independent sector in East Dorset of £110,500 from Adult and Community Services budgets.

In February 2011, DCC Cabinet made the decision that savings of £1.9m needed to be made from the total Supporting People budget over the three year period 2011/12, 2012/13, and 2013/14. This includes a proposed saving of £175,000 from mental health housing services.

A number of forthcoming changes to the welfare benefit system have the potential to impact on the ability of individuals recovering from mental illness to secure the housing that they need. These include changes to the "Single Room Rate", From 2013 onwards the introduction of Universal Credit, which will decisively break the link between an individual's benefit entitlement and the actual rent that they are required to pay, is likely to have a major impact on people seeking privately rented accommodation.

For the foreseeable future, availability of capital funding from the Homes and Community Agency and other public sector funding will be extremely limited.

Local planning authorities are able to require developers to provide affordable housing as part of larger market developments. Some of that affordable housing can take the form of supported housing for different groups including people with mental health problems.

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<sup>1</sup> Research into the financial benefits of the Supporting People programme (CapGemini, 2008) <http://www.communities.gov.uk/documents/housing/pdf/spprogramme.pdf> ; Financial benefits of investment in specialist housing for vulnerable and older people A REPORT FOR THE HOMES & COMMUNITIES AGENCY (Frontier Economics, September 2010) [http://www.frontier-economics.com/\\_library/pdfs/frontier%20report%20-20financial%20benefits%20of%20investment.pdf](http://www.frontier-economics.com/_library/pdfs/frontier%20report%20-20financial%20benefits%20of%20investment.pdf)

	<p><b>STRATEGY DELIVERY</b></p>
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The mental health and housing strategy group will have responsibility for implementing the strategy. The action plan for the delivery of the Dorset Mental Health Housing Strategy is to be found at Appendix 3.

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<b>1</b>	<b>INTRODUCTION</b>
1.1	<p>There is a great deal of evidence relating to the critical importance of housing to people's positive mental health, both in terms of the impact of having settled and secure accommodation and in terms of the detrimental effect on an individual when they lack suitable housing. Compared with the general population, people with mental health problems are twice as likely to be unhappy with their housing situation and four times as likely to say that it makes their health worse.</p>
1.2	<p>The challenge is to find ways of ensuring that people with mental health problems have access to a range of housing and support options to meet their needs. Particularly at a time of economic downturn, when resources are scarce, it is essential that a strategic approach is taken to meeting this challenge and that all partners commit themselves to taking the actions needed. This is the reason why this current Dorset Mental Health Housing Strategy is being developed.</p>
1.3	<p>The purpose of this strategy is to set out how the Council in conjunction with its key partners and stakeholders can improve existing, and commission new or remodelled housing and accommodation services to meet the health and social care needs of people with mental health problems. The strategy considers the role housing, health and social care provision has to play in an integrated approach to providing access to accommodation that is sustainable, affordable, addresses the needs of those with mental health problems within Dorset and supports the well being of the whole community.</p>
1.4	<p>The strategy aims to assist commissioners and providers in health, social care and housing to co-ordinate their plans for improvements to services and attract the resources to meet the needs of the people in Dorset with mental health problems</p>
1.5	<p>A crucial part of developing this strategy will be to learn from people who have experienced mental health problems. We have been able to engage with the Dorset Mental Health Forum to run a Peer Specialist Housing Project, whereby people with lived experience of mental health problems who have engaged with mental health services will help to review the current picture of services and propose ways in which access to settled housing and suitable support arrangements can be improved. The findings of this project will inform the Mental Health Housing Strategy.</p>
1.6	<p>This Strategy relates to adults who experience mental health problems, from the age of 18 upwards. However where an individual's housing needs relate primarily to their age rather than to</p>



	<p>their mental health problems (as may be the case for both vulnerable young people and older people) other specific housing and support strategies for those age groups may be more relevant. The requirements of families and carers of people with mental health problems will be considered in the implementation of this strategy.</p>
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## NATIONAL AND LOCAL POLICY CONTEXT

### National

2.1 The Mental health Housing Strategy will be implemented in line with the principles of the Think Local, Act Personal partnership. The Think Local, Act Personal partnership is comprised of over 30 national and umbrella organisations representing the broad interest in personalisation and community-based support. These organisations, through joining the Partnership, have committed to supporting a small central team in working to improve practice in six priority areas; as well as advising and influencing government and other bodies. An effective community-based approach is achieved when councils and their partners:

- *Secure greater cooperation and better use of resources across public services to improve individuals' and their families experiences, including housing, leisure, culture, transport, health, welfare benefits, employment support, social care and community safety.*
- *Encourage and help local communities and groups to provide networks of support, to help people improve their health and well-being, and to reduce their need for more acute care and health services.*
- *Actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements to maximise choice and independence and utilise the widest range of resources.*
- *Facilitate a broad range of choice in the local care and support market, including housing options, and personalise the way in which care and support services are delivered wherever people live.*
- *Ensure that those people eligible for ongoing council social care funding receive this via a personal budget (either as a direct payment or a managed account) allowing them to exercise the same amount of choice and control as those who pay for their own care and support.*
- *Ensure all people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care. This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care.*

(Think Personal, Act Local: a sector-wide commitment to moving forward with personalisation and community-based support. )

2.2	<p><u>“No Health without Mental Health”</u>. Published by the Department of Health in February 2011, this strategy sets out six shared objectives to improve the mental health and well-being of the nation:</p> <ul style="list-style-type: none"> <li>• More people will have good mental health</li> <li>• More people with mental health problems will recover</li> <li>• More people with mental health problems will have good physical health</li> <li>• More people will have a positive experience of care and support</li> <li>• Fewer people will suffer avoidable harm</li> <li>• Fewer people will experience stigma and discrimination</li> </ul>
2.3	<p>It supports the Government's aim of achieving parity of esteem between physical and mental health. The interconnections between mental health, housing, employment and the criminal justice system are stressed.</p>
2.4	<p>The social care White Paper has continued the policy emphasis on personalisation, choice and community based services.</p>
2.5	<p><u>The National Mental Health Development Unit</u> (NMHDU) operated between April 2009 and March 2011, having been launched with funding from the Department of Health and the NHS with a clear brief to provide national support for the implementation of mental health policy. Among its publications were some dealing very directly with housing issues, including “Mental Health and Housing – Housing on the Pathway to recovery”, which made the following statements: “Having settled (that is permanent, supported or not supported) housing and accommodation is known to have a positive impact on our mental health. Housing provides the basis for individuals to recover, receive support and help and in many cases return to work or training. Lack of housing can impede access to treatment, recovery and social inclusion and accessing mental health services and employment is more difficult for people who do not feel settled in their accommodation..” This and other NMHDU publications can be found at: <a href="http://www.nmhdu.org.uk/resources">www.nmhdu.org.uk/resources</a></p>
2.6	<p><u>The Housing Learning and Improvement Network</u> (LIN) is widely recognised as a leading resource on the housing, care and support needs of older people and vulnerable adults. A number of resources relating to mental health and housing can be accessed via <a href="http://www.housinglin.org.uk/Topics/browse">www.housinglin.org.uk/Topics/browse</a></p>
2.7	<p><u>The Mental Health Network at the NHS confederation</u>. The Mental Health Network (MHN) was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers. The MHN aims to improve the system for patients and staff by:</p> <ul style="list-style-type: none"> <li>• <i>Raising the profile of mental health and the service</i></li> </ul>

*providers' agenda.*

- *Using our memberships experience, skills and knowledge to influence, shape and challenge policy and inform system reform.*
- *Helping our members make sense of and implement existing policy.*
- *Sharing best practice.*
- *Influencing the public debate on mental health by providing a balanced view to the media and key influencers.*

2.8

### **Local**

In October 2011, the Dorset Declaration was signed by the Director of Dorset Adult and Community Services, *the Chair of NHS Dorset and NHS Bournemouth and Poole* and the Chair of Dorset Healthcare University NHS Foundation Trust at the Dorset “No health without Mental Health Conference.”

The declaration stated that:

*“We are committed to working as individuals, in our organisations and in partnership, to ensure that people with lived experience of mental illness always receive our understanding, acceptance, respect and support in their recovery.*

*To reduce stigma and discrimination, promote mental health and enable people to live the lives they want to live.”*

2.9

The Pan-Dorset Joint Commissioning Strategy for Mental Health “One in Four” (2010 to 2015) was developed during 2009 with the intention of launching a major review of local mental health services, in order to ensure that the national vision of better mental well-being and better mental health care (contained in the Department of Health’s “New Horizons” consultation paper) could be realised locally. It stresses the need for a “whole system” approach. It acknowledges the challenges of the current economic climate and suggests that “any service development must be made within the current financial envelope through processes of re-engineering, improved productivity and decommissioning of some current services”. It specifically includes supported housing and the use of the Supporting People budget in this re-modelling of services.

2.10

The Pan Dorset Mental Health Improvement Plan 2011-2014, sets out the implementation plan for the four year strategy to reconfigure mental health services for adults across Dorset, Bournemouth and Poole. It summarises the rationale for change including the key policy and strategic requirements outlined in the “1 in 4” Mental

	<p>Health Strategy. It makes proposals for the collaborative framework required to devise, with key partners, detailed plans and service designs together with the main processes and work streams being adopted to implement the plans. This requires a systematic approach to the redesign of services. Currently these services will be based on four core service areas. The four service areas are:-</p> <ul style="list-style-type: none"> <li>• <b>MH Access and Well-being services</b> including Talking Therapies, (Any Qualified Provider) services</li> <li>• <b>MH Urgent Care services</b></li> <li>• <b>Rehabilitation and Recovery services</b></li> <li>• <b>Older Peoples Mental Health services</b></li> </ul>
2.11	<p><u>The Dorset Wellbeing and Recovery Partnership</u> The Wellbeing and Recovery Partnership (WARP) between Dorset Healthcare University Foundation Trust (DHUFT) and the Dorset Mental Health forum underpins the service transformation programme. A key aim of the WARP is to change the culture of mental health services and people's attitudes to mental health and wellbeing in Dorset. The WARP seeks to achieve this by promoting the principles of wellbeing and philosophy of recovery.</p>
2.12	<p><u>The Work of the Dorset Mental Health Forum</u> Dorset Mental Health Forum (DMHF) is an independent charity established in 1992. The Forum provides information and signposting for mental health service users and their carers, as well as for other interested parties such as members of the general public and the statutory services. The DMHF is funded via a contract with DCC, along with various other funding streams including a Big Lottery Grant. Practical advice is offered through a dedicated Advocacy Service which also has a statutory responsibility to provide Independent Mental Health Advocacy (IMHA) across Dorset. Forum representatives help in the planning and commissioning of mental health services. The Forum offers customisable, specialist mental health awareness training packages that can be tailored to an organisation's unique requirements. Also provided are a varied range of Day Services.</p>
2.13	<p><u>Developing a Housing Chapter of the Joint Strategic Needs Assessment (JSNA)</u> Dorset believes that housing and housing related support needs should be incorporated in the Joint Strategic Needs Assessment (JSNA), which NHS Dorset and the County Council are required to produce. A Housing Chapter is therefore being added to the Dorset JSNA, and the intention is that this will be regularly updated and made available to commissioners online via the JSNA website. A summary of the currently available needs data in respect of people with mental health conditions is at Appendix 1.</p>
2.14	<p><u>Evidence of cost effectiveness of housing related support</u> In 2009 the Department for Communities and Local Government</p>

	<p>made available to local authorities, including Dorset, a local version of a Financial Benefits Tool commissioned by them from Cap Gemini consultants. This Tool had been developed to show the financial benefits of housing-related support services for the majority of the groups in receipt of such services. The approach was to consider, for each group, what the financial impact would be if housing-related support services were replaced by the most appropriate positive alternatives for meeting the group's needs (i.e. the approach which would, in the absence of housing related support services, provide the highest degree of independent living). The results of applying the Tool to Dorset mirrored those published earlier at a national level, demonstrating that that for every pound spent on housing related support services, two pounds were saved to other public sector budgets in comparison with the more expensive options that would otherwise be needed, such as increased residential care provision.</p>
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3	<b>VISION &amp; PRINCIPLES</b>
3.1	<p>This Strategy will seek to prevent homelessness and enable people with mental health needs to live in settled accommodation, sustain and promote mental well-being, reduce discrimination and social exclusion. It will also engage with families and carers and local communities in their role as providers of accommodation and housing-related support.</p>
3.2	<p><b><u>Core Partners</u></b></p> <p>These are:</p> <ul style="list-style-type: none"> <li>• Dorset Carers Partnership</li> <li>• Dorset County Council</li> <li>• East Dorset Mental Health Carers Forum</li> <li>• NHS Dorset / Pan Dorset Clinical Commissioning Group</li> <li>• North Dorset District Council</li> <li>• West Dorset District Council</li> <li>• East Dorset District Council</li> <li>• Christchurch Borough Council</li> <li>• Weymouth &amp; Portland Borough Council</li> <li>• Purbeck District Council</li> <li>• Dorset Mental Health Forum</li> <li>• Housing Providers</li> <li>• Support Providers</li> </ul>
3.3	<p><b><u>Principles</u></b></p> <p>The following principles are supported by all core partners:</p> <ul style="list-style-type: none"> <li>• <b>Non-discrimination:</b> People should not be discriminated against in relation to their housing and support options as a result of mental health problems.</li> <li>• <b>Prevention of homelessness:</b> at a time when more and more people are living with the threat of losing their settled accommodation as a result of mortgage arrears, difficulties accessing welfare benefits and the need to resort to insecure forms of tenure, responsive and effective support services should be in place to prevent people with mental health problems from becoming homeless.</li> <li>• <b>Independence:</b> Independent living is the aim of most people who engage with mental health services and is the reality for many. Therefore the aim of all parties involved in their housing, employment, care, and support, should be to support people through a recovery approach to maximise</li> </ul>

independence.

- **Recovery:** People's future housing options should be an integral part of all recovery, support and care plans, and these should be considered at the assessment stage, hence at the earliest possible opportunity. Any reduction in an individual's level of independence (e.g. an admission to hospital) should be short term only and seen as a last resort, only if other options such as support from Home Treatment cannot be used. Restoring and maintaining their previous level of independence should be paramount, with a view to enabling a timely move on to more independent setting.
- **Choice:** A range of housing and support options should be available to people, with services being provided locally wherever this is deemed necessary, based on evidence of need and where it is economically viable to do so.
- **Person-centred services:** Service users can expect a personalised approach, which means a relationship with public services which ensures that:
  - *They are empowered to have more say and control in all aspects of public life and participate as active and equal citizens;*
  - *They have maximum control of our own lives, including control of their own health and health care;*
  - *They are supported to live independently, stay healthy and recover quickly;*
  - *They have choice and control so that any support they may need fits the way they wish to live their lives;*
  - *Services should be tailored to people's individual needs and designed in such a way as to increase people's control over their own lives.*
- **Management of Risk:** A positive risk management approach, as opposed to being risk averse, should be taken with regards to establishing people's housing and support options. The key purpose of all support interventions should be to inspire individual's aspirations to go beyond "being settled" in temporary semi-independent setting and enable moving on to independence and achieving a permanent home. As well as managing risk to service users, full risk assessments will be carried out to determine the level of risk to providers and the market as a whole. It will be important to ensure that as services are developed and realigned that the market is not destabilised and quality providers are supported.



- **Safeguarding:** People with mental health problems can be vulnerable to many forms of abuse. A commitment to safeguarding must be at the heart of service provision.
- **Innovation / Transformation of services:** It is recognised that there is a tendency for services to become wedded to particular ways of working. In order to achieve improvement of services and the very best possible use of limited resources a creative and innovative approach is essential.

3.4

### **Outcomes**

We expect to see:

- More people with mental health problems supported to maintain independent living
- Fewer people reporting mental health problems resulting from poor housing circumstances
- More adults in contact with mental health services in settled accommodation
- A reduction in length of stay in in-patient units
- An increase in choice of accommodation when in crisis (including recovery housing options)
- A reduced number of delayed transfers of care and reduced length of stay in hospitals due to lack of housing
- Fewer people living on a long-term basis in institutional settings such as NHS units, residential care or old-style supported lodgings

The newly formed Mental Health & Housing Panel will develop appropriate measures (where not already in place) to monitor these outcomes.

3.5

### **Mental Health Housing Strategy**

All partners agree to support the content of this Mental Health Housing Strategy and Action Plan.

3.6

### **Mental Health Housing & Support Pathway**

There are several underpinning principles that operate within the Mental Health Housing and Support pathway:

- The desired direction of travel for individuals on the MH Supported Housing Pathway is towards recovery and independence;
- All MH Housing and Support Providers work with service user towards achieving these ambitions;
- The pathway supports people to move towards their goals as

and when they are ready;

- All housing related support will be tailored to the individual's particular needs including long term needs of individuals who require longer periods of support to achieve their ambitions.

3.7

### **Pathway options**

For service users who experience ongoing mental health difficulties in Dorset there are three support options available in relation to housing.

#### **1. Mental Health Supported Housing**

- Is usually in shared housing or self-contained accommodation with support staff on site between agreed hours.
- Provides different levels of support:
  - **Specialist High Support** – support available 24/7 to support people who have a complex range of MH needs including substance misuse and personality disorders. Ideally a step down from inpatient, rehab units or recovery house where there is a housing need.
  - **Medium Support** - staff on site with in agreed hours for example 8:00am – 8:00pm

#### **2. Floating Support (Generic)**

- Is available for people in independent accommodation
- Can be provided for people in a range of accommodation options
  - Council
  - Registered Social Landlords – Housing Associations
  - Private Rented Sector
  - Shared housing
  - Supported Lodgings
- Can be ongoing or short-term, intensive or low level dependent upon Service Users' assessed needs
- Is specifically designed to be flexible and tailored to the individual
- Is there to help Service Users to live as independently as possible

#### **3. Floating Support (Specialist)**

This is available to Service Users who have severe ongoing mental health needs who are moving into independent accommodation from MH Supported Accommodation.

**A full description of the Pathway is set out in Appendix 3**

<p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p><b>MARKET POSITION STATEMENT</b></p> <p><b>Peer Specialist Review of Services</b></p> <p>Dorset Mental Health Forum has overseen a peer specialist housing project under PSA16. The draft report brings together the findings from a two part scoping exercise for the project. The first part of the scoping exercise involved discussions with Dorset County Council and District Council staff, NHS staff, third sector organisations and private landlords. The second part of the scoping exercise involved gathering feedback from people who access services and who have lived experience of the housing pathway. People who access services wanted the following from any new pattern of services:</p> <ul style="list-style-type: none"> <li>• Empathic helper and supporter in housing journey</li> <li>• Fairer, more caring system</li> <li>• Less complicated, simpler system</li> <li>• More effective interagency working and information sharing</li> <li>• More awareness of disability rights and issues</li> <li>• Better communication</li> <li>• More trust in individuals</li> <li>• Better choice for people with mental health problems, without mental health support needs</li> </ul> <p>The report identifies a number of things that would improve the housing system and people’s experiences as follows:</p> <ul style="list-style-type: none"> <li>• Information and good interagency working and communication</li> <li>• Appropriate accommodation that meets their assessed needs</li> <li>• Effective support and skills in order to maintain a tenancy</li> <li>• Interagency understanding of the realities of mental health problems and the relationship between secure, appropriate, support and information services.</li> </ul> <p>The report proposes the following:</p> <p><i>An effective, flexible, recovery orientated housing support service that could inform, signpost, negotiate, educate, monitor, liaise, risk manage with an individual, would be very helpful. As would a central hub service / advice centre that could provide all relevant information, guidance, support at a time that it is needed with sufficient capacity to meet demand. Other suggestions include:</i></p> <ul style="list-style-type: none"> <li>• <i>Maintaining a register of appropriate landlords</i></li> <li>• <i>Create a specific website where accredited landlords could advertise their property</i></li> <li>• <i>Provide an educational course / toolkit on maintaining a tenancy</i></li> <li>• <i>Develop a handbook on what to do in an emergency for tenants</i></li> <li>• <i>Develop a link with Department of Work and Pensions (DWP) to assist landlords &amp; tenants</i></li> <li>• <i>Utilise Care Programme Approach (CPA) framework to include housing partners and have joined up approach</i></li> <li>• <i>Develop specialist housing advocacy service for tenants</i></li> </ul>
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<p>4.4</p> <p>4.5</p> <p>4.6</p>	<ul style="list-style-type: none"> <li>• <i>Provide information and support to carers and families to support tenancies indirectly</i></li> </ul> <p><b>Supporting People Programme</b></p> <p>Under the Supporting People programme a number of contracts for mental health housing support services are in place with a current expenditure (net of contributions from partners) of £957,117. These consist of:</p> <ul style="list-style-type: none"> <li>• 30 units of shared housing provided by housing associations / charities (short-term)</li> <li>• 16 units of shared housing provided by DUHFT (short-term)</li> <li>• 38 units of private sector supported lodgings (long-term)</li> <li>• Specialist floating support to 51 people in individual flats</li> <li>• 4 units with a community alarm service only</li> </ul> <p>Supporting People also fund a generic county-wide floating support service, which supports a large number of individuals with a mental health problem, regardless of where they live – interventions of this service are short-term, aimed at supporting people at a time of crisis, including debt problems and the threat of homelessness. Where an individual’s support needs go beyond what can be provided by the generic service, it will signpost people to other more specialist or longer term services. In addition to the above a number of placements in supported housing are funded direct from Dorset County Council Community Care budgets.</p> <p>There are also some supported housing services funded by DHFUT, as follows:</p> <ul style="list-style-type: none"> <li>• <u>North Dorset</u>. Two housing units, one 3 bedroom property in Blandford and one 4 bedroom property in Gillingham. These units can be used to provide a short-term alternative to hospital admission, a step down from hospital or respite for individuals needing a brief period of time away from their usual residence. These units are owned by the Spectrum Housing Group and are leased to the Trust. Support to residents is provided by staff within the locality Community Mental Health Services. Residents claim Housing Benefit and the Trust picks up the costs of any voids. The budget for the Blandford unit is £5,984 and £7,163 per annum for the Gillingham Unit.</li> <li>• <u>Purbeck</u> One 4 bed detached property at Gore Hill in Sandford with shared amenities, utilised as an interim stay house for service users with short-term housing problems. Owned and managed by Spectrum Housing Group. Rental costs are paid on a quarterly basis by Dorset HealthCare NHS Foundation Trust, offset by any payments from the service user resulting from eligibility to Housing Benefit. Annual Budget £12,392 pa to cover costs.</li> </ul> <p>Specialist care is delivered to individuals with complex needs in:</p> <ul style="list-style-type: none"> <li>• NHS long-term care units: <ul style="list-style-type: none"> <li>20 beds at Nightingale House</li> <li>13 at Nightingale Court in Bournemouth,</li> <li>13 units provided by Dorset Residential Homes</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• Glendenning Unit - Mental Health Rehabilitation Service - a 9 bedded rehabilitation unit based at 30 Maiden Castle Road in Dorchester.</li> <li>• DCC funds 38 Mental Health residential placements at a cost of £1.2m. Of the 38 placements, only 15 are within the Dorset County Council area with 23 being out of county placements (7 people placed in the neighbouring authority of Bournemouth).</li> </ul> <p>4.7 With regard to accessing general needs accommodation in the social housing sector, each of the six District / Borough Councils in Dorset maintains its own housing register. A common Choice-based Lettings Scheme has been introduced across Bournemouth, Poole, North Dorset, Purbeck, West Dorset and Weymouth and Portland councils, whereby available properties are advertised, and individuals on the housing register are required actively to bid for any properties which they would like to be allocated to them. There is a shortage of smaller units suitable for single people. The private rented sector is limited, with a concentration in the Weymouth area – many private rented properties are not available to people on welfare benefits. People recovering from mental health problems who wish to move-on from supported housing, may benefit from assistance with a rent deposit or rent-in-advance.</p> <p>4.8 The Dorset-wide Move-On Strategy will be used to ensure that people with mental health problems who are ready to move-on from supported housing to more independent living are given equal access to such accommodation.</p> <p>4.9 Registered Providers such as housing associations and other landlords play a key role in providing low-level support and intensive housing management for people with lower support needs.</p> <p>4.10 Voluntary groups such as Dorset Carers Partnership, Dorset Mental Health Forum and East Dorset Mental Health Carers Forum are a key resource and are likely to have an enhanced role in the future as public sector funding reduces.</p> <p>4.11 The Dorset Home Improvement Agencies and Handyvan services support vulnerable people, including people with mental health problems, to remain safe and independent in their own homes.</p> <p>4.12 The Supporting People Partnership and mental health Strategy Group will continue to make effective use of existing funding streams and identify appropriate capital and revenue investment opportunities to help deliver the Strategy.</p> <p><b>Characteristics of current set of services</b></p> <p>4.13 <u>Geographical inequality</u> – all of the Supporting People funded services are in the West of the County (in Weymouth and Portland, West Dorset and North Dorset). This is a historic legacy of the fact that, prior to local government reorganisation, services were developed in Poole and Bournemouth to serve</p>
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	<p>the needs of people in the eastern half of the old county of Dorset. These services are now located in the two unitary authorities, the Borough of Poole and Bournemouth Borough Council, with limited access for Dorset residents.</p>
4.14	<p><u>Supported lodgings and long-term provision</u> – a significant proportion of the Supporting People spend is on private sector supported lodgings. It is clear that these services have played an important part in providing accommodation in the community for a number of individuals with long-term mental health conditions. It is also acknowledged that some service users have lived for many years in this form of accommodation, and that for such individuals any change would be difficult. In the absence of other accommodation supported lodgings have often been the “default” form of provision when an alternative housing solution is needed urgently. More generally there are a number of service users staying in long-term provision such as the supported lodgings sector whose needs have not been reviewed for many years. There has been a tendency for such placements to have been seen as a permanent solution, with little recognition of the fact that people change and can have the potential to move on, with support, to more independent forms of accommodation.</p>
4.15	<p><u>NHS provision</u> There remains a significant group of people who are still living on a long-term basis in NHS units, or in residential care homes directly commissioned by the NHS. Some of this provision is out of the county.</p>
4.16	<p><u>Residential care.</u> In addition to the above there are currently 38 people placed in residential care, some of them out of county, who might potentially be able to live in housing with appropriate support arrangements.</p>
4.17	<p><u>Avoiding hospital admission.</u> There is a lack of provision for short-term alternatives to in-patient care, where individuals in crisis can be accommodated and supported for a short period before returning home.</p>
4.18	<p><u>Limited range of housing options</u> The spectrum of housing options available for people with mental health options is far from complete. For example there is insufficient provision of grouped self-contained flats (sometimes known as “cluster flats”) with tailored support arrangements. In such settings people have the benefit of having their own accommodation along with the possibility of mutual support from others in the same situation, thus reducing the risk of isolation.</p>
4.19	<p><u>Access to mainstream accommodation and suitable support services.</u> People with mental health conditions experience a number of barriers when they seek to access the housing and the support that they need. This was reported in the PSA16 work and informed the comments and recommendations in 4.1-4.3.</p>
4.20	<p>There is a gap in the market for housing-related support services for homeowners and private renters with mental health problems.</p>

5	<b>SERVICE DEVELOPMENT</b>
5.1	<p>Having described in the previous section some of the characteristics of the current services and arrangements in Dorset, what are the key service improvements over the next three years? The following actions are proposed:</p> <ul style="list-style-type: none"> <li>• Address the proposals of the peer specialist review and placing the service user at the centre of any new pattern of services;</li> <li>• Develop the mental health housing and support pathway set out at 3.6 above, including the establishment of the Dorset Mental Health &amp; Housing Panel;</li> <li>• Make services equally accessible across the county by addressing the current geographic imbalance of services;</li> <li>• Undertake assessment of the housing and support needs of long-term services users. This relates to individuals in NHS units, NHS commissioned residential homes, old-style long-term supported lodgings, or in DCC funded residential care settings (including those out of county). The aim will be to establish whether there is a possibility of their needs being met in other forms of housing with support in a manner consistent with the principles laid out in 3.3;</li> <li>• Develop, with housing authorities and housing providers, a wider range of housing and support options to meet the assessed needs of individuals requiring on-going support, including cluster flats;</li> <li>• Ensure improved availability of advice support and assistance to people with mental illness seeking to access mainstream or supported housing, to address the issues identified by the Peer Specialist project;</li> <li>• Use Home Improvement Agencies (HIA) or handyperson services to support older people with MH to continue to live independently in their own homes. Many older people experience anxiety and display low level MH as a result of not coping or managing upkeep of their home</li> <li>• Speed up the integration of services, ensuring that NHS, Social Care and Housing services form part of a single joined up system which is easily accessed by and meets the needs of people recovering from mental illness in Dorset;</li> <li>• Seek to ensure that more health and social care professionals</li> </ul>

5.2	<p>take responsibility for ensuring that people's housing needs are met, rather than seeing it as peripheral to their role, thus ensuring continuity of service.</p> <ul style="list-style-type: none"><li>• Assistive technology is becoming a common instrument of support within the community. It has been used innovatively to provide security and for support around general wellbeing as well as for specific health and social care needs, to allow the most vulnerable to live in the community without 24 hour on site support. It is hoped that the new picture of services will make best use of assistive technology both to make best use of the budget and in targeting support hours, but also to create opportunities for those who have previously struggled to live independently within the community due to their vulnerability or behaviour.</li></ul> <p>Service developments will be undertaken in the context of thorough impact and risk assessments for both service users and providers.</p>
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6	<p><b>RESOURCES</b></p>
	<p><b>Investing to Save</b></p>
6.1	<p>It is now well-established that investment in specialist housing and housing-related support services delivers significant savings in public sector spending. Both capital investment for specialist housing and revenue funding for housing-related support services contribute to efficiencies across public sector services, particularly in health and social care and the criminal justice system.</p> <p>In 2010, Frontier Economics produced a report for the Homes and Communities Agency on the financial benefits accruing from capital investment in specialist housing.</p> <p>The report concluded that investment in specialist housing results in a net financial benefit for all client groups except those relating to young people ( however, a known limitation of the modelling is that it does not capture the longer-term (ongoing) benefits that young people receive after they leave specialist housing, but which could be attributed to the specialist housing intervention).</p>
6.2	<p>In 2011 the Local Government Information Unit (LGIU) published <u>Promoting Independence: The Value of Housing-Related Support</u>. The report stated that</p> <p><i>Councils should prioritise independent living in their commissioning strategies, and recognise the importance of <b>preventative support services</b> in relation to this agenda. The benefits of maintaining a specific budget line for this type of work should be recognised by councils. Although these services are discretionary, they have the ability to save millions for the local authority. Cutting them will only put more pressure on other services and cost councils considerably more money further down the line.</i></p>
6.3	<p>The Department for Communities and Local Government has twice commissioned research to financially value housing support services. The latest report, by Cap Gemini, showed that the £1.6 billion spent each year on Supporting People saved the Exchequer £3.4 billion. Put another way, every one pound spent on the programme across England saved £2.11.</p>
6.4	<p><b>Revenue funding</b></p>
6.5	<p><u>DCC Adult and Community Services</u> There is a projected commitment for Supported Living in the independent sector in East Dorset of £112,480 in 2012/13, against a budget of only £110,500. These funds are principally used to access supported housing in Bournemouth, which is closer. The overspend of £100,980 illustrates the gap in provision in the East of the County for</p>

	supported housing.
6.6	<p><u>Supporting People</u>. In February 2011 DCC Cabinet made the decision that savings of £1.9m needed to be made from the total Supporting People budget over the three year period 2011/12, 2012/13, and 2013/14. To deliver this total savings amount, expenditure from the Supporting People budget on mental health services will need to reduce from the current £957,117 to £771,100 over the next 2 years.</p>
6.7	<p><u>Welfare Benefits issues</u> A number of forthcoming changes to the welfare benefit system have the potential to impact on the ability of individuals recovering from mental illness to secure the housing that they need. These include changes to the “Single Room Rate”, which currently caps the Housing Benefit available to most single people under 25 to a level which effectively means they can only afford a room in shared housing, rather than a self-contained flat. From April 2012 the “Single Room Rate” will apply to people under 35, bringing a large number of adults under its provisions for the first time. While this does not apply to people on certain benefits, including middle and higher rate Disability Living Allowance, it will have a major effect on the situation of many people, including those who are ready to move on from some forms of supported housing. From 2013 onwards the introduction of Universal Credit, which will decisively break the link between an individual’s benefit entitlement and the actual rent that they are required to pay, is likely to have a major impact on people seeking privately rented accommodation.</p>
6.8	<b>Capital funding</b>
6.9	<p>For the foreseeable future, availability of capital funding from the Homes and Community Agency and other public sector funding will be extremely limited, despite the fact that central government is seeking to ensure that investment in supported housing is maintained. Achieving the key aim of developing a better range of housing options for people recovering from mental illness, whether purpose built units or suitable general needs accommodation, will therefore be very challenging.</p>
6.10	<b>Planning Conditions</b>
6.11	<p>Local planning authorities are able to require developers to provide affordable housing as part of larger market developments. Some of that affordable housing can take the form of supported housing for different groups including people with mental health problems in need of either supported housing or general needs housing with floating support or independent move-on accommodation.</p>
	Opportunities to obtain redundant public sector land for supported

	accommodation, such as NHS land, will be explored.
6.12	<b>Delivering service changes during the current economic downturn</b>
6.13	<p>In the light of the current difficult position in terms of both revenue and capital funding, how can the re-modelling of services to achieve the aims of this strategy be achieved? The solution will have to include:</p> <ul style="list-style-type: none"><li>• Ensuring best value in all services, re-negotiating prices where possible and / or tendering services;</li><li>• Where it can be done in accordance with assessed needs, diverting funding from more expensive provision, (e.g. residential care, in-patient care) towards less expensive options such as housing with support;</li><li>• Pooling (notionally) available resources (i.e. not thinking in rigid “silos”);</li><li>• Engaging early with local authority housing and planning staff and with housing providers to ensure that the needs of people recovering from mental illness are taken into account when the mix of housing is being considered on new development sites.</li></ul>

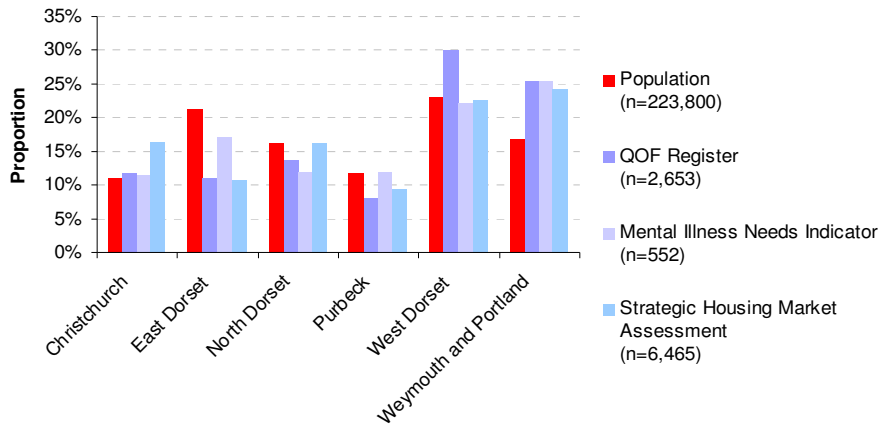
<b>7</b>	<b>DELIVERING THE STRATEGY</b>  The Mental Health and Housing Strategy Group will have responsibility for implementing the strategy. The Action Plan for the delivery of the Dorset Mental Health Housing Strategy is to be found at Appendix 4.
<b>Appendix 1</b>	<b>Needs Analysis</b>
<b>Appendix 2</b>	<b>Findings of the Peer Specialist Project</b>
<b>Appendix 3</b>	<b>Mental Health and Housing Support Pathway</b>
<b>Appendix 4</b>	<b>Action Plan</b>

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## Appendix 1: Needs Analysis

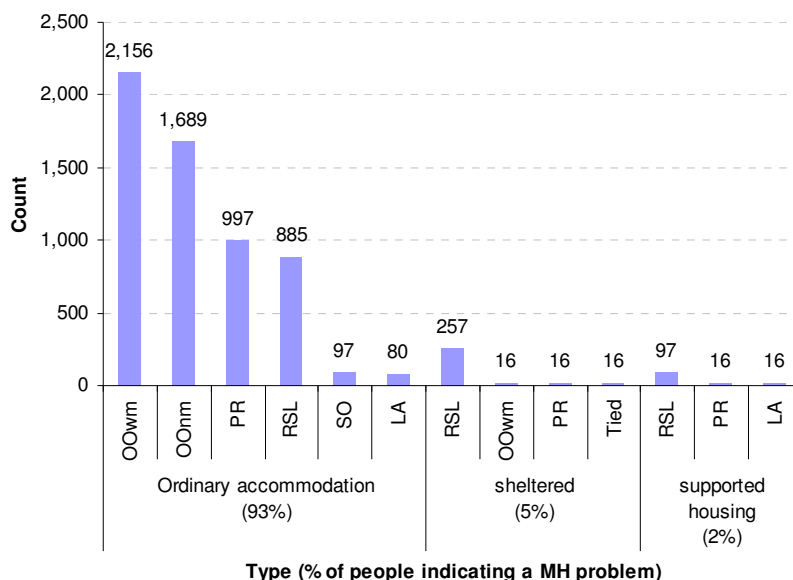
A range of prevalence studies have been drawn on to estimate the number of people with mental health problems in Dorset and this highlights the disproportionate numbers in Weymouth and Portland.

**Estimated Prevalence of Mental Illness: Proportion in Dorset compared to population aged 18 to 64**



Although there are limitations in using the SHMA data due to its reliance on a self reported measure of mental health, the survey enables us to estimate the current accommodation types for the mental health population in Dorset.

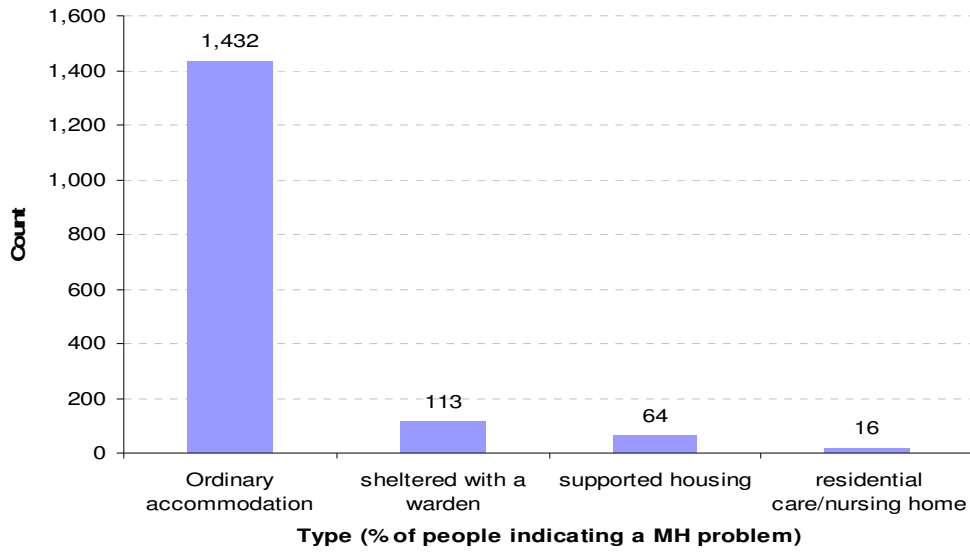
**Current Housing: SHMA mental health data applied to Dorset population.**



In terms of adult social care services, Dorset County Council provides direct care packages for over 250 individuals and the use of direct payments to deliver this service has increased in the last five years.

The SHMA data gives an indication of the self reported housing needs for people aged 18 to 64. The chart below shows the large number of people requesting a need for mainstream housing.

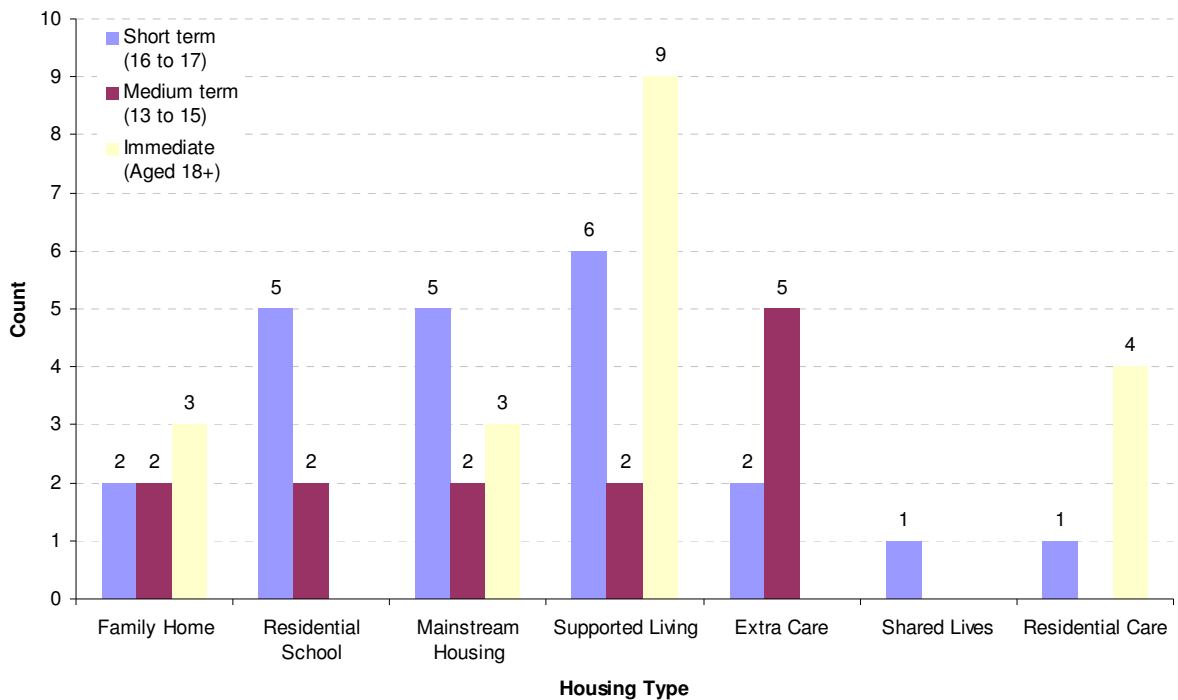
**Future Housing: SHMA mental health data applied to Dorset population.**



**Autism**

Current best estimates used in the national autism strategy, applied to Dorset's population equates to a predicted population of just over 3,000 adults who have autism. The best available evidence of housing need for people with autism is being collected by the transition teams. This has shown that just over 80 individuals are currently being supported in transitions aged between 13 and 21. Just under half of these people have made clear their housing aspirations and these are charted below:

**Housing Needs for People with Autism in Transitions: Housing type by timescale.**



Dorset Mental Health Forum last has overseen a peer specialist housing project under PSA16 . The draft report brings together the findings from a two part scoping exercise for the project. People who access services wanted the following from any new pattern of services:

- Empathic helper and supporter in housing journey
- Fairer, more caring system
- Less complicated, simpler system
- More effective interagency working and information sharing
- More awareness of disability rights and issues
- Better communication
- More trust in individuals
- Better choice for people with mental health problems, without mental health support needs

The report identifies a number of things that would improve the housing system and people's experiences as follows:

- Information and good interagency working and communication
- Appropriate accommodation that meets their assessed needs
- Effective support and skills in order to maintain a tenancy
- Interagency understanding of the realities of mental health problems and the relationship between secure, appropriate, support and information services.

### **Supporting People Programme**

Under the Supporting People programme a number of contracts for mental health housing support services are in place with a current expenditure (net of contributions from partners) of £957,117. These consist of:

- 30 units of shared housing provided by housing associations / charities (short-term)
- 16 units of shared housing provided by DUHFT (short-term)
- 38 units of private sector supported lodgings (long-term)
- Specialist floating support to 51 people in individual flats
- 4 units with a community alarm service only

Supporting People also fund a generic county-wide floating support service, which supports a large number of individuals with a mental health problem, regardless of where they live – interventions of this service are short-term, aimed at supporting people at a time of crisis, including debt problems and the threat of homelessness.

In addition to the above a number of placements in supported housing are funded direct from Dorset County Council Community Care budgets.

There are also some supported housing services funded by NHS Dorset, as follows:

- North Dorset. Two housing units, one 3 bedroom property in Blandford and one 4 bedroom property in Gillingham. These units can be used to provide a short-term alternative to hospital admission, a step down from hospital or respite for individuals needing a brief period of time away from their usual residence. These units are owned by the Spectrum Housing Group and are leased to the Trust. Support to residents is provided by staff within the locality Community Mental Health Services. Residents claim Housing Benefit and the

Trust picks up the costs of any voids. The budget for the Blandford unit is £5,984 and £7,163 per annum for the Gillingham Unit.

- Purbeck One 4 bed detached property at Gore Hill in Sandford with shared amenities, utilised as an interim stay house for service users with short-term housing problems. Owned and managed by Spectrum Housing Group. Rental costs are paid on a quarterly basis by Dorset HealthCare NHS Foundation Trust, offset by any payments from the service user resulting from eligibility to Housing Benefit. Annual Budget £12,392 pa to cover costs.

Specialist care is delivered to individuals with complex needs in:

- NHS long-term care units:  
20 beds at Nightingale House  
13 at Nightingale Court in Bournemouth,
- Glendenning Unit - Mental Health Rehabilitation Service - a 9 bedded rehabilitation unit based at 30 Maiden Castle Road in Dorchester.
- DCC funds 38 Mental Health residential placements at a cost of £1.2m. Of the 38 placements, only 15 are within the Dorset County Council area with 23 being out of county placements (7 people placed in the neighbouring authority of Bournemouth).

The key service improvements proposed over the next five years are to:

- Address the proposals of the peer specialist review and place the service user at the centre of any new pattern of services;
- Develop the mental health housing and support pathway set out at in the Mental Health Housing Strategy including the establishment of a Dorset Mental Health & Housing Panel;
- Make services equally accessible across the county by addressing the current geographic imbalance of services;
- Undertake assessment of the housing and support needs of long-term services users. This relates to individuals in NHS units, NHS commissioned residential homes, old-style long-term supported lodgings, or in DCC funded residential care settings (including those out of county). The aim will be to establish whether there is a possibility of their needs being met in other forms of housing with support in a manner consistent with the principles laid out in the strategy;
- Work with housing authorities and housing providers to develop a wider range of housing and support options to meet the assessed needs of individuals requiring on-going support, including cluster flats;
- Ensure improved availability of advice support and assistance to people with mental illness seeking to access mainstream or supported housing, to address the issues identified by the Peer Specialist project;
- Use Home Improvement Agencies (HIA) or handyperson services to support older people with MH to continue to live independently in their own homes.
- Speed up the integration of services, ensuring that NHS, Social Care and Housing services form part of a single joined up system which is easily



accessed by and meets the needs of people recovering from mental illness in Dorset;

- Seek to ensure that more health and social care professionals take responsibility for ensuring that people's housing needs are met, rather than seeing it as peripheral to their role, thus ensuring continuity of service.
- Increase the use of assistive technology. It is hoped that the new picture of services will make more use of assistive technology both to make best use of the budget and in targeting support hours, but also to create opportunities for those who have previously struggled to live independently within the community due to their vulnerability or behaviour

### **Appendix 3: Mental Health Housing & Support Pathway**

There are several underpinning principles that operate within the Mental Health Housing and Support pathway:

- The desired direction of travel for individuals on the MH Supported Housing Pathway is towards recovery and independence;
- All MH Housing and Support Providers work with service user towards achieving these ambitions;
- The pathway supports people to move towards their goals as and when they are ready;
- All housing related support will be tailored to the individual's particular needs including long term needs of individuals who require longer periods of support to achieve their ambitions.

#### **Pathway options**

For service users who experience ongoing mental health difficulties in Dorset there are three support options available in relation to housing.

- 4. Mental Health Supported Housing**
- 5. Generic Floating Support** (available to all service user groups including those individuals who have ongoing mental health needs)
- 6. Mental Health Floating Support** (available to Service Users who have severe ongoing mental health needs who are moving into independent accommodation from MH Supported Accommodation)

<b>Service Description</b>
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The accommodation and support options vary and the differences are described below:

#### **Mental Health Supported Housing**

- Is usually in shared housing or self-contained accommodation with support staff on site between agreed hours.
- Provides various levels of support:

- **Specialist High Support** – support available 24/7 to support people who have a complex range of MH needs including substance misuse and personality disorders. Ideally a step down from in patient, rehab units or recovery house where there is a housing need.
- **Medium Support** - staff on site with in agreed hours for example 8:00am – 8:00pm

### **Floating Support:** (Generic and MH)

- Is available for people in independent accommodation
- Can be provided for people in a range of accommodation options
  - Council
  - Registered Social Landlords – Housing Associations
  - Private Rented Sector
  - Shared housing
  - Supported Lodgings
- Can be ongoing or short-term, intensive or low level dependent upon Service Users' assessed needs
- Is specifically designed to be flexible and tailored to the individual
- Is there to help Service Users to live as independently as possible

### **Criteria**

Mental Health Supported Accommodation has a different set of criteria to that of Floating Support and the way to access each service is different. The differences are explained below:

### **Criteria for Mental Health (MH) Supported Accommodation**

People who require MH Supported Housing will usually be working towards independent living but they will have higher levels of presenting need and will usually require intensive support to help them as they progress towards recovery and independence.

MH Supported Housing has strict criteria because it is there for individuals who present with the most complex range of severe mental health difficulties.

### **Mental Health Supported Housing Criteria**

#### **For Specialist high support MH Housing the service user must:**

- Experience ongoing severe mental health difficulties (likely to include co-morbid, complex needs such as a dual diagnosis or personality disorder)
- Be open to Community Mental Health Services
- Have a care coordinator
- Have a housing need i.e. be homeless or threatened with homelessness
- Have housing related support needs

#### **For Medium Support MH Housing the service user must:**

- Experience ongoing mental health difficulties
- Be open to Community Mental Health Services

- Have a care coordinator
- Have a housing need (homeless, threatened with homelessness or step down from High support housing)
- Have a housing related support need

### **Mental Health Supported Housing Exclusion Criteria**

#### **Service Users will not be considered for supported housing where:**

- Their primary diagnosis is not one of mental illness. (For example where their primary diagnosis is a learning disability or substance misuse. There are other services available for service users with these particular needs.)
- They would not benefit from mental health housing related support

The DMHHP would acknowledge that it is difficult to identify where a MH difficulty and substance misuse problem splits and for that reason all service users referred to MH supported Housing will be considered on an individual basis. However the guiding principle for the panel is that the Service User's primary diagnosis will be that of a severe mental illness and they will be open to secondary MH services. For example: Someone who has paranoid schizophrenia and misuses alcohol.

There are generic supported housing provisions available for people who misuse substances and have mental health difficulties linked to their substance misuse for example: depression or anxiety suicidal ideation etc.

#### **Criteria for Generic Floating Support:**

Generic Floating Support is provided for people who live in independent accommodation of any tenure. The support is available to anyone who is experiencing difficulty in their accommodation. For example: They might be experiencing problems with a neighbour or facing eviction for non payment of rent or their MH may be deteriorating.

Generic Floating Support is available for people who:

- Live independently
- Have housing related support needs (including mental health)
- From time to time require support to enable them to continue living independently

#### **Criteria for Mental Health Floating Support**

Mental Health Floating Support is available for individuals who are ready to move from Mental Health Supported Accommodation into independent accommodation.

The service user may require intensive levels of support to facilitate the move, may also need support to help them settle and ongoing support to enable them to maintain themselves in their accommodation.

MH Floating Support Service could also be available to the Generic Floating Support Service where they have been unable to meet the needs of an individual MH Service User.

(The service specification will indicate the number of people that could be referred by the generic service to the MH service. To use this service the generic service would have to be able to demonstrate that they have tried all possible means to engage and support the individual before referring to the MH service.)

The MH Floating Support Service is there to enable Service Users to:

- Move
- Settle
- Maintain their accommodation and independence
- Support Service Users that the generic service has been unable to support adequately

The MH Floating Support service is designed to be flexible. It can help a Service User to move and settle in to their accommodation as a brief intervention or it can be extended over a long time dependent on the service user's assessed needs.

The support can also be provided in partnership with the Rehab and Recovery Teams or CMHTs and would be there to provide an additional layer of support for individuals who have intensive support needs.

#### **Criteria for Generic Floating Support Service**

To access the generic floating support, Service Users must:

- Live in independent accommodation (any tenure)
- Have a housing related support need (including mental health needs)
- Require short periods of support to enable them to live independently

#### **Criteria for MH Floating Support Service**

To access the Mental Health Floating Support, Service Users must:

- Be ready to move from Mental Health Supported Accommodation to independent accommodation
- Have severe enduring mental health needs
- Be open to community mental health services with a care coordinator
- Require a package of support to help facilitate their move or to enable them to settle in to and maintain themselves in independent accommodation

### **Referral Routes**

#### **Mental Health Supported Housing Referrals**

MH Supported Housing is accessed via a specific mental health housing panel - the **Dorset Mental Health Housing Panel (DMHHP)**. The role of the Dorset MH Housing Panel is to:

1. Control access to all mental health supported housing
2. Consider and advise about other housing options that are available and appropriate (this ensures that supported housing is targeted at those most in need)
3. Review (in partnership) all Mental Health Supported Housing placements to ensure that service users are in appropriate accommodation with the right level support to meet their assessed needs
4. Agree referrals to the MH Floating Support Service

A service User can be referred to the DMHHP if they:

- Meet the criteria for Mental Health Supported Housing (as described earlier in the document)

Or

- Are living in mental health supported housing and require a review of their placement

A referral to the DMHHP constitutes a referral to MH Supported Housing or a referral for a review of a MH Supported Housing placement. (The referral paperwork will allow the referrer to indicate the purpose of the referral.)

People being referred to MH Supported Accommodation may be in hospital, in MH Recovery House, MH Rehab Unit. Mental Health High Support Accommodation could be considered a step down from any of the inpatient settings and may be appropriate for some service users as a step towards more living independently.

### **Referrers to DMHHP**

All the referrals to the Mental Health Supported Housing Panel, for supported accommodation must be made by the Service Users Care Coordinator.

### **Floating Support Service Referrals**

#### **Generic Service**

Referrals to the generic Floating Support Service can be made by:

- Self
- GP
- Housing Officers
- Care coordinators
- Other professionals
- Family or Carers

## Mental Health Service

Referrals to the MH Floating Support can be made by:

- Self
- Care Coordinator
- MH Supported Housing worker

Although the referral can be made by any of the above, the three parties need to agree and support the referral. All parties need to be confident that the move is right for all concerned and can be managed safely.

Referrals to Mental Health Floating Support need to be made via the DMHHP. The panel will agree the referral because it is linked to planned move on for Service Users from Supported settings in to independent accommodation.

The floating support service will be able to triage to HIA/Handyperson services or community alarm and telecare services as part of a care and support package.

### **The Dorset MH Housing Panel (Membership, Knowledge Base and Terms of Reference)**

The MMHHP is a fundamental part of the MH Housing and Support pathway because it will control access to services, ensure appropriate placements and support move on.

Another key role of the panel will be to ensure that people who experience severe enduring mental illness do not fall between the gaps in service provision.

The panel will have strong links with housing and mental health partners and this will ensure where there is concern about a service user/potential service user, that they are flagged with the panel and preventative or pre-emptive work can be undertaken. Some examples:

- Someone turns up at district housing office and there is reason to believe that they have severe mental health difficulties but not linked in to services
- Someone is referred to a CMHT and they appear to be in housing need
- Someone is in hospital and during the admission housing issues are flagged
- Someone in temporary or permanent accommodation is causing concern because of their mental health or behaviour or both

In these types of scenarios the panel and partners can play a key role in helping to resolve matters working to prevent homelessness by providing

support via Floating Support or by facilitating a supported housing placement or working with housing to negotiate with landlords or families etc.

### **DMHHP Membership**

The panel membership is important and will include key partners from various professional backgrounds. The core membership will include representatives from:

- Community MH Services
- MH Rehab and Recovery Service
- Housing
- Supporting People or Adult Community Services
- Supported Housing Providers (nominated representation)

It is anticipated that other people might need to attend at various times for example: A housing officer has a case to discuss or a care coordinator is needed to add information to the referral forms. These non regular attendances can be arranged as required.

### **Knowledge Base**

The panel's members' wide ranging knowledge base will ensure that Service Users are offered the most appropriate placement to meet their needs and support them toward recovery and independence. It is expected that the panel's members will know:

- The MH Service Users referred to the panel
- About new Service Users who are potentially coming into MH Housing system
- The range of supported housing provision
- About other available housing and support options
- The supported housing provision e.g. strengths and areas of expertise

The knowledge will ensure that people are offered the right accommodation to meet their particular needs. This will help to ensure that placements are successful i.e. support Service Users towards their independence and recovery ambitions.

### **Terms of Reference**

The detailed terms of reference will be produced once the strategy has been agreed but in principle they panel will work to the following aims and objectives:

## **Core Aim**

To match the housing & support needs of people who have mental health needs with available and appropriate housing and support resources.

## **Objectives**

- To ensure the effective use of mental health accommodation and support services in Dorset
- To achieve the best match between peoples' needs and available accommodation and support options
- To promote progression towards independent living wherever possible
- To ensure effective utilisation of all supported housing provisions
- To ensure successful Mental Health Supported Housing placements
- Reduce unnecessary delays for service user's who require urgent accommodation and support
- To review (in partnership) all MH supported Housing placements
- To ensure that all Service Users know and understand the allocations process and ensure that their wishes are taken into account.
- To ensure Health and Social Care professionals understand the allocations process, enabling them to make appropriate referrals based on the Service Users assessed needs

## **In addition the panel will need:**

- Agreed processes e.g. deadlines for referrals, referral documentation and information required
- Admin support
- An appeals process
- A system to deal with emergencies (although it would be anticipated that the panel members knowledge and pre emptying should help to prevent the need for emergency responses)
- A brief referral form (information included in attachments such as CPA documentation)
- To ensure that there are move on plans and processes in place

Aftercare services including supported accommodation provided under section 117 of the Mental Health Act 1983 will sit outside the Panel process.



<b>OUTCOME</b>	<b>KEY ACTION(S)</b>	<b>LEAD &amp; PARTNERS</b>	<b>WHEN</b>	<b>COMMENT</b>
More people with mental health problems supported to maintain independent living.	Address the proposals of the peer specialist review and place the service user at the centre of any new pattern of services.	Mental Health Housing Panel SP	By April 2016	There are a number of proposals coming from the peer specialist review which will need to form part of an ongoing work stream.
Fewer people reporting mental health problems resulting from poor housing circumstances.	Ensure improved availability of advice support and assistance to people with mental illness seeking to access independent or supported housing.	Local housing authorities & voluntary groups	By April 2014	Training and awareness raising programme required
More adults in contact with mental health services in settled accommodation.	Develop the mental health housing and support pathway including the establishment of the Dorset Mental Health & Housing Panel.	Mental Health Housing Panel	Panel in place by December 2012	There may be capacity issues for district & borough housing officers who currently attend other specialist panels.
	Make services equally accessible across the county by addressing the current geographic imbalance of services;	SP through service spec. Registered providers. NHS	By April 2014	Given the current spending profile this may be difficult to achieve without accessing new resources.
A reduction in length of stay in in-patient units	Develop a wider range of housing and support options to meet the assessed needs of individuals.	Local housing & planning authorities. RPs Private landlords & voluntary groups	By April 2016	Increased access to existing housing in social and private sectors plus some new purpose built.

An increase in choice of accommodation and support	Develop a wider range of housing and support options to meet the assessed needs of individuals.	Local housing & planning authorities. RPs Private landlords & voluntary groups	By April 2016	Increased access to existing housing in social and private sectors plus some new purpose built.
A reduced number of delayed transfers of care and reduced length of stay in hospitals due to lack of housing	Develop a wider range of housing and support options to meet the assessed needs of individuals.	Local housing & planning authorities. RPs Private landlords & voluntary groups	By April 2016	Increased access to existing housing in social and private sectors plus some new purpose built.
Fewer people living on a long-term basis in institutional settings such as NHS units, residential care or old-style supported lodgings	Undertake assessment of the housing and support needs of long-term services users.	CMHTs?	By September 2013	May be capacity issues for CHMTs
	Develop a wider range of housing and support options to meet the assessed needs of individuals.	Local housing & planning authorities. RPs Private landlords & voluntary groups	By April 2016	Increased access to existing housing in social and private sectors plus some new purpose built.