

Developing new approaches for community-based adult mental health support services:

Supported Accommodation

Briefing document



Introduction

NHS Leeds Clinical Commissioning Group (LCCG) and Leeds City Council (LCC) has been conducting a joint review of certain community-based mental health commissioning arrangements with the aim of ensuring that services continue to meet needs and achieve good outcomes for people.

Services in scope of this review cover six themes

1. Crisis and urgent care services
2. Supported accommodation
3. Specialist community support services
4. Employment Support
5. Mental health support for refugees and asylum seekers
6. Service user involvement in mental health service development

The project team has looked at a range of information to inform this work - national and regional best practice within mental health supported housing, information from performance and contract management of these services, views obtained from service users and staff working in these services, views from other key stakeholders.

Aims and objectives of the review in general

What do we want to achieve from this review?

- Making services work better together
- Identify any gaps in services and find solutions
- Involve people in reshaping services
- Ensure people receive good quality services
- Make information easy to access and enable people to make informed decisions on getting support
- **Communication** – communication is vital to ensure people know what is happening, what they need to do and what services are available. People have told us that a lack of clarity about what services they can access has been a hindrance to them getting help.
- **Getting a referral/support** –the referral criteria to access services can be a barrier to getting support/help. Criteria can be confusing, inconsistent and often lead to people ‘falling between the cracks.
- **Focus on the whole person** – a common theme is the importance of acknowledgement and consideration in providing support to people with additional conditions, such as autism or a learning disability. People emphasised the importance of ‘whole person-



centred approach', considering all aspects of a person. People told us that there needs to be greater integration of treatment of physical and mental health conditions.

- **Better integration** – people told us that services don't talk to each other and this leads to inconsistencies and information being missed.
- **Person centred care** - people told us that the number of sessions that are offered should be negotiated with the service user. People also told us that mental ill health should be seen as a long-term condition and that they should be able to access support after their intervention has ended. Additionally, people should be able to access the support they need as long as it is needed, providing it is meaningful and working towards their recovery outcome goal.

Supported Accommodation theme

This theme is considering the following services which include bedrooms in a hostel-style property, to self-contained flats and bedsits, and one longer-term residential home.

Service Provider	Service
Community Links	The Maltings – 4 hostel rooms, 6 bedsit flats and 6 dispersed satellite tenancies Hostel has sleep in staff, stay avg. 2 years. Staff on site in daytime 7 days.
Community Links	Rose Villa – 5 bed hostel and 12 units of floating resettlement support. Mental Health supported housing, max stay 2 years. Weekday staffing.
Community Links	Intermediate Housing Units – 5 bed spaces each, plus 1 crisis prevention/respice bed each. Alexander House, Octavia House, Brigid House, 24/7 support with shared catering. Short/medium term stay 4-8 months.
Community Links	Oakwood Hall – 11 bed Mental Health Rehabilitation unit, long term stay 5 years with nursing
Catholic Care	Foundry Mill - 10 flats Mental Health supported housing, staff on site during weekday office hours. Max stay 2 years.

What do we already know about these services?

A summary of Evidence based research, from best practice and locally sourced information and feedback



- Services deliver good quality support however over the past 10 years it has been reported that referrals have been presenting with higher needs and more complexities, existing staff resource and delivery models struggle to meet these needs within timescales.
- Services and teams do link up with NHS (especially the hospital discharge process) so that people don't miss out on options, having clear pathways and referral routes into supported housing. However, there is some evidence of lack of awareness of referral pathways from other supported housing providers and the public. In Leeds, a lot has been achieved over the past seven years with the Mental Health Accommodation Gateway and shared assessment processes, making a streamlined pathway from hospital ward via assessment and into supported accommodation, but more can be done.
- Move-on from supported housing is critical to the success, avoiding blockages, sustaining positive recovery. It works well if 'dispersed' or 'satellite' tenancies are used which offer an opportunity for managed step towards more independence, but with support close by from a 'staff hub'.
- Access to visiting (floating) support is crucial to help people manage once they make subsequent steps further on from supported accommodation and into their own tenancy. Sufficient capacity and length of support is important to sustain recovery and reduce anxieties concerning independent living. These visiting support services are often oversubscribed.
- Some groups of people struggle to receive the right support or fit eligibility for services, those with autism or complex needs. How we remove these barriers and help services adapt is important.

What we want to explore in the workshop

Complexity of Needs

How best to meet the evidence of increasing high support needs of people being referred into the supported accommodation services. Can we address this by increased staffing, longer length of stay, more joint working between services who can



offer additional specialist input, do we know what type of needs our services can meet and what they offer? We need to avoid gaps and understand if some services offer different or a specialist type of support to another.

Length of Stay

Does a fixed length of stay help with planning support and recovery, how do we measure the optimum amount of time spent in a service? Getting the right length of time is critical to successful outcomes, not too short but not overstaying and any progress in recovery being lost.

Move on Accommodation

Many people face barriers in finding suitable move-on options – due to lack of choice, availability, not meeting the needs or risk levels, some services have fewer options than others. How do we get the right balance of options and longer-term support to help people sustain more independent living in the community?

Nursing at Oakwood

What are the pros and cons of a nursing home model as opposed to supported living where nursing input is via the community? Can we get more from this resource or consider how it is delivered in different ways?

