1. Introduction

Users of mental health services, their carers, commissioning partners and providers in Oxfordshire have long recognised the need to address housing needs of people with mental health problems alongside their broader support needs. Good quality, secure housing underpins good healthcare outcomes and improves overall quality of life for this group of people.

This widely held view is illustrated by the following quote from one Oxfordshire resident:

“Having stable housing has helped to improve my mental health”

(Source: Oxfordshire Supporting People Strategy 2008-11)
Strategic context and direction for commissioning and provision of housing and support services for people with mental health problems is set out in the following two key documents:

- Oxfordshire Mental Health Strategy 2007-11, jointly produced by Oxfordshire County Council, the Primary Care Trust and OBMH. This recognises the need to make stronger links between housing, support and recovery, and identifies a need for a clear Mental Health Housing and Support strategy;

- Oxfordshire Supporting People Strategy 2008-11, produced by Oxfordshire Supporting People partnership, whose work relates to the wider Oxfordshire Partnership’s pledge to “improve support and opportunities for independent living” and seeks to change Oxfordshire’s housing related support services for the better.

In order to take these strategic objectives forward Oxfordshire Primary Care Trust and Oxfordshire County Council commissioned, in early 2009, an external organisation, SP Solutions, to critically review current arrangements in Oxfordshire, undertake needs analysis and produce a draft Mental Health Housing and Support Strategy for the county. This work has been completed in early September and is presented in a report attached for reference at Appendix 1.

One of the main recommendations of the report is that Oxfordshire’s efforts to improve outcomes for people with mental health problems would be enhanced by introducing a framework, setting out the principles, aims and objectives of the county’s approach to housing and support for people with mental health problems, with a clear emphasis on recovery.

This recommendation has been accepted by the lead commissioners and led to production of a draft framework described later in this document. It stems from the key recommendations contained in the draft Mental Health and Support Strategy and draws on key good practice concepts contained in the Camden guide to mental health pathway services published in November 2007.

For this framework to be fully successful, the following organisations will need to agree to it, and to practice it in their work:

- The District, City and County councils of Oxfordshire
- Oxfordshire Primary Care Trust
- Oxfordshire and Buckinghamshire Mental Health Foundation Trust
- Agencies funded by these organisations to provide mental health services
- Registered Social Landlords operating within Oxfordshire
This draft framework is presented for consideration and comments to a wide range of stakeholders as part of an engagement exercise that will run for six weeks.

2. Scope

This framework is principally concerned with housing and support services for people between the ages of 16 and 65 who use mental health services in Oxfordshire. This includes dedicated residential social care; short-term interim accommodation in hostels; supported accommodation; and independent accommodation in the private or social sector with floating support.

More specifically it is intended for people aged 16 to 65 who are normally resident in Oxfordshire and who have a mental health issue (including High Functioning Autism / Aspergers), which impacts upon their ability to live independently in the community and is therefore likely to place limits, beyond those normally encountered by someone of their level of income, geographic location, age, and other personal characteristics, upon the housing options available to them.

For the avoidance of doubt, this framework is not limited to those engaged on the Care Programme Approach (CPA) or currently engaged with statutory services at any level. It would, however, be expected that people falling within the scope of this framework have been, or are on a pathway to be, diagnosed as having a mental health problem by healthcare services.

It is also important to bear in mind that an individual’s housing, support, and care options should not automatically need to significantly alter on their 65th birthday, and therefore services for people aged 65+ fall within the scope of this framework as long as their needs are still primarily related to their existing mental health problems, and can be met by these services.

This framework does not apply to housing and support services for:

- Children and young people under the age of 16
- People affected by conditions relating to older age
- People with learning disabilities
- People living with addiction where there is no mental health issue

3. Principles and aims

Principles

This framework is based on the following key principles:

- **Non-discrimination**: People should not be discriminated against in relation to their housing and support options due to mental illness.
• **Rehabilitation and recovery**: Independent living is the aim of most people who engage with mental health services and the reality for many. Therefore the aim of all parties involved in their housing, care, and support, should be to assist them through a process of recovery to aid rehabilitation and maximise their independence.

• **Independence**: People’s future housing options should be an integral part of all recovery, support, or care plans, and these should be considered at the earliest possible opportunity. Any reduction in an individual’s level of independence (e.g. an admission to hospital) should be seen as short term. 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.

• **Delivering sustainable outcomes**: A 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 move on to independent accommodation at the right time on the journey to recovery.

Aims

By introducing this framework the lead commissioners of services for people with mental health issues aim to deliver the following outcomes for people using mental health services:

**Primary outcomes**

We expect to see:

- Improved pathways of care for people with mental health problems (including co-morbidities) into/out of services from medium secure care to living independently in the community

- An increased number of adults in contact with secondary mental health services in settled accommodation

**Secondary outcomes**

We expect to see:

- An increased number of people with mental health problems supported to maintain independent living
• An increased number of adults in contact with secondary mental health services in employment, education and training

• A reduced number of delayed transfers of care from hospitals

To facilitate the delivery of these outcomes this framework aims to:

• Introduce a clear pathway to housing and support services, focussed on aiding recovery and delivering outcomes for independent living at any point on the pathway (i.e. starting with a hospital admission and ending with a move to independent accommodation).

• Introduce a co-ordinated managed process for accessing services on the pathway, looking primarily to improve experience of users and carers, and improve knowledge base about levels of met and unmet need across all service provision.

• Support and enable people to live in the least restrictive setting possible based on their level of need. This can be achieved, for example, by limiting the use of residential care and replacing this with intensive supported housing.

• Ensure clear focus on move-on planning at all stages of the pathway, in particular striving to unblock accommodation based services and ensure support is available to those who need it.

• Increase availability of flexible support services to people living in private and ‘social housing’ independent housing by enabling support to follow people rather than be attached to accommodation. This can be achieved, for example, by remodelling all or some of the supported housing with different levels of visiting support offered in a person’s home.

• Ensure that effective and clear information on housing and support options is made available by, and for, all parties involved in individual’s journey to recovery.

• Ensure effective and efficient joint working between all agencies involved in supporting people on their journey to recovery and independence.

How these principles and aims can be translated into commissioning care and support services whose primary aim is to encourage and enable people to achieve greater independence and recovery is illustrated at Appendix 2.

4. Roles and responsibilities

People with mental health problems and their carers will:

• Engage, wherever possible, with services offered to them and help to improve these services via constructive feedback
• Take responsibility for their own wellness plan wherever possible, helping professionals understand when they are unwell, and what all parties can do to help them towards recovery and alleviate the negative impact of periods of illness

**Oxfordshire Primary Care Trust will:**

• Commission a range of good quality health and social care services for people with mental health problems, including in-patient and community services

• Be joint lead agency on the implementation of the housing strategy and its recommendations

• Lead on monitoring care, and healthcare provision, to ensure statutory and quality standards are met, and work with providers to improve services

**Oxfordshire County Council, Supporting People team will:**

• Commission a range of good quality housing and support services for people with mental health problems

• Be joint lead agency on the implementation of the housing strategy and its recommendations

• Lead on monitoring quality standards in housing support services and work with providers to raise these standards

**Oxfordshire Housing Authorities (Vale of the White Horse District Council, South Oxfordshire District Council, Oxford City Council, Cherwell District Council, and West Oxfordshire District Council) will:**

• Consider the needs of people with mental health problems in their housing planning decisions

• Prioritise people with mental health problems (alongside other vulnerable groups) who are ready for independent living for social housing. Where there are concerns for peoples’ ability to manage independent living, this should be seen as a lever for further professional engagement and support with a housing application and the client’s living arrangements, rather than a reason to reject their application

• Engage with the Primary Care Trust and Oxfordshire County Council in commissioning services and balancing the needs of people within their area with those of all Oxfordshire residents

**Oxfordshire County Council, Social and Community Services will:**

• Formally assess peoples mental health needs when requested to do so
• Work jointly with the Primary Care Trust on commissioning and monitoring services within the ‘Adult Mental Health pooled budget’

• Work proactively with people who are assessed as needing social care services, reviewing their needs on a regular basis and ensuring effective communication of assessments with others involved in the care, support, and housing, of their clients

Support and care providers will:
• Provide high quality services, tailored as far as possible, to individual need

• Ensure all clients have an up to date support or care plan, which is disseminated to all those involved in supporting the client

• Lead people through the recovery pathway, taking responsibility to connect clients with the next stage of it and ensuring information flows with the client to the next stage, thus minimising duplicate questions, form filling for the client

Community mental health providers will:
• Provide a range of good quality health and social care services for people with mental health problems

• Ensure all their clients have an up to date support or care plan, which is disseminated to all those involved in supporting the client

• Lead people through the recovery pathway, taking responsibility to connect clients with the next stage of it and ensuring effective information flow with the client to the next stage of the pathway

Registered Social Landlords and other housing providers will:
• Work with local housing authorities to increase the supply of housing for people ready to live independently

• Consider the needs of people with mental health problems when developing new properties or carrying out options appraisals on existing properties

• Work proactively with community mental health and social care providers, as well as other specialist agencies, to maintain or achieve independent living for people with mental health problems

5. Housing and support pathway

Key characteristics of services included in the pathway
Services provided within this framework have the following characteristics:
• Mental health supported housing is a specialist service with a clear rehabilitative and recovery role. Therefore the majority of provision is designed to be of ‘short term’ nature (i.e. an average stay of no more than two years) and should not be seen as a long-term housing option unless specifically designated.

• Floating support services are also specialist and should develop clear interfaces with the generic floating support services provided in Oxfordshire. These services would be offered on short and long term basis depending on the level of presented need.

• The level of support provided would range from intensive to medium to low in both types of service described above.

• Service availability would range from housing, support, and care services being available 24 hours a day, 365 days a year, to brief visiting support provided in people’s own homes, as determined by the type of service and level of presented need.

Six service types
The Oxfordshire pathway would contain the following six types of service:

• **Universal and mainstream services** – general needs housing, support and assistance from universal services (such as Citizens Advice Bureaux, Jobcentre Plus, Shelter housing advice).

• **Floating support** – visiting at home service designed for people living in independent housing setting. Level of support would range from intensive less than 24 hours a day to medium and low, with on call service element where appropriate. Short and long term provision.

• **Intensive supported housing** – designed to be a local alternative to residential care. Intensive support available on-site 24 hours a day, 7 days a week. Short term provision.

• **Transitional supported housing** – designed to provide a bridge between more intensive services and independent living. The level of on-site rehabilitative support is generally higher than can be provided through home visiting floating support. Short term provision.

• **Long-term supported housing** – designed for people who will not be able to make the transition to independent living. On-site support would be at medium to low level, with on call service element where appropriate. Long term provision.

• **Residential care** – intensive, high level (24 hours a day, 7 days per week) care and support in a registered care home.

Further information on these six service types is presented at **Appendix 3.**
Referrals

As part of this framework referrals to the pathway services would be managed by the lead agencies in a co-ordinated and standardised way through a ‘one point access’ system. This can be achieved, for example, by setting up referral liaison panels for co-ordinating and prioritising access to all services on the mental health pathway and by using standard referral forms.

Oxfordshire being a two-tier authority presents certain challenges in designing this approach and at present the following options are being considered:

- A single referral liaison panel for the whole county
- Three referral liaison panels, one for each of the following geographical areas (Oxford, Vale and South, Cherwell and West)
- Five referral liaison panels, one for each district/city council area

Referrals to services would be made via an agreed list of approved agencies specified for each type of service, with options for self-referral by service users and carers on behalf of service users being given priority consideration.

Clearly, all parties to the mental health housing strategy, commissioners, providers, and statutory services alike, must work together in a timely and co-operative manner to ensure the success of such referral mechanisms.

6. Implementation

This draft framework for mental health housing and support pathway in Oxfordshire would be made available for consideration and comment to a wide range of stakeholders, including service users and carers, during a six-week engagement exercise in September-October 2009.

On receipt of comments and suggestions, a group of commissioners leading on this work would revise the framework as deemed appropriate and would also use this information to finalise their commissioning plans for 2009-10.

A final version of the framework would be submitted for formal sign-off to the lead commissioning agencies and other participating organisations.

Prior to full implementation of the new arrangements, this framework would be widely disseminated to the following key audiences:

- Service users and carers
- Referral agencies, service providers and other stakeholders
- Members of the general public
It is envisaged that over the next few years all existing mental health specialist housing and support services in the county would be re-commissioned in line with the framework. Tendering for the first group of services to new outcome based service specifications is due to start later in the year. It is expected that some of the new services would be in place in the autumn of 2010.

Other aspects of the framework would be implemented as part of the main delivery plan for the Oxfordshire Mental Health Housing and Support Strategy.

7. Appendices


2. Care and support services diagram, version 2, September 2009.

3. Oxfordshire pathway from supported to independent living, version 2, September 2009.
Appendix 2 – Care and support services diagram (version 2)
## Appendix 3 Oxfordshire pathway from supported to independent living (version 2)

<table>
<thead>
<tr>
<th>Referral and allocation</th>
<th>Progression</th>
<th>Move –through</th>
<th>Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals</strong> would be made by approved agencies specified for each type of service, with options for self-referral by service users and their carers on their behalf being given priority consideration.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Referral and allocation process</strong> would be managed by the lead agencies in a co-ordinated and standardised way through a ‘one point access’ system, for example</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residential care</strong> – Intensive level of care and support is available on-site 24 hours a day, 7 days a week in a Care Quality Commission registered care home. Short term provision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intensive supported housing</strong> – designed to be an alternative to residential care. Intensive support available on-site 24 hours a day, 7 days a week. Short term provision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transitional supported housing</strong> – designed to provide a bridge between more intensive services and independent living. The level of on-site support is generally higher than can be provided through home visiting floating support. E.g. 9am-8pm on-site support with on-call service. Short term provision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floating support</td>
<td>visiting at home service designed for people living in independent housing setting. Level of support would range from intensive less than 24 hours a day to medium and low, with on call service. Short and long term provision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term supported housing</td>
<td>designed for people who will not be able to make the transition to independent living. On-site support would be at medium to low level, with on call service. Long term provision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General needs housing and universal services</td>
<td>wide range of mainstream services available to Oxfordshire residents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
Location of services would be determined by evidence of need and financial viability analysis.