



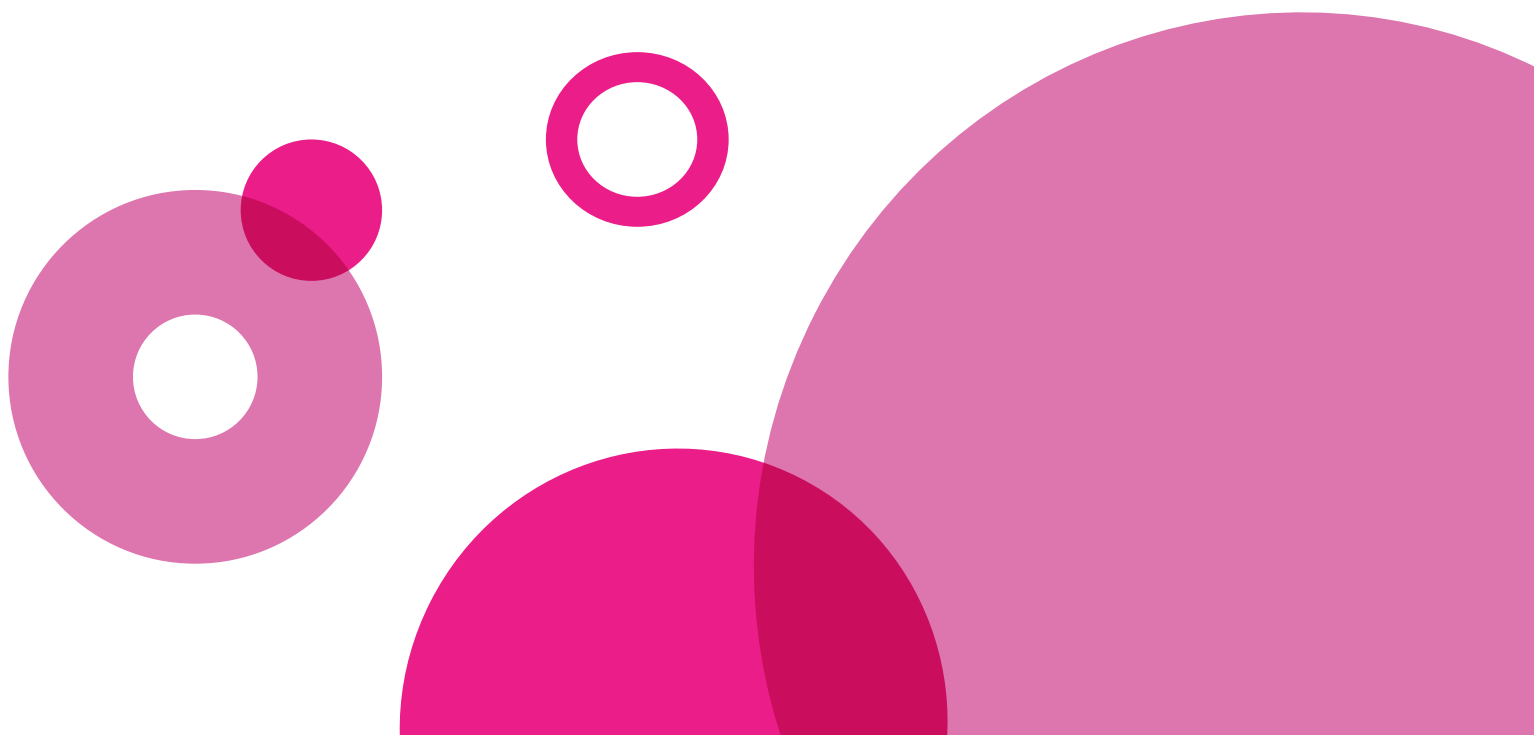
## Supported housing

### Improving outcomes in mental health patient pathways

Successful supported housing has been shown to reduce out-of-area placements and improve patient experience and outcomes. This briefing explores the current policy context and existing models of supported housing in order to recommend what is needed to embed supported housing more consistently into mental health patient pathways across the country.

#### Key points

- To free up inpatient beds and reduce out-of-area placements, specialised supported housing for people with a mental illness must be implemented at scale.
- The NHS Long Term Plan's ambition to boost out-of-hospital care could be jeopardised if good quality supported housing is not embedded into clinical pathways.
- Areas that have innovatively used the estates, capital and workforce available within many housing providers, and built strong partnerships between the NHS and third sector, have seen the lives of people with severe mental illness transformed.
- Integrated care systems, primary care networks and provider collaboratives should seek the active engagement of supported housing organisations.
- Greater understanding of the importance of funding streams, estates, relationships between sectors, types of care provided, and evaluation of services is needed to set up successful supported housing services.



# Introduction

Supported housing is any housing scheme where accommodation, support and sometimes care services are provided as an integrated package.<sup>1</sup> The aim is to help people to live as independently as possible. Supported housing includes adult placement schemes, sheltered housing, group homes and crisis houses. According to the Supported Housing Alliance, at any one time, over 600,000 people rely on supported housing to provide a secure place to live and to offer appropriate care and support.

This briefing explores the impact that supported housing can have on people with mental health problems. Based on the learning from a number of specialist mental health supported housing services, it considers the impact on patient outcomes, the entire patient pathway and NHS finances. It also explores the current context in mental health services and the opportunities and barriers that exist in implementing more high-quality supported housing.

The publication will be useful to all those with an interest in improving the care of people with severe mental health issues, including clinicians, managers, commissioners, policymakers and politicians.

## Policy context

Over the past few decades there has been a positive shift towards treating and supporting people with severe mental illness in the community, rather than in hospital. This is reflected in the number of mental health inpatient beds in England, which has reduced by 73 per cent<sup>2</sup> since 1987/88.

However, detention rates under the Mental Health Act have been steadily increasing over the past few years. Occupancy rates in mental health inpatient wards currently exceed 90 per cent, with some areas regularly seeing occupancy rates of 95 per cent (an occupancy level of 85 per cent is recommended).<sup>3</sup> Out-of-area placements (OAPs), which occur when someone requires a mental health inpatient bed and must be sent away from their local network to access one, are still too high. This is despite a strong focus on reducing these placements from both mental health providers and the arm's-length bodies.

Figures suggest that a large percentage of people in mental health wards are well enough to be discharged. In Greater Manchester Mental Health Foundation Trust for example, 40 per cent of people in adult acute wards did not require inpatient care but could not be discharged due to difficulties in acquiring a different care package. The 2019 Review of the Mental Health Act also found that around 50 per cent of delayed discharges in mental health wards were due to housing issues.<sup>4</sup>

Spending on the Supporting People Programme, which funded housing-related support services for vulnerable people, including those with mental health problems, fell by 69 per cent between 2010/11 and 2017/18.<sup>5</sup> This will have had a severe impact on the care packages available from local authorities to allow people to live independently.

### Workforce

There are also severe workforce challenges in NHS-funded mental health services, with around 10 per cent of posts vacant.<sup>6</sup> This will require a long-term sustained focus on attracting and retaining more staff. Staffing inpatient mental health wards will be challenging for some time. The health service will need to consider innovative solutions and use resources from other parts of the health and care system.

While NHS mental health organisations may want to provide more step-down services to free up inpatient beds and provide better care, they are limited because of challenges with access to capital, workforce and specialised supported housing knowledge. Partnership working, therefore, is key.

### Government health policies

The importance of supported housing in mental health has been acknowledged by policymakers and government, but there is still some way to go. The government's supported housing review in 2018 acknowledged that supported housing is a "vital service for some of the most vulnerable people in our communities". The Five Year Forward View for Mental Health called for an increase in "access to supported housing for vulnerable people with mental health problems".

The NHS Long Term Plan (LTP), a well-received, ambitious ten-year plan, commits to increasing access and quality of mental health services – and is backed by an additional £3.4 billion a year in funding for mental health by 2023/24. While there is an absence of focus on the role of supported housing in the document, the aims of the LTP – to “boost ‘out-of-hospital’ care”<sup>7</sup> – will not be realised without embedding good quality supported housing into clinical pathways.

The Independent Review of the Mental Health Act (2018) agreed with the positive and important impact of supported housing on patients and the system, and called for randomised control trials on the impact of housing interventions. In his personal reflections, Prof Sir Simon Wessely, chair of the review, stated:

“And in the end, I am not despairing, but hopeful. I recall visiting Look Ahead, a social housing organisation providing specialist support and care services for people with the most complex and severe of mental illnesses. I learnt about how they help those who have spent long periods of time in hospitals move towards more independent living.”

### Towards integration

The agreed direction of travel for the health and care system is towards more integrated services, providing care that is more joined up and out of hospital. That is the basis behind the introduction of integrated care systems (ICSs) and primary care networks (PCNs). ICSs are partnerships of NHS organisations, local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health of their population. PCNs are groups of general practices that have teamed up to serve populations of around 30,000-50,000, using economies of scale to join up with different parts of the health and care system. Working across larger population groups than previous structures allows a better opportunity for ICSs and PCNs to look at the entire patient pathway. PCNs are expected to “embed mental health care – including for people with the most severe and enduring illnesses within them”.<sup>8</sup> It would be a missed opportunity if ICSs and PCNs failed to actively engage with supported housing organisations.

Community mental health teams (CMHTs) play a vital role in supporting people with mental health issues to stay out of hospital. CMHTs have been largely overlooked when it comes to additional funding and policy focus over the past few years. However, the new Community Mental Health Framework, published in September 2019 and backed by additional funding from the LTP, aims to transform these teams.<sup>9</sup> It expects them to provide a core community service over the PCN footprint, organising and beginning to deliver services in an integrated manner with PCNs. Building up the capacity of CMHTs, which are encouraged to work with a number of partners including housing services, should encourage higher rates of discharge from inpatient settings as clinicians feel confident that patients with complex needs can access appropriate care in the community.

### New service models

Provider collaboratives (PCs, formerly new models of care) are an important shift in how specialised mental health services are commissioned and delivered. One of the key drivers behind the introduction of PCs was to reduce out-of-area placements by improving

patient flow.<sup>10</sup> Providers are expected to work together across a place so that people are not unnecessarily admitted to or kept in hospital, or sent far away from home for treatment. The money saved through the collaboratives is kept by local areas to invest in community mental health services.

It would be a missed opportunity not to involve supported housing in these collaboratives. This point was reflected in the LTP implementation guidance, which states that “NHS-led provider collaboratives will include providers from a range of backgrounds, including third sector providers such as in the housing sector”.<sup>11</sup> PCs currently exist across three types of service: adult low and medium secure, child and adolescent mental health services, and adult eating disorder services. Existing models of supported housing have seen particular success in adult secure pathways, due in part to the high cost of providing adult secure inpatient beds.

The role of supported housing and partnerships between the NHS and housing providers is also vital in the Transforming Care agenda. Transforming Care aims to move more people with a learning disability into the community with a target of reducing learning disability inpatient beds by a minimum of 35-50 per cent by March 2019.<sup>12</sup> To do this successfully requires suitable accommodation and appropriate support in the community to keep people well and not needing inpatient care. While significant progress has been made, in April 2019 bed numbers had only reduced by 20 per cent.<sup>13</sup> Lack of access to appropriate accommodation and the workforce to provide support has hampered progress.

Areas that have innovatively used the estates, capital and workforce available within many housing providers, and have built strong partnerships between the NHS and the third sector, have seen the lives of people with a learning disability transformed by supporting them to live more independently in the community.

### Out-of-area placements

Out-of-area placements are far from ideal for patients and a symptom of the entire mental health system being under pressure, rather than there simply being too few beds.<sup>14</sup> Patients in out-of-area placements have poorer outcomes, their length of stay is longer, and tragically, the risk of suicide is increased.<sup>15</sup> Patients are away from their support networks and their existing mental health, physical health and primary care teams. Discharge is also made more complicated by the practical realities of organising care packages in different parts of the country.

Despite an NHS England and NHS Improvement target of eliminating adult placements of this kind by April 2021 and a strong focus from providers, in November 2019 patients were still sent out of area due to lack of availability of a bed for over 19,000 days.<sup>16</sup> While the numbers of out-of-area placements have started to drop after a period of rising, we are still a long way from eliminating them.

Eliminating these placements requires a revaluation of the whole patient pathway. In order to free up beds for people who need them, providers and patients must have access to more options in the community so that people who are medically fit for discharge can leave hospital.

## Supported housing

The level of acuity of people leaving hospital has risen in the past few years.<sup>17</sup> Specialised expertise is needed to support the often complex mental, physical and social needs of patients to live in the community. Patients may also be under the criminal justice system. If patients are not given the support they need, they are more likely to end up reaching crisis and requiring inpatient care or end up in the criminal justice system.

Successful supported housing has been shown to, if integrated into the pathway, reduce out-of-area placements and improve the experience and outcomes of patients. The NHS does not always have access to the estates, the capital or specialist knowledge to provide supported housing alone; it must be done in partnership with third sector providers of supported housing.

There are many case studies of supported housing services that show the impact – and also the challenges – of getting this right. Several themes have arisen from taking a closer look at these examples. In the pages that follow, we consider what helps and what hinders the development and sustainability of supported housing services which improve patient outcomes, patient flow through the system and make better use of NHS funding.

# Case studies



## Choice Support

**Housing scheme name:** St Andrews (The Beeches)

**Location:** Maidstone, Kent

**Partners:** Kent and Medway NHS and Social Care Partnership Trust (KMPT)

**Overview:** The Beeches is a forensic step-down service designed to promote the development of basic living skills, community confidence and facilitate the move on to independence. The average length of stay is two to three years. The service comprises nine self-contained flats finished to a high quality and furnished to tenants' tastes and requirements. Each individual has an assured shorthold tenancy and responsibility for their own utility bills, with support provided.

The service has a 24-hour support model, with each individual having a tailored support plan in place before they move in, which is reviewed regularly. The emphasis is on tailored individual support that is designed to equip people with the skills and confidence to move into their own home, while complying with any community restrictions that may be in place.

**Service design:** The service was commissioned and designed in partnership with Kent Clinical Commissioning Group and local social care commissioners. Staff from Kent and Medway NHS and Social Care Partnership Trust were closely involved in the design of the building and the support model to ensure it suited the needs of the people being referred and fitted with their therapeutic pathway. The service was designed in collaboration with the local Assessment and Treatment Unit, community forensic team, probation service and adhered to Ministry of Justice guidelines in the design of the service.

### Service success:

- **Money saved for reinvestment:** The service is significantly less expensive than inpatient care or registered step down, while providing 24-hour support and promotion of independent living.
- **Supported the reduction of out-of-area placements:** Individuals with no previous discharge options are supported to return to the community from placements as far away as Yorkshire. They have also accepted referrals from individuals within or with connections to Kent in order to avoid individuals having to access treatment out of area.
- **Positive patient outcomes:** Positive experience has been reported for individuals who have spent significant periods in secure environments. There has also been a reduced recall to hospital. Since opening nearly three years ago, there has been only one readmission, as directed by the Ministry of Justice. There are also examples of individuals moving on from the service, volunteering, enrolling in education programmes, taking up paid employment and reconnecting with family and friends.

**Barriers to implementation:** The main barrier was financial. The need for the service was identified locally and the building was identified and converted, but there was difficulty in securing revenue funding, which placed the future of the service at risk. The decision to split the cost for individuals using the service jointly between health and social care services took months to reach a conclusion. The service is less expensive than inpatient care or registered step-down care, however there were still considerable difficulties to get funding commitments agreed and in place. Now the service is open and the evident value for money can be seen, this is less of a barrier.



## One Housing

**Housing scheme name:** Tile House

**Location:** King's Cross, London

**Partners:** Camden and Islington Mental Health Foundation Trust (C&I) and a range of voluntary and statutory organisations which support the service and individuals living in Tile House.

**Overview:** Tile House opened in September 2012 and provides 15 high-quality self-contained supported housing units for individuals who have complex mental health problems associated with enduring psychotic illness. Almost all have associated problems which mean that their risk and needs profiles exceed standard supported housing provision. Support is delivered in partnership with Camden and Islington Mental Health Foundation Trust, which provides clinical on-site support. This enhanced level of integration enables shared management of risk and joint responsibility for recovery outcomes.

**Service design:** The service was designed from an early stage in partnership between One Housing and Camden and Islington Mental Health Foundation Trust. Strong working relationships between the executive teams of both organisations helped to deliver this innovative scheme. This intensive housing-based alternative to inpatient care was designed to adopt a strengths-based approach building on life skills to encourage independence.

### Service success:

- **Supported the reduction of out-of-area placements:** The original cohort for the service were made up of individuals repatriated from out-of-area placements and inpatient rehabilitation services. Due to the intensive nature of the provision, the service has been increasingly used to repatriate forensic or secure rehabilitation placements, as well as taking individuals from the acute pathway. On average, individuals in the service have required significantly reduced hospitalisation.
- **Money saved for reinvestment:** Compared with customers' previous placement costs, Tile House has saved the system £443,964 per annum (which equates to 1,298 NHS bed days).
- **Increased independence:** Since the service began, 54 per cent of customers have moved to a lower level of housing provision following their time in Tile House and its sister service Cliff Road.
- **Positive patient outcomes:** A service evaluation showed on average across all clinical measures 9.5 per cent of customers showed good improvement, 54 per cent showed moderate improvement, while 35.5 per cent showed no change (with "lack of engagement" the main reason for lack of progress). There was also a significant reduction in hospital admissions for this service, from 408 weeks in the two years prior to move in down to 57.7 weeks in the two years spent at Tile House..
- **Replicable model:** The success of Tile House has led to the opening of two new schemes in Wandsworth via a sub-contract with South West London and St Georges NHS Trust. These have used two redundant community inpatient wards and converted them to housing-based schemes saving the NHS approximately £1 million per annum.



**Barriers to implementation:** A close working relationship and partnership on the design of the scheme from the beginning reduced the possible barriers to implementation. One barrier was balancing the size of communal and staff areas in the building, as these are not income-generating areas of the development, but integral to the service's success.

“The close relationship between Camden and Islington and housing allows us to be more creative in helping customers reach their potential by using a multidimensional approach to each individual's needs.”

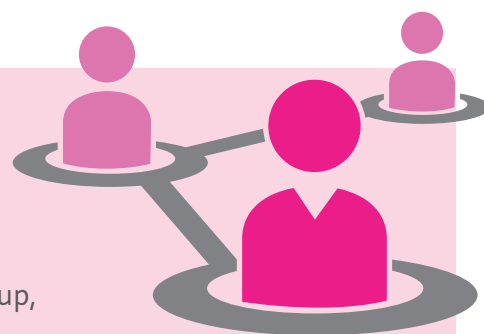
Clinical Team Member, Camden and Islington NHS Foundation Trust

## Navigo

**Housing scheme name:** Springboard Rehabilitation Team  
– Supported Living Project

**Location:** North East Lincolnshire

**Partners:** North East Lincolnshire Clinical Commissioning Group,  
Registered Social Care Landlord



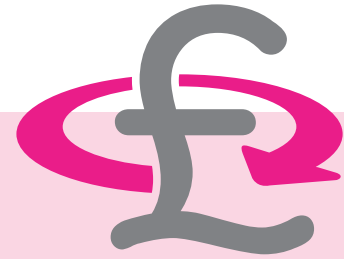
**Overview:** Navigo provides mental health care for the residents of North East Lincolnshire (Grimsby, Cleethorpes and Immingham). It also holds the out-of-area budget from the local CCG, maintaining responsibility for sourcing, reviewing and commissioning services as required for clients needing specialist mental health services not available locally. The project was designed primarily to return service users who are residents of North East Lincolnshire back to their local area, with support in place able to meet their needs, maintaining the safety of the service users and the wider public.

**Service design:** Discussions took place between the CCG and Navigo. The service worked alongside a developer and social landlord to design the property (including any specific needs of service users identified) and the support package. Input from the Mental Health Act office, Ministry of Justice and legal services within the North East Lincolnshire Council was essential in considering the use of the Mental Health Act and Mental Capacity Act to support service users within their new home. All of the information and input was coordinated and forged a design of the service that Navigo was then able to develop and replicate in future services.

### Service success:

- **Supported the reduction of out-of-area placements:** As a result of this project, there are no longer any service users in out-of-area placements. The service aims to not only bring service users back locally but to also keep them local. By working with individuals more quickly, they have been able to reduce admissions and lengths of stay in acute mental health services.
- **Money saved for reinvestment:** The service, in the way it was designed, staffed and funded resulted in significant savings (£1.45 million) from the budget which could then be reinvested in other projects and services.
- **Positive patient outcomes:** Patients are supported to have as much choice and independence as possible, within the legal restraints. Since the service began, no individuals repatriated to the service have returned to an out-of-area placement.
- **Sustainable model:** The success of the service has resulted in a further house being procured to support the step down of individuals in low-secure units.

**Barriers to implementation:** The barriers have been limited, with only some initial concern from local members of the public. A strong communications plan with stakeholders helped resolve these concerns. Another reason why barriers were limited is due to having commissioners and local senior managers involved from the development stage, which resulted in strong relationships and shared decision making from the start of the project.



## Home Group

**Service:** Step down from inpatient adult wards (Beech Range)

**Location:** Manchester

**Partners:** Greater Manchester Mental Health NHS Foundation Trust (GMMH)

**Overview:** Beech Range is a CQC-registered mental health step-down service delivered by Home Group in partnership with Greater Manchester Mental Health NHS Foundation Trust. The service was developed for residents of Manchester who were under the care of GMMH on the Manchester inpatient adult wards. The service opened in July 2018 and supports eight people at any one time, providing a community-based short stay of up to 12 weeks. Beech Range provides an alternative and less restrictive environment to hospital for customers who are medically fit but not yet ready to return home.

**Service design:** The service was co-designed by Greater Manchester Mental Health NHS Foundation Trust and Home Group. The process included clinicians from both organisations.

### Service success:

- **Positive patient outcomes:** Of the 16 service users admitted and discharged during the evaluation period, nine moved on to supported housing with a further three successfully accommodated in their own independent tenancies.
- **Supporting the reduction of out-of-area placements:** OAPs peaked in Manchester in August 2018, but the actual number of reportable placements has dramatically reduced since then, with Beech Range acknowledged as playing an important part in contributing to this reduction.
- **Money saved for reinvestment:** A recent evaluation reported significant savings for the trust in comparison to NHS inpatient beds and independent sector beds. A saving was made even though fewer referrals were received than expected, and the model can be seen to show demonstrable value for money.

**Barriers to implementation:** Home Group worked closely with GMMH colleagues to ensure they were comfortable with the introduction of a new service, and confident of the care and support it provided. The role helped trust colleagues to understand the service and the referral process, including the complexity of customers that the service could support and facilitated two-way feedback.

“Everyone gets that one to one support and that extra reassurance and the support you get you know when you are on your own, it could be scary getting out of here but it’s not for me.”

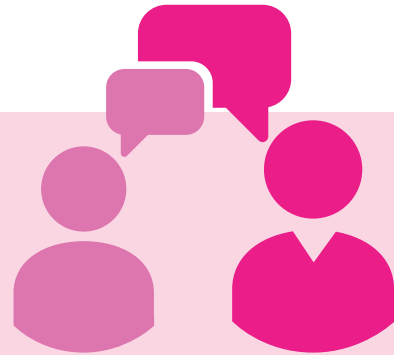
Service User

## Look Ahead Housing

**Service name:** Tabard Forensic Service

**Location:** Tower Hamlets, London

**Partners:** East London NHS Foundation Trust (ELFT), London Borough of Tower Hamlets (LBTH) and Tower Hamlets Clinical Commissioning Group



**Overview:** Tabard Forensic Service is an accommodation-based specialist mental health service in East London. It provides a vital step in the wider forensic mental health pathway, supporting residents to move on from a secure mental health setting. It was developed to meet the need for an in-borough service of this type, so that local people with forensic backgrounds/needs could be supported in borough, rather than in costly out-of-area placements. As part of the service's recovery-focused care and support package, it provides medication management support and alcohol/drug testing from a highly trained team, who receive clinical supervision from ELFT.

**Service design:** Co-designing with ELFT, Look Ahead refurbished their building to fulfil the service requirements, creating self-contained flats alongside communal areas to encourage engagement in positive practical and therapeutic activities.

### Service success:

- **Supported reduction in out-of-area placements:** The service enables local people to be supported in borough, with advantages for both the individual in terms of outcomes and reducing costly out-of-area placements.
- **Increased independence:** The service provides an internal pathway from a higher support area to a lower support area. This allows residents to physically and psychologically progress in their recovery, before moving on to independent accommodation. For example, 31 per cent of initial residents had moved on to their own independent tenancy in the community.
- **Money saved for reinvestment:** The service provides significant value for money for people stepping down from secure mental health inpatient services, particularly in comparison to medium and low secure inpatient services. For health and social care commissioners in Tower Hamlets, actual savings have been even greater as the service has contributed to reducing the use of registered care and hospital admissions.
- **Positive patient outcomes:** Recovery-focused services that treat people in a personalised way with co-production at the centre of their treatment and support has been key to building trust and delivering successful outcomes. For example, 63 per cent were engaged in structured community activity.

**Barriers to implementation:** Potential barriers to the service were reduced due to a sophisticated partnership and community-facing approach at the design phase. Multi-agency partnership working is critical to the successful design and implementation of local forensic mental health pathways. Successful integration of supported housing in the forensic mental health pathway also requires a sophisticated approach to risk management and quality, which this service has prioritised by mirroring the CQC’s five key areas of enquiry within their quality assessment framework. This has assured local clinical and criminal justice partners that they satisfactorily address these key areas of delivery, and supports the success and sustainability of the service.

“The service provides intense support in a less restrictive environment than that offered by more traditional forms of care.”

Forensic Social Worker, Tabard Forensic Service

# Themes and recommendations

## Estates

**The NHS should work in partnership with the voluntary sector to access both high-quality estates and the expertise of housing associations to develop creative solutions and use of NHS estates.**

While the Five Year Forward View for Mental Health suggested that more NHS land should be put towards supported housing, the lack of access to capital funding, appropriate estates and lack of specialist knowledge in the NHS on setting up a new housing service makes this, in practice, extremely challenging. Third sector housing providers often have access to buildings that can be used for supported housing and have the experience and knowledge of delivering them.

High-quality housing makes sure patients feel valued. An environment that is therapeutic and not too clinical will feel noticeably different to inpatient wards, providing confidence to patients that they are moving forward in their recovery. This balance can be difficult due to regulations and safety concerns, but not impossible, which the case studies reflect. Use of technology, co-production and continuously taking on patient feedback will help make environments more therapeutic.

## Funding

**The NHS and third sector must take advantage of the five-year NHS funding settlement, using learning from services that have accessed different funding streams.**

The case studies show the variety of funding arrangements that exist for supported housing, and difficulties around accessing it. It can require a variety of funding streams and often be short term. The negative aspects of short-term funding for any type of service are well known: lack of security for staff, providers and patients (depending on the length of stay); staff time taken up by re-applying for funding rather than providing care; and services often needing time to 'bed-in' before the full impact can be achieved and evaluated.

Existing schemes use funding from a mixture of NHS trust, CCG and local authority budgets, and can use specific pots of money, such as out-of-area budgets. There are also different types of contract used, including block and spot contracts.

The NHS now has a five-year funding settlement, with mental health receiving an extra £3.4 billion by 2023/24. Provider collaboratives are also able to retain the (often substantial) money they save to reinvest in services in the community. This offers an opportunity to fund more supported housing services for potentially longer periods.

## Relationships

**Individuals from statutory and voluntary providers and commissioning groups should prioritise building relationships to understand the capabilities and strengths of all parties. Doing so will enable these relationships to support the development of more supported housing within the patient pathway.**

Positive, trusting relationships between different partners at all levels are key to the success of supported housing projects. Positive relationships between NHS trusts, commissioners and supported housing providers are vital, as are local authorities.

Differences in cultures between the NHS and the third sector can make building that trust between the sectors difficult. Making the decision to discharge a patient who is medically fit to be discharged from an inpatient setting but still has complex needs can be difficult for clinicians. They must be confident that the care their patient will receive in the community is of good quality. Some clinicians, and other staff working in the NHS, can be nervous about the skill-mix of staff supporting patients in the community and need to be assured through strong links in with medical and other NHS clinical staff.

If ICSs and PCNs are to achieve their aims, they should be looking at embedding more supporting housing into their pathways. Building relationships with this additional layer of service design and delivery, which operate over larger population areas, would be an opportunity for all partners involved.

Building up these relationships can be done in different ways, but getting partners involved in the early design stage can be highly beneficial. Positive patient feedback is also necessary to build trust with both professionals and patient groups.

### Type of support provided

**Services need to be designed in partnership between trusts, supported housing providers and service users to ensure they effectively meet the needs of individuals and focus on long-term recovery and increased independence.**

People who are well enough to leave inpatient services will still require variations of support for their mental, physical and social needs to support people to avoid crisis and to prepare to move on from step-down housing. The length of time needed in step-down housing will also vary, with length of stay in supported housing varying from a few weeks, to a few years. Some services will be forensic, supporting restricted patients with conditional discharges.

Some services provide support with medication, which can help build trust between the NHS and housing providers and requires registering with the CQC.

Successful services support the patient with clinical, emotional and practical support as it assists in their recovery and helps them prepare for their next steps. This can include supporting patients with future housing options, accessing benefits, employment, social services and relationships with support networks, if required. Support to access physical health services can also make a huge difference to patients. The needs of patients will vary and this should be reflected in the type of supported housing that is available across a patient pathway if it to be most effective.

## Evaluation

**Further investment into high-quality evaluation – which includes patient experience – is needed to build the evidence base for increasing the use of supported housing services.**

Good quality, independent evidence of the impact of supported housing on patient outcomes and finances is important to help build the case for supported housing and give the NHS confidence in supported housing models. The patient experience must be included and insight from both quantitative and qualitative data can be used to further improve supported housing services.

Reducing out-of-area placements is a priority for mental health services and will be for some time. Existing evaluation of services show the positive impact of supported housing can have on reducing out-of-area placements. It would be useful to build on this evidence base.



## Mental Health Network viewpoint

When high-quality supported housing is embedded into patient pathways, it can transform the lives of people with a severe mental illness. It also frees up inpatient beds for those who really need them, improving patient flows and reducing out-of-area-placements – all of which are positive for patient outcomes and cost-effective for systems.

If we are to achieve the Long Term Plan's ambition of providing more care in community settings, the right level of community support will need to be in place. Many people will be medically fit for discharge from inpatient care but will still have complex mental, physical and social needs that will require specialist support.

While there is acknowledgement of the benefits supported housing can bring, we are yet to see services implemented at scale. Lack of access to appropriate estates, workforce, capital and knowledge of running supported housing services are barriers the NHS faces in setting up services. Partnerships with third sector supported housing providers can help to overcome these barriers, providing specialist care that keeps people well and living in the community.


The five-year funding settlement and move towards planning care over larger populations, through integrated care systems, provider collaboratives and primary care networks, provides opportunities to upscale supported housing, improving care for patients and supporting recovery.

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# Notes

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from the not-for-profit, commercial and statutory sectors – including more than 90 per cent of NHS trusts and foundation trusts providing secondary mental health services. We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

For more about our work, visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)  
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