

Brighton & Hove Mental Health & Housing Plan

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Draft 5	Anne Foster – Head of MH Commissioning CCG	22/06/22
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Executive Summary:

The links between mental health and housing are well established with good quality housing being a key component in enabling positive mental health and wellbeing. In Brighton & Hove there are high levels of mental health need coupled with pressures on housing with a high-cost competitive housing market and significant issues with rough sleeping and homelessness. High levels of mental health need and high levels of complexity coupled with difficulties recruiting and retaining sufficient mental health staff create significant pressures on mental health services. A lack of suitable accommodation and housing support leads to people being delayed in hospital at the end of their admission (delayed transfers of care) and waiting lists for housing and accommodation services.

In this context the Brighton & Hove Mental Health and Housing Plan brings together the whole system – Brighton and Hove City Council (Adult Social Care & Housing Department) the Clinical Commissioning Group and Mental Health Services (both statutory and voluntary) around a shared set of priorities which aim to increase access to support and accommodation provision for those with mental health needs within the city and support better integration of services, and improve outcomes for service users.

The Brighton & Hove Mental Health and Housing Plan lays out 5 key priorities for the city, which have been developed following analysis of data and engagement with stakeholders, individuals with mental health needs, their families and carers.

The development of the plan has been overseen by the Brighton & Hove Mental Health Accommodation Group ensuring that key partners have been involved throughout the process.

This document provides:

- an overview of the findings of the data gathering and engagement,
- details of the five identified priorities,
- an action plan to address the priorities including expected outcomes
- governance arrangements for implementing the plan over the next two years.

The five priorities of the Brighton & Hove Mental Health & Housing Plan are:

Priority 1: Improve Support to Young People & Transitions

Develop dedicated provision for 18–25-year-olds and improve transition from children's to adult services to support at this vulnerable life stage.

Priority 2: Reduce barriers to hospital discharge

- Improve referral pathways and communication and increase use of out of hospital provision including Discharge 2 Assess and step down provision to minimise delayed transfers of care.
- Increase capacity & “appropriateness” of onward accommodation and support offers to people leaving hospital.
- Improve confidence of hospital-based clinicians to discharge into services and remove barriers to earlier, safe discharge.

Priority 3: Improve Connection Between Mental Health, Adult Social Care and Housing to Prevent Homelessness and Improve Mental Wellbeing.

- Improve knowledge and understanding of respective roles and remits.
- Trial collaborative ways of working between clinicians and providers of supported & emergency accommodation to enable mental health to be managed effectively and ensure housing expertise is embedded in mental health services.
- Develop and improve housing pathways & improve access to independent accommodation and support in the community.

Priority 4: Increase the provision of supported accommodation and support for people with mental health and co-existing conditions within Brighton and Hove.

Reduce waiting lists; out of area placements; delayed transfers of care and the risk of acute admissions and homelessness due to inappropriate accommodation placements.

Priority 5: Develop accommodation and support services to meet the needs of people with co-existing conditions & multiple and compound needs.

Particular focus on complexity including people with mental health need who also have Autistic Spectrum Condition and/or Substance Misuse needs.

1. Introduction:

In July 2020 the Sussex Health & Care Partnership (SHCP) published a Strategic Plan for Integrating the Housing and Mental Health systems across Sussex¹. The report highlighted the importance of the link between good quality housing and mental health and the positive impact that settled accommodation has on an individual’s mental health. The plan laid out 5 strategic objectives:

Objective 1: Create Mental Health and Housing Plans for each place in East Sussex, West Sussex and Brighton & Hove.

- **Objective 2:** Ensure housing expertise is embedded within the new model for community mental health services being developed across the SHCP.
- **Objective 3:** Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision.
- **Objective 4:** Deliver the ambition to create new integrated models of supported housing for people with multiple and complex needs thereby reducing the need for inappropriate out of area hospital placements and residential care.
- **Objective 5:** Drive forward the integration of housing, social care and mental health clinical services, by supporting Sussex Partnerships NHS FT to establish strategic and operational partnerships with providers of housing and housing services, that improves individual outcomes, service quality and reduces unnecessary variation.

The Brighton & Hove Mental Health & Housing Plan has been developed as a direct response to objective 1 and as an indirect response to the remaining objectives with a view to better integrating the work of Adult Social Care, Health and Housing within the city.

¹ SHCP, Mental Health & Housing, A strategic plan for integrating housing and mental health across Sussex, July 2020

The SHCP strategic plan identified the need for improved collaboration between housing, mental health and social care to enable improved system wide working. This means addressing both the issues that health and social care face with access to housing and the issues faced by housing colleagues in accessing mental health care and support for their clients. The plan's primary purpose is to meet the needs of the Brighton and Hove population, but it also seeks to develop better links with East and West Sussex and to support collaboration around shared priorities.

2. Scope

In developing the plan, the following objectives were agreed by the Brighton and Hove Mental Health Accommodation Group (see section 7) to ensure the priorities and associated action plan are evidence based and include the views of stakeholders and service users.

- Examine the level of need and demand for services in Brighton & Hove
- Examine the scale of homelessness and mental health need
- Provide an overview of current services and pathways
- Gather the views of service users, patients, families, and carers
- Gather the views of partners, providers, and the voluntary sector

The scope of the mental health and housing plan:

- Adults including young people 16+ in transition to adult services
- Those with a diagnosed mental health need, this does not include people with dementia or Autistic Spectrum Conditions or other primary neurodiverse presentations (unless there is a co-existing need alongside mental health).
- Those who are self-reporting mental health needs such as anxiety and depression
- People with mental health needs within Brighton & Hove and those placed in accommodation outside of Brighton & Hove by the council or SPFT.

The plan covers a range of accommodation including;

- **Residential care** - accommodation and 24-hour personal care and support provided on a short- or long-term basis. This includes residential nursing homes where nursing care is also provided.
- **Supported living** - personalised support to help people live within their own home as independently as possible, this support may be shared with other people living in the same service or provided in a fully independent tenancy.
- **Supported accommodation** - accommodation provided alongside support, this can include shared or self-contained accommodation and provide different levels of support from low support of 1 to 2 hours a week to services offering 24-hour on-site staffing. Services are often time limited and encourage move on to greater independence.
- **Emergency & Temporary accommodation** – Emergency accommodation is housing that can be accessed very quickly via the council, such as bed and breakfast or hotels. Accommodation is provided to those who are homeless while the local authority develops a personal housing plan and assesses their ongoing accommodation duty. This also includes commissioned 'off street' (short term) accommodation for rough sleepers.
- **Independent or general needs accommodation** – this includes privately owned, private rented accommodation or accommodation rented from the council or a housing association.

There is no support attached to this accommodation however support may be provided separately by a homecare or housing related support service.

- **Discharge to Assess (D2A) & Step Down** - short term accommodation and support provided to an individual medically ready to discharge from hospital. The service provides continued assessment and support to achieve an onward accommodation goal.
- **Crisis House** – short term accommodation placement (average stay 7 days) for those in crisis to prevent hospital admission and loss of accommodation.

3. Strategic Context in Brighton & Hove:

The Sussex Health & Care Partnership (SCHP) has been developed to join up work across the county to improve health and wellbeing and reduce health inequalities. Within the SCHP a Mental Health Collaborative has been established which provides leadership to a number of priority workstreams. One of these is a Housing & Mental Health Programme to take forward the aims of the SHCP Strategic Plan for “Integrating Housing and Mental Health across Sussex”. Although the system is working jointly across the county on pan Sussex priorities there is an appreciation of the need for work to be led at a place-based level to take into account local differences.

There is currently no mental health and housing plan for Brighton & Hove in existence. However, there is collaborative work taking place on several related areas such as the joint BHCC (adult social care) and CCG redesign and procurement of mental health supported accommodation and discharge to assess services. There are also short-term funding pilots for a number of joint projects around mental health and housing, including a Homeless Prevention Officer supporting discharge from the city’s mental health hospital, a pilot step down service for those with complex needs and a Mental Health and Autistic Spectrum Condition supported accommodation service.

Brighton & Hove has a series of strategies in existence which have links to the mental health and housing plan including;

Brighton & Hove Health & Wellbeing Strategy 2019-2030²

The Brighton & Hove Health & Wellbeing Strategy lays out the city’s priorities to improve the health and wellbeing of the population and reduce health inequalities. Under the headings Starting Well, Living Well, Ageing Well and Dying Well there are a series of priorities that include;

- Risks to good emotional health and wellbeing will be addressed, including parental substance misuse and domestic abuse, and mental health services will be easier to access.
- Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided
- The underlying causes of homelessness will be tackled.

Homeless & Rough Sleeper Strategy 2020 – 2025³

The Homeless and Rough Sleeper Strategy was developed in 2020 and has three key strategic priorities, prevention, intervention and sustainability under these priorities are actions, the ones detailed below directly relate to the Mental Health and Housing Plan.

² [brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf](#)

³ [Homelessness and Rough Sleeping Strategy 2020 to 2025 \(brighton-hove.gov.uk\)](#)

Prevention

Try to ensure that those who come through our Housing Options service do not end up rough sleeping by focusing work with those leaving institutions and by working closely with services like Somewhere Safe to Stay and Sussex Nightstop.

Intervention

Increase access to mental health support and improve advice and training for staff working with complex needs clients to create 'psychologically informed environments' within all homelessness services

Sustainability

Evaluate and develop our support for people accessing private rented accommodation to ensure they have the best possible chance of sustaining their accommodation long term

Continue to develop our relationships with private landlords to increase the accommodation available to those who have experienced homelessness

Increase our move on options for those exiting supported accommodation

Ensure that services are in place to support those transitioning between supported accommodation and independent accommodation

The following national and local plans also have priorities which link to this work.

National

- NHS Five Year Forward View⁴
- National drive for greater integration of care⁵

Local

- The Brighton & Hove City Council Plan 2020-2023⁶
- Community Mental Health Transformation Programme
- Reducing health inequalities⁷
- Brighton and Hove Suicide Prevention Strategy and associated Action Plan 2019-21⁸
- Changing Futures programme to improve the outcomes of people experiencing multiple disadvantage in East & West Sussex and Brighton & Hove⁹
- Foundations for our future – SHCP improving the mental health and wellbeing of young people¹⁰
- Rough Sleeper Initiative 2022-25 Priorities & Action Plan

⁴ <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

⁵ <https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-Commissioner/care-coordination>

⁶ <http://wave.brighton-hove.gov.uk/LGCSDocumentLibrary/Policy/6799%20Corporate%20Plan%202020-2023%20FINAL.pdf>

⁷ <http://www.bhconnected.org.uk/sites/bhconnected/files/isna-6.4.3-Rough-sleepers2.pdf>

⁸ <https://www.brighton-hove.gov.uk/content/health/health-and-wellbeing/suicide-prevention-action-plan>

⁹ [Changing Futures - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹⁰ [Foundations for Our Future - Sussex Health & Care Partnership \(sussexhealthandcare.uk\)](https://www.sussexhealthandcare.uk)

Sussex Partnership NHS Foundation Trust (SPFT) are the primary provider of specialist NHS mental health services across Sussex. SPFT are key stakeholders to the overarching Sussex Mental Health and Housing Strategy, and a commitment to enhancing the housing situation of people using their services is made in their 22/23 Breakthrough Objectives¹¹. The objectives linked to this plan include commitment to:

- Agreeing actions, based on analysis of baseline data, to increase number of patients in settled housing and employment, with an initial focus on rehabilitation services
- Developing data capture and reporting to enable on-going monitoring of housing and employment status
- Harness care planning assurance process to drive continuous improvement in the quality of support provided to patients in areas including housing and employment

A key strategic drive for SPFT is also to end the use of out-of-area hospital placements commissioned from the independent sector when local SPFT beds in Sussex are fully occupied. There is growing national evidence about the poorer experience of care for patients using out-of-area placements, and their use is a major cost pressure for the Trust. A wider operational improvement plan is in place to reduce patient length of stay in SPFT beds, recognising that reducing delays to discharge will prevent the need for commissioning out-of-area hospital placements.

4. Process & Governance:

Project Lead: Anne Foster, Head of Mental Health Commissioning CCG

Oversight: Brighton & Hove Mental Health Accommodation Group – a Sub-Group of the Brighton and Hove Mental Health Oversight Board.

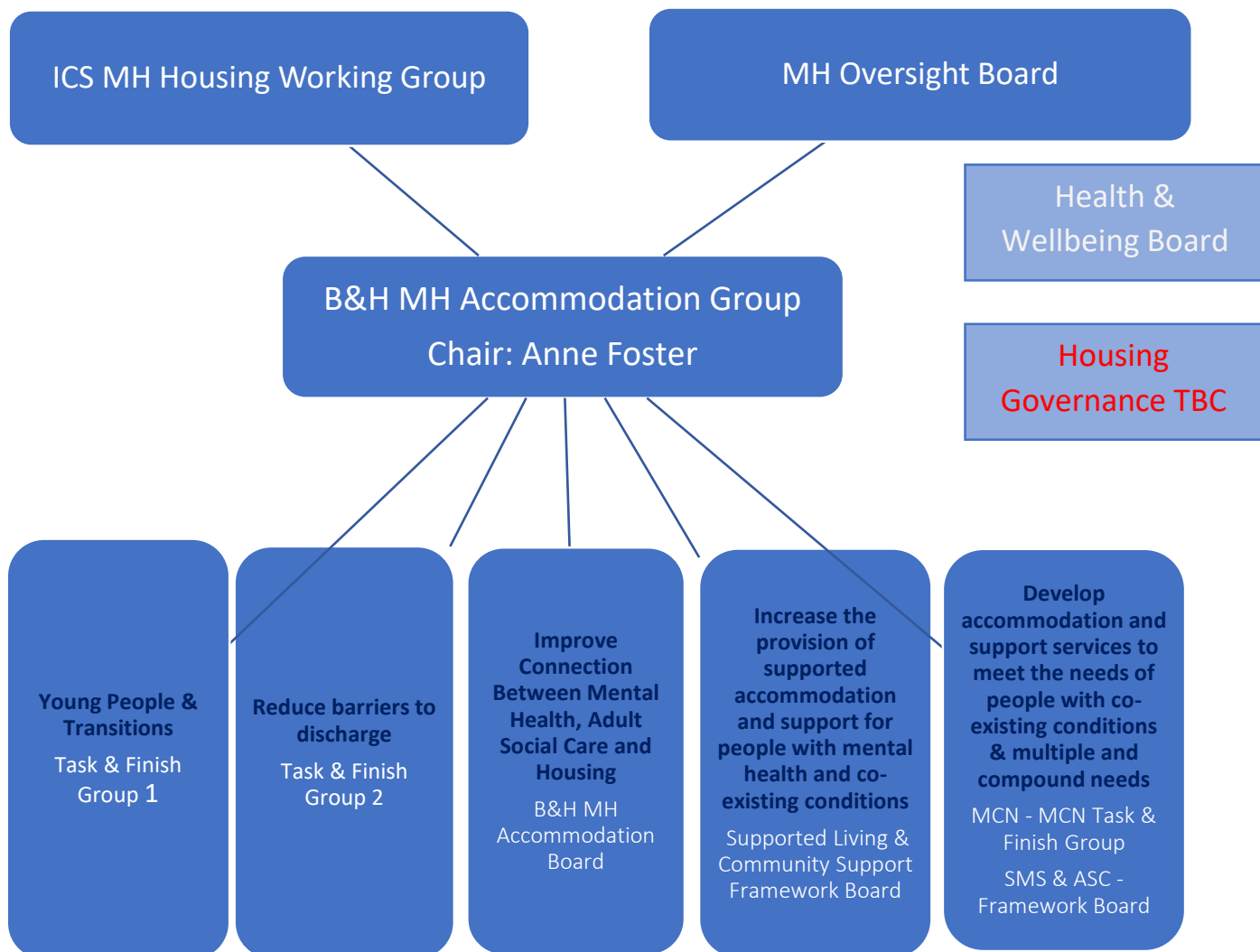
The Brighton & Hove Mental Health Accommodation Group was established to support joint working between adult social care, housing and health in the city. This group oversees the development and implementation of the Mental Health and Housing Plan. Membership of the board include the CCG, Adult Social Care, Housing & SPFT.

The five priorities within the plan will be taken forward through the forums detailed below and through specific task and finish groups with oversight of the work by the B&H Mental Health Accommodation Group which reports into both the Mental Health Collaborative's Mental Health & Housing Working Group and the Brighton and Hove Mental Health Oversight Board.

The final plan will be taken to the Brighton & Hove Health & Wellbeing Board and the TBC with updates going to those boards as and when required.

¹¹ SPFT breakthrough_objectives_march_2022.pptx

Governance:



5. The current position in Brighton & Hove

Brighton & Hove has a number risk factors which contribute to a higher than average level of mental health need in the local population including, higher levels of people experiencing problematic debt, a higher than average number of; people with combined physical & mental health needs; children leaving care; LGBTQ+ population and people experiencing homelessness, substance misuse and multiple disadvantage. In 2022 Brighton & Hove commenced work on a joint strategic needs assessment (JSNA) for mental health to examine the level of need in the city. Once complete the recommendations from the JSNA will be linked into the Mental Health & Housing Action Plan.

Mental Health & Housing Need:

Data analysis shows that Brighton & Hove experiences significant numbers of delayed transfers of care (i.e. people being delayed in hospital at the end of their inpatient episode of care), the main reasons for this are individuals waiting for a placement in residential care or waiting for supported accommodation. The majority of those waiting for supported accommodation are homeless.

Waiting lists for supported accommodation for those with mental health needs are extensive and demonstrate the current capacity is not sufficient to meet demand, especially for self-contained accommodation. In October 2021 there were 15 people waiting for supported accommodation with 11 of those waiting for self-contained accommodation. The analysis also showed a lack of local provision of supported living and residential care accommodation. In October 2021 there were 175 people placed in Mental Health Residential Care homes by Brighton & Hove City Council. Of these 95 (54%) were placed out of area with 70% of those placed out of area by necessity rather than by choice. 9% of those individuals placed would have been better placed in a Supported Living service if one had been available. Waiting times tended to be higher for those with more complex support needs such as substance misuse and mental health. Feedback from professionals as part of the engagement found 70% of respondents believed their clients would not be able to access accommodation, which is suitable for their mental health needs, this included lack of affordable housing within the city.

There is also a need for independent accommodation, with demand for private rented sector accommodation in the city being very competitive and high cost. The Council Interest Queue (CIQ)¹² offers a route into social housing for those who are ready for independent accommodation and have an assessed social care need, of the 67 people housed via CIQ from 2018 to 2021 50 of these (75%) were referred via mental health practitioners or were exiting mental health supported accommodation. 74% of those on the current waiting list has a mental health need. Waiting times for CIQ accommodation can be 8 to 9 months from referral to offer of accommodation impacting on flow out of supported accommodation.

In terms of mental health need within housing services there was a high need identified via stakeholder feedback and through the data that was gathered. Nationally 27.5% of households owed a housing prevention or relief duty i.e. those supported by housing services who are at risk of or are homeless were identified as having a support need related to their mental health (i.e. engaged with mental health or wellbeing services), in Brighton & Hove this was 42.6% significantly higher than the national average.

Plans have been put in place in the city throughout the covid-19 pandemic to reduce rough sleeping however there continues to be a significant rough sleeping issue. In the month of November 2021 there were 122 individuals who rough slept on the streets of Brighton & Hove with 65 of these being new to rough sleeping. In December 2021 this had decreased to 93 rough sleepers in the month with 37 new to rough sleeping.¹³ The national rough sleeper count in November 2021 found that Brighton & Hove had the 5th highest number of rough sleepers in the UK¹⁴

As of March 2022, there were 644 households placed by the council in emergency accommodation of these 141 (22%) were placed out of city. Information on the support needs of those in emergency accommodation is not collated however anecdotal feedback from staff is that there is a high level of

¹² CIQ – The CIQ is reserved for those referred via Adult Social Care or Children’s Services. Individuals referred by Adult Social Care are assessed by a panel and if approved are given priority bidding for social housing via Homemove.

¹³ BHCC Housing B’tthink Rough Sleeper Data 2021

¹⁴ [Rough sleeping snapshot in England: autumn 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021)

mental health need within this cohort. More work is needed in this area to fully understand the situation.

Mental Health Need in Homeless Supported Accommodation

Brighton & Hove City Council Housing Commissioning Service have a range of accommodation and support services in place for the homeless and rough sleeping population which includes short term services such as No Second Night Out, shared and self-contained supported accommodation offering various levels of support, housing first provision, a young peoples' accommodation and support pathway and support to individuals in their own homes. Data and intelligence shows significant levels of mental health need within these services

In February 2021 data was collated from 6 commissioned services for young people (including care leavers) at risk of or experiencing homelessness. This included both accommodation based and community-based support services. The audit of services found 20% of users had a mental health diagnosis and 40% reporting a mental health need but with no diagnosis, 16% of young people within these services had expressed suicidal thoughts or suicide ideation. This has led to Brighton and Hove implementing a suicide contagion cluster focusing on individuals within these settings. Additionally, the Brighton and Hove CCG has identified targeted mental health support in supported accommodation as a priority for Community Transformation funding.

Through the Community Transformation funding a service has been designed with the aim of supporting young people within young people's supported accommodation services with multiple and complex needs, providing direct clinical support and supporting them to access support for mental health, substance misuse, or other support needed to stabilise their mental and physical health and accommodation. This will include Two (2) FTE Multiple & Compound Needs Navigators.

The service is currently in mobilisation, with the hopes of being operational by the Q3 2022/23

In adult homeless services the Homeless link review in 2019¹⁵ showed 43% of people in adult homeless services reported mental health needs, with 25% of people having a dual diagnosis of mental health and drug or alcohol abuse.

Multiple & Compound Need:

Brighton & Hove has high levels of people with Multiple Compound Needs. In 2020 the Adults with Multiple Complex Needs in Brighton & Hove Report¹⁶ found that 20 per 1,000 working age adults were estimated to receive services across at least one of the three domains examined in the report which were substance misuse, offending and homelessness. The report estimated the number of adults receiving support for at least one of these issues, who also had mental health problems. In Brighton & Hove this estimate was 1,970 adults (52% of those with Severe and Multiple Disadvantage).

Housing needs of people using SPFT services:

There is intelligence from community and acute mental health services about the impact that patient housing related needs can have on their mental health treatment outcomes. The most obvious sign of this impact is when a patient's housing needs prevents their discharge from hospital. SPFT collects information about inpatient delays to discharge. Over the last 2 financial years (Apr 20 to Mar 22),

¹⁵ Homeless Link Brighton & Hove Single Homeless Services Review, November 2019

¹⁶ Adults with Multiple Complex Needs in Brighton & Hove (2020)

4,628 inpatient bed days were lost due to Delayed Transfers of Care (DToC) patients with housing related discharge barriers in Sussex. This constitutes 18% of the total 25,615 DToC bed days lost over this time period. Anecdotal feedback has also identified a lack of knowledge amongst clinical staff about the support offered in accommodation services leading to a reluctance to refer and further impacting on hospital discharge.

6. Current provision:

Brighton & Hove has a range of commissioned support and accommodation services for the homeless population and those with mental health needs. For individuals with mental health needs this includes nursing and residential care services, supported accommodation for those with high, medium and low support needs and a short term discharge to assess service.

The following list is of commissioned services within Brighton & Hove and does not include placements out of the city or placements in supported living services. The Mental Health Supported accommodation pathway and D2A service have been recently tendered during 2021/22 and this will result in new services which better meet the mental health needs of the Brighton and Hove population however it will also result in reduced unit numbers as resources have been directed to support the complexity of need in the B&H population that have not always been fully met by the current configuration. New services will be in place at the end of 2022.

In addition to these other recent developments include;

- a CCG has commissioned a Crisis House, to offer short term accommodation (average 7 days) for those who are in mental health crisis to prevent hospital admission. This service is accessible to those in supported accommodation.
- A Multiple and Compound need short term accommodation service commissioned by Adult Social Care to meet the immediate accommodation needs of those with multiple support needs who are unable to be placed in general needs or mainstream supported accommodation.
- An investigation into the remodelling of an existing BHCC supported accommodation service to meet the needs of those with multiple and compound needs including mental health.

Type of Accommodation:	Number of Units of Accommodation:
Nursing & Residential Care	
Mental Health Long Term Nursing Care	17
Long Term Residential Care	65
Short Term Mental Health Residential Care	14
Transitional Mental Health Residential Care	19
Residential Respite	3
Total	118
Mental Health Supported Accommodation Pathway (May 2022 – prior to mobilisation of new services)	
Mental Health High Support	20
Mental Health Medium Support	32
Mental Health Med / Low Support	70

Total	122
Other	
Discharge to Assess	8 (+2 additional “winter pressure” funded beds until June 2022)
Autistic Spectrum Condition Discharge Service (short term funding)	4
Step Down / Step Up Discharge Service for greater complexity (due to go live April 2023)	5
Multiple & Compound Need Interim Accommodation Service (in mobilisation)	5
Total	22
Grand Total	262

Both the data and feedback from stakeholders and service users identified that the current level of accommodation with support provision in the city for those with mental health needs is not sufficient to meet demand with waiting lists for services, delayed transfers of care and high numbers of out of area placements.

Accommodation Commissioned by Housing Commissioning to meet the needs of those who are single homeless or rough sleepers with support needs

Accommodation Type	Number of Units
Young Peoples Supported Accommodation Age 16-25	
High Support	39
Medium Support	79
Low Support	28
Adults Supported Accommodation	
High	69
Medium	374
Low	71
No Second Night Out – Short term off the street accommodation for Rough Sleepers	
High	20
Medium	20
Low	10
Housing First	60
Total	770

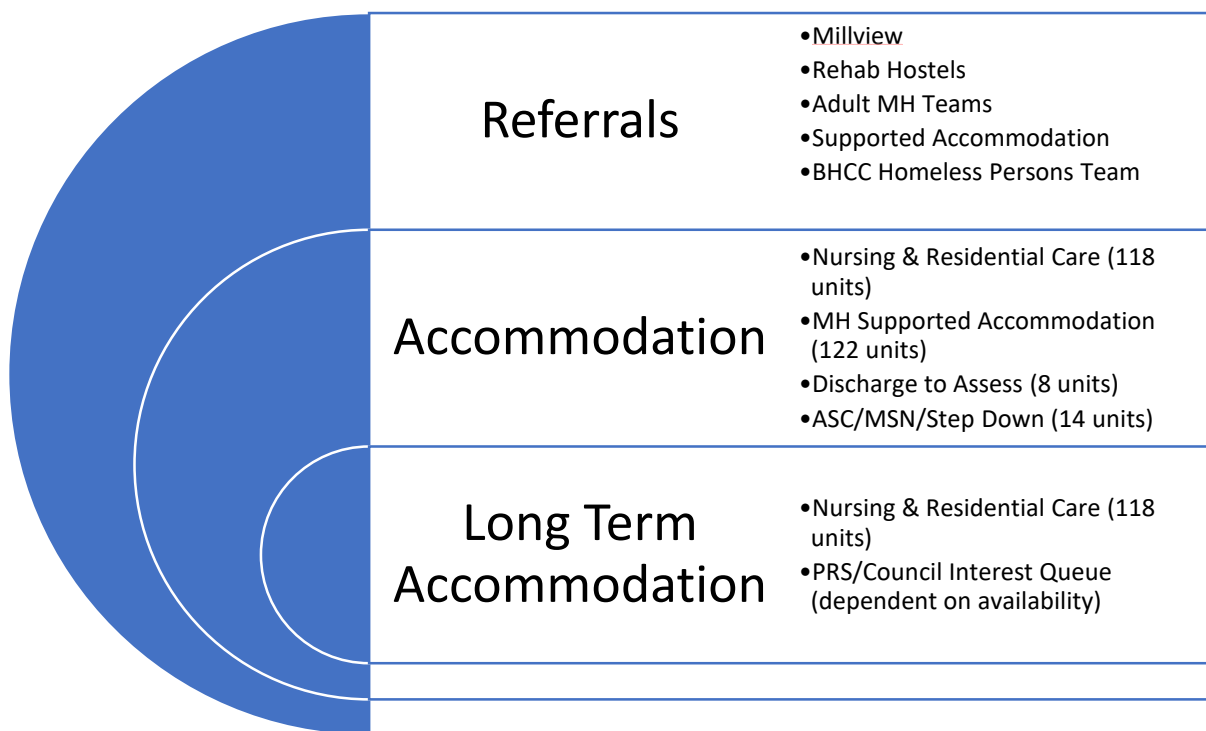
Supported Accommodation for single homeless and rough sleepers is due for recommission in 2023/24.

There are various routes available to individuals exiting supported accommodation however property availability is limited, and private rented sector accommodation is often unaffordable for those claiming welfare benefits. This leads to significant waiting times.

- Council Interest Queue (CIQ)– for those with an assessed social care need including a mental health support need the CIQ provides access to social housing. Individuals can be

referred to the CIQ if they are eligible for social housing and where their current accommodation may be detrimental to their health or they are stepping down from a supported setting and private rented accommodation is not deemed appropriate.

- Private rented sector accommodation – this can be accessed privately with support from a key worker or for individuals being supported by the Housing Options service there is a PRS access scheme via Housing.
- Council Housing – exiting supported accommodation is included in the council’s allocation policy and those eligible are able to bid for social housing or seniors housing.
- A jointly commissioned Housing & Adult Social Care transition and resettlement service is available for those exiting both supported accommodation for homeless people and those with mental health needs. This service provides support to those moving into independent accommodation.



7. Overview of Service User and Stakeholder Feedback:

“The lack of accommodation in Brighton has meant that some clients are in accommodation which makes their mental health worse.”

Quote from Healthwatch report

Brighton & Hove City Council and the CCG commissioned Healthwatch to undertake consultation with service users, their families and carers, and professionals from a range of sectors working with people with mental health needs. This completed report feeds into both the Mental Health and Housing Plan and the Mental Health JSNA. The full report is attached as appendix 2.

Healthwatch used both online questionnaires and one to one interviews to gather feedback.

The following key themes have been identified by Healthwatch;

- **High quality care**
Both service users and professionals were generally complementary about mental health providers, mentioning individuals and organisations who had provided high quality of care.
- **Lack of resources**
Service users and professionals identified the stretched, under-resourced nature of the mental health and housing service in Brighton and Hove. 57% of service users found it “difficult” to find support, and 77% of professionals found accessing the correct mental health support “difficult”.
- **GPs are the first port of call, but more training is needed**
65% of service users had approached their GP for help in accessing mental health services. However, comments from some service users showed that their GP did not understand their emotional needs.
- **People are unsure where to go**
Some service users reported they did not know where to go for mental health support.
- **Long waiting lists and high thresholds**
When service users were referred, many comments told of long waiting lists, or being offered services that had been tried and test before without success. 60% of service users found waiting times too long and 31% were offered a service they had used previously and had found it not to meet their needs.
- **Services are not joined up**
Both professionals and service users commented on the need for better communication within the NHS and between NHS mental health services and third sector organisations. This was exemplified by the sometimes poor transition from children and young people’s services to adult services.
- **Support is needed for longer**
Where service users were offered support, the timescale for this was felt to be too short in duration and sometimes lacked consistency i.e. not having access to the same practitioner.
- **More tailored support**
Both service users and professionals commented on the lack of tailored support to meet user needs and the importance of offering therapies that specifically dealt with bereavement, trauma, domestic abuse, and post-natal depression.
- **Accommodation concerns**
70% of professionals said their clients were not able to access accommodation suitable for their mental health needs. Some providers mentioned accommodation options having negatively impacted on their client’s mental health due to poor living conditions, the behaviour of other residents and being moved outside of the locality.

The report makes a number of recommendations, not all of the recommendations fall within the remit of the Mental Health and Housing Plan and those which fall outside of this plan will be taken forward as part of the JSNA and the Community Mental Health Transformation Programme. Those that fall within the remit of this plan are outlined below;

- Improve the accessibility to support, especially for those in crisis, and simplify the navigation through the system, for both service users and professionals. (Priority 2 & 3)

- Improve coordination between services, making it easier for the service user and professional to move between services and the service user’s journey to be tracked with consistency.
- Address the thresholds for receiving services to allow for preventative care earlier on, rather than waiting for someone to be in extreme need. (Priority 3)
- Provide tailored support where needed, ensuring services (including accommodation offered) meet the needs of neuro-diverse service users, people identifying as LGBTQ+, non-English speaking service users, people from the travelling community and ethnic minority groups, those in temporary accommodation support or homeless, etc. (Priority 4 & 5)
- Provide support for people with co-existing conditions (substance and alcohol misuse) so they can access mental health services. (Priority 5)
- Ensure a smooth transition between children and young people’s services and adult services, offering a specific care package (and accommodation) where needed. (Priority 1)
- Ensure accommodation options provide adequate living conditions, considering original locality of the resident and suitability of other residents. (Priority 3, 4 & 5)

8. Mental Health & Housing Plan Priorities

Using the data gathered and the feedback from the engagement, five priorities have been identified to address the key issues in Brighton & Hove. Under each of the five priorities there are a series of actions and outcome measures to be implemented over the next two years.

Priority 1: Young People & Transitions

Develop dedicated provision for 18–25-year-olds to improve transition from children’s to adult services.

The need for specialist provision for young people (including care leavers) and those in transition to adult services was clear in the feedback gathered. The level of unmet mental health need in homeless accommodation and support services for young people was high with services struggling to meet the mental health needs of the young people they support. There is also a lack of information on young people transitioning from young peoples to adults’ mental health services creating a lack of planning and appropriate services for those in transition.

Priority 2: Reduce barriers to hospital discharge

Improve referral pathways and communication, timely completion of assessments and use of out of hospital provision including D2A and step-down provision to minimise delayed transfers of care. Increase capacity & “appropriateness” of onward accommodation and support offers to people leaving hospital

Improve confidence of hospital-based clinicians to discharge into services and remove barriers to earlier, safe discharge.

(Cross Reference priority 4)

Brighton & Hove offers a range of accommodation options for individuals with mental health needs and those who are experiencing homelessness. However, referral pathways are overly complex and knowledge of those pathways is patchy among both housing and mental health staff. Delays in completion of assessments and referrals, a reluctance among some mental health staff to refer to short term D2A services and a lack of capacity in accommodation and support services compounds delays in discharge from hospital.

Priority 3: Improve Connection Between Mental Health, Adult Social Care and Housing to Prevent Homelessness and Improve Mental Wellbeing.

Improve knowledge and understanding of roles and remits.

Trial collaborative ways of working between clinicians and providers of supported & emergency accommodation to enable mental health to be managed effectively and ensure housing expertise is embedded in mental health services

Develop and improve housing pathways & improve access to independent accommodation and support in the community.

A key element across all five priorities is communication and improving understanding between services. Engagement with stakeholders showed a lack of knowledge around services and referral pathways across the system and a need to embed housing expertise in mental health services, as well as a need for more flexible mental health services to be available to housing services and supported accommodation to enable them to better meet the needs of service users with mental health needs and prevent crisis.

Priority 4: Increase the provision of supported accommodation and support for people with mental health and co-existing conditions within Brighton and Hove to reduce waiting lists; out of area placements and delayed transfers of care and reduce the risk of acute admissions and homelessness due to inappropriate accommodation placements. (cross reference priority 2)

Ensure there is sufficient capacity within Brighton and Hove including sufficient self-contained accommodation and that the services available meet quality standards and improve individual wellbeing outcomes.

In Brighton & Hove there is a lack of capacity within available accommodation, in October 2021 there were 192 placements for people with mental health needs in residential, nursing and supported living services 53% of these were out of area placements. A further 122 units of

supported accommodation were in place with a waiting list of 15 people, the majority awaiting self-contained accommodation.

Priority 5: Develop accommodation and support services to meet the needs of people with co-existing conditions & multiple and compound needs.

Particular focus on complexity including Autistic Spectrum Condition and Mental Health and Substance Misuse and Mental Health.

Highlighted in the engagement was the difficulty in accessing accommodation and support for individuals with co-existing conditions or multiple and compound needs. People experiencing multiple and compound needs are individuals who have a number of support needs which can include mental health, homelessness, physical health needs, substance misuse and a learning disability. Commissioning to meet these needs is a key priority in the plan this includes meeting the needs of those with mental health needs coupled with autistic spectrum conditions and mental health needs and substance misuse.

9. Actions / Measures of Success:

The following table provides an overview of the key actions and outcomes of the Mental Health and Accommodation Plan. A full action plan has been produced (Appendix 1) which includes all actions, accountable Officers and will enable tracking of the work taking place over the 2 year plan.

Action:	Outcome Measure:	Date:
Priority 1		
Establish a data sharing process for transition from young peoples to adult services	Early identification & joint planning leading to better transition and improved value for money	31 Oct 2022
Redesign the support offer provided by mental health services to young people’s accommodation & support providers for 18-25 year olds to better meet needs.	Reduced evictions from supported accommodation, hospital admissions and increase in individuals reporting positive personal outcomes	1 April 2023
Assess needs and commission supported living to meet needs of 18–25-year-olds	Reduced evictions, hospital admissions and increase in individuals reporting positive personal outcomes	31 Oct 2023
Priority 2		
Map, review, and remodel referral pathways to simplify the process and ensure appropriate placements in	Reduced delays for inpatients who are medically ready to discharge, lower levels of unoccupied beds in D2A, improved flow through supported accommodation,	31 March 2023

supported accommodation, supported living, residential care, D2A, Step Down and CIQ	improved outcomes for individuals who now better accommodated in line with their needs	
Implement engagement and training plan for clinical staff to ensure improved knowledge of referral routes, available options, and the importance of timely and complete referrals.	Staff report increased confidence and better understanding of systems. Brokerage report increase in timely and good quality referrals enabling effective placement.	31 March 2023
Priority 3		
Develop an operational memorandum of understanding between H&ASC, Housing and SPFT detailing roles, responsibilities, and lines of communication, to ensure effective implementation of the Mental Health & Accommodation Place Based Plan and to increase prevention of homelessness for people with mental ill health.	An agreed co-created MoU is in place, understood and informing practice. Regular reviews are in place to evaluate outcomes, with an ambition that this will lead to reduced evictions, reduced hospital admissions and increase in individuals reporting positive personal outcomes.	1 May 2023
Establish training packages for Housing & Mental health workers on pathways, access to services and statutory responsibilities.	Workers report increased confidence and knowledge enabling them to access appropriate services and accommodation for their clients.	31 Mar 2023
Develop an accommodation needs assessment that plots the current and future property requirements in order to meet the MH & Accommodation Place Based Plan priorities.	Strategic commissioning and acquisition plan in place to meet the accommodation needs of the Mental Health and Housing Plan.	30 Sept 2023
Priority 4		
Commission a framework contract for Supported Living and Community Support that meets the identified needs of people with mental ill health to include people with co-existing conditions	Reduction in: hospital discharges delayed due to housing need, homelessness/street homelessness of people with mental ill health, out of area placements, residential care placements. Improved outcomes for people with mental ill health.	31 Oct 2023
Mobilise the Mental Health Supported Accommodation Pathway commission (including D2A and Crisis House) to provide enhanced quality, improved outcomes, and better alignment with the self-identified needs of users of services.	Improved outcomes for people with mental ill health, reduction in hospital admissions and reduction in waiting times for self-contained supported accommodation.	1 Dec 2022

Housing and the ICS to work together to ensure the needs of people with mental ill health are included in the work streams arising from the Rough Sleeping Strategy priorities around maximising access to private rented accommodation and maximising exit routes from supported housing.	Improved access to private rented accommodation for people with mental ill health, maximised access to social housing for people with mental ill health, and increased flow through supported accommodation.	31 Dec 2023
Priority 5		
Mobilise and evaluate the pilot of the Multiple & Compound Need Interim Accommodation service	Re-iteration, continuation, and expansion dependent on outcome of pilot	31 Dec 2023
Complete feasibility study on the remodelling of a current BHCC service to better meet the needs of people with MCN including mental ill health	Completed feasibility study to lead to funding bids as appropriate	30 Sept 2022
Housing & H&ASC to mobilise Housing First pilot to meet the needs of people with Multiple & Compound Need including mental ill health.	5 Housing First Pilot placements mobilised	31 Dec 2022
Commissioners to ensure that the new Framework Commission for Supported Living and Community Support includes the needs of people with co-existing conditions including substance use, ASC, and mental health.	Live framework, reduction in high-cost emergency accommodation placements, out of area placements and hospital admissions/delayed discharges	31 Oct 2023

10. Appendices:

- Appendix 1 - Brighton & Hove Mental Health & Housing Action Plan
- Appendix 2 - Healthwatch Engagement Report
- Appendix 3 - Overview of Referral Pathways