DRAFT

MENTAL HEALTH SUPPORT SERVICE
SERVICE SPECIFICATION

INTRODUCTION

Sutton Council intends to commission a Mental Health Support Service for Care Act eligible and/or Section 117 of the Mental Health Act vulnerable single adults aged 18 and above, with a diagnosed mental health need in two supported housing settings.

The service will provide:

- Short term rehabilitative support to 11 adults in a shared, 24-hour staffed property
- Floating support to 4 adults living in another shared property.

Sutton Housing Partnership (SHP), the Council's Arms Length Management Organisation, maintains the structure of the two properties. The Provider shall have the additional responsibility for carrying out housing management services as agreed with the Council and the Sutton Housing Partnership.

AIM OF THE HOUSING SUPPORT SERVICE FOR VULNERABLE ADULTS

The overall aim of the service is to support vulnerable adults to manage and stabilise their mental health needs and to develop and exercise daily living skills in preparation for moving to independent accommodation.

The service will promote recovery and resilience and facilitate social inclusion and wellbeing and will help the service user to integrate positively into the community.

This new model for commissioning housing support will contribute to the delivery of both the Council's Corporate Plan and the Sutton Plan priorities by:

Improving the resilience of residents and communities so they can live full and independent lives.

SERVICE MODEL

Property One:

- This property is a large converted house in a residential street with eleven units of accommodation, nine shared and two self-contained and is owned by the Council.
- Service users have a licence agreement to live at Property One, with rental charges

being eligible for Housing Benefit

- The service offers supported housing with a 24 hour staffed service.
- The intended length of stay for each service user is based on their individual need and up to a maximum of two years.
- Support is based on the recovery model. The service will have re-ablement as an underpinning core principle with a renewed emphasis on focussed, time limited rehabilitation and on enabling people to move to settled accommodation at the earliest opportunity.
- The service will provide a transition stage for people moving from institutional care settings (registered residential care as well as hospital) or from homelessness into permanent homes of their own.
- People will not necessarily stay at Property One until they are ready to live independently and/or have been through the full recovery process. It is intended that people with longer term support needs will move to alternative supported accommodation or their own independent accommodation as soon as possible and will receive self directed support through a Personal Budget or Direct Payment from a provider or personal assistant of their choice.
- The service is registered with CQC as a supported living provision, able to deliver personal care, and is expected to continue to do so.
- Some service users may require personal care support. This will be managed through a personal budget with each individual having choice about who delivers their support.
- The service will support service users to manage their own medication as per the agreement made for the individual with the responsible referrer. In all other instances if a service user is not able to take responsibility for managing their own medication this will lie within the remit of Health partners.
- The incoming Provider will be required to maintain a 24 hour presence at Property One.
- Sutton Housing Partnership (SHP) will take on overall responsibility for the management and maintenance of the property in order to keep the provision of housing separate from arrangements for the provision of support.

Property Two

- This property provides shared housing for four people with mental health needs. Some have lived here for a significant length of time.
- This property will in future be used as short term step down accommodation.
- This property is owned by the Council. SHP will take on responsibility for the management and maintenance of the property as described above.
- The Provider will deliver 20 hours of bespoke support service for the current group of residents. Any resident assessed by the Council as having a social care need that

exceeds the support delivered by the Provider will have these needs met through a separate support plan and personal budget.

SERVICE OBJECTIVES AND OUTCOMES

Strategic Outcomes

The service will assist the Council to achieve the following strategic outcomes:

1) Improved pathways of care for people with mental health difficulties, including dual diagnosis and complex and challenging needs (Aspergers, ADHD, mild learning difficulties, alcohol and/or substance misuse needs) into/out of services to living independently in the community;

2) An increased number of adults in contact with secondary mental health services in settled accommodation;

3) An increased number of adults with mental health difficulties supported to maintain independent living;

4) An increased number of adults in contact with secondary mental health services in employment, education and training;

5) A reduced number of registered care placements for adults with mental health difficulties;

6) A reduced number of delayed transfers of care from hospitals.

7) Breaking the cycle of repeat homelessness

The service will deliver a personalised rehabilitation and support service to people with a history of mental health hospital admissions, periods in residential care and/or breakdown of settled accommodation arrangements.

Individual Outcomes

Service users will be supported to:

1) Reduce the number and duration of hospital stay/admissions
2) Avoid future social exclusion and break the cycle of disadvantage and homelessness
3) Develop or regain the life skills required to maintain independent living
4) Develop the skills necessary to avoid dependency on residential or nursing care and

5) work towards self managed support
6) Work towards personal recovery and rehabilitation
7) Exercise choice, take control of their life, live independently
8) Participate in constructive day time activities
9) Develop healthy social relationships

Each service user will receive individualised support focussed on enabling them to move to settled accommodation at the earliest opportunity. To facilitate this, the Provider will work with the Social Work Teams, Community Mental Health Teams and Housing colleagues to enable people to move through the service as quickly as possible.

Each service user's support plan will specify the planned length of stay for that individual depending on their personal circumstances. For some, the intended length of stay could be as short as six weeks. However, the actual length of recovery and rehabilitation will be dependent on each person's individual assessed needs and how he or she responds to the support plan.

ELIGIBILITY

Property One:

Admission to and move on from Property One will be based on a statutory assessment of health or social care needs carried out by Adult Social Care or relevant NHS professionals if a Health budget is involved.

Referrals to the service will include clients who meet one of more of the following:

- Have spent time in psychiatric hospital and this referral is part of their discharge plan
- Need rehabilitation support after a period in residential or nursing care
- Are homeless and need support to avoid admission to hospital
- Are moving out of the family home and need a high level of support to maintain independent living

The service is for people who:

- Have ordinary residence in Sutton or to whom Sutton owes a duty under S117 of the Mental Health Act
- Have a severe and enduring mental illness e.g. schizophrenia, severe affective disorder, severe anxiety and/or depression, compulsive or phobic disorder, eating disorder, bi-polar disorder or personality disorder
- Have a primary mental health need, although prospective service users may have additional needs including Aspergers or Substance Misuse

- Have a high level of complex support needs and disadvantages and related risks to manage.

The Provider shall not operate any blanket exclusion policies in respect of this service.

Referral decisions must be made on the basis of current needs and risk assessment. The service will consider people with a history of violence, crime, arson, sexual or racist offending, and substance misuse.

Where risks are identified, decisions will be made jointly with Adult Social Care and Health and the provider, on the basis of a current risk assessment and risk management plan that balances the needs and risks to the individual and other residents, staff and visitors.

The majority of referrals will be clients who do not currently have settled accommodation.

Occasionally, Social Work teams may refer a client who has settled accommodation (for example a tenancy or a home that they own) but requires a short term period of rehabilitation at Property One. It is intended that such situations will be short-term. In such circumstances, the Social Work team will also identify the funding route for payment of rent and service charges.

Property Two

The same eligibility criteria as applies to Property One apply here except that the client can demonstrate that they do not need a 24 hour support service.