Imogen Blood &
Associates

Greater London Authority Mental Health Specialist and Supported Housing Research

Executive Summary Report

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1 Summary

The Greater London Authority (GLA) commissioned Imogen Blood & Associates with Department of Health and Social Care (DHSC) funding for a project focused on mental health specialist and supported housing (MH SSH), between March and December 2024 (with outward-facing activity paused during mayoral and general pre-election periods).

The project aimed to understand needs, gaps and barriers to the provision of MH SSH for adult Londoners and develop the market to increase bids to the GLA's capital funding programmes[1]. Activities included: a baseline survey of existing provision; modelling of future needs; stakeholder engagement and convening, including with people living in MH SSH.
For the purposes of the project, MH SSH was defined as:

> Housing schemes for adults (18+) where there is a referral criterion that people have support needs arising from their mental health. These could be purpose-built/ group homes/ dispersed tenancies/ Housing First, provided the person needs and is receiving intensive housing management & support (additional services to enable them to sustain their home). People must have a tenancy or licence condition and have the right to leave.

2 Findings: current landscape

Mapping activity has built a sample list of provider and commissioner contacts from scratch, identifying a total of 5,199 units or bedspaces of MH SSH within 470 services across London, including both block and spot purchased provision.

Findings suggest a concentration of MH SSH units in a discontinuous central north-to-south band from Enfield to Croydon, driven as much by housing markets as by local mental health needs. There is limited information and consensus on model types to classify schemes.

Boroughs appear to place considerably more people in MH SSH (our snapshot *estimated* a total of 7,500 placements) than there are identified units (5,199). The gap is likely to be explained by placements outside of London and/or in provision which does not exclusively specialise in mental health. Mapping is also likely to underestimate current units.

The number of bedspaces block contracted by individual boroughs ranges from 0 to 360; many alternatively or additionally spot-purchase placements for individuals. 58% of identified MH SSH bedspaces are block contracted; 42% are provider-led (i.e. not commissioned) and sell individual placements to boroughs or trusts via spot purchasing.

In boroughs, placements and block contracts are often managed by different departments, and there tends to be a lack of capacity to co-ordinate and provide overall oversight. Whilst some localities have developed ways to better manage this market, the growth of the spot purchased market has implications for those placed and their families, for boroughs and the NHS, in relation to quality, regulation, safeguarding risks, market engagement, cost, strategic planning, inter-borough placements, and capital funding (since providers typically 'bring the buildings').

[1] For the purposes of this report, we refer to the **GLA's capital funding programmes**. This encompasses the Mayor's Affordable Homes Programme, currently in the 2021-26 iteration, as well as any bespoke capital funding programmes administered by the GLA to support the delivery of affordable housing, including specialist and supported (SSH) provision.

There is a disconnect between different pathways and referral routes for people with mental health needs, depending on where in the system they present (e.g. homelessness, health, social care) and how health and social care responsibilities for aftercare are administered locally.
No one has population-level ownership of planning for and meeting the housing, care and support needs of people with mental health needs. This requires a joined-up approach and governance at borough and ICS/ sub-regional levels, which is currently limited or emergent.

The mapping activity identified 88 support providers (10 of whom collectively have 55% of market share)[2] and over 100 landlords (9 of whom own 100+ bedspaces[3]). Most landlords are Registered Providers of Social Housing, but some are boroughs, trusts and charities. In approximately a quarter of schemes, the landlord is also the provider. Limited data collected suggests a huge range in weekly gross rent, from £84 to £892.

The mapping identified some units designated as gender specific, accessible, or for people with co-occurring substance use, autistic people or people with a learning disability (with mental health needs); however, engagement suggests these are insufficient to meet demand.

A skilled, confident and consistent workforce, integrated with or supported by health and social care professionals, is essential to the effective delivery of MH SSH; however, low salaries, high turnover and over-stretched community mental health teams can get in the way of this.

Building quality and layout also influence the experiences of residents and staff, and we heard that many services are operating in unsuitable, inaccessible or poorly maintained buildings.
Length of stay and 'move-on' is a sensitive topic for people living or working in, supplying and commissioning MH SSH. There is a lack of suitable 'supportive' accommodation for those who are ready to move out, and some people need MH SSH long term; there is limited intelligence about the size and needs of these different groups.

3 Modelling: Understanding the need for MH SSH

Our 'stocks and flows' model recognises that MH SSH needs are influenced by the functioning of the housing, health and care system; it takes account of unmet needs for MH SSH from the homelessness pathway and recognises that length of stay affects how many units are needed.

It has been extremely challenging to find accurate data to inform estimates of the need for MH SSH arising from different pathways. However, our model can be updated with more accurate information by localities and used to test different scenarios. We have proposed a typology of MH SSH models, piloted a snapshot tool to match individual needs to models, and produced a case study to illustrate how these tools might be used to inform strategic needs assessments.

To address unmet needs in the current year alone, our scenario estimates an 11% increase in MH SSH placements is needed across London. However, this is partly driven by unmet needs within the homelessness system, many of which might be better met by wrapping specialist mental health care and support around existing homelessness accommodation or providing Housing First, for which there

[2] They are: Look Ahead, The Riverside Group, Dinardo, Certitude, St Mungo's, Hestia, Social Interest Group, QVT, Social Interest Group (Penrose), Shine Partnerships.
[3] They are: Excel Holdings, The Riverside Group, L&Q, Peabody, Southern Housing, Sanctuary, Shine Partnerships, Metropolitan Thames Valley Housing and Look Ahead

is international evidence of effectiveness for people with severe mental illness and histories of homelessness.

By the end of the 10-year projection, a 7% increase in demand is predicted (compared to Year 1), though there is variation by year and by Integrated Care System area.

4 Meeting needs for MH SSH

In addition to planning to address unmet needs from the homelessness pathway, and the projected 7% increase in demand for MH SSH over the next decade, it is key to note that the scenario modelled also assumes that 20% of those in MH SSH will move out each year. This is ambitious and will require significant investment in suitable long-term move-on housing, with low level support where needed. In the scenario modelled, around 3000 units would be required each year to facilitate this, reducing over time as fewer people cycle around the mental health care system, losing and having to find new accommodation as they do. However, the viability of this transformation is also contingent on access to effective multidisciplinary community mental health care.

At the same time, further investment in transitional stepdown accommodation is needed to enable inpatient discharge. More specialist provision (including gender specific models) is needed to address the needs of people with co-occurring conditions, especially those with substance use, autism and physical ill-health or impairments alongside mental health needs.

Despite increasing needs, landlords are selling MH SSH buildings and opportunities to re-model supported housing decommissioned for other client groups are being missed.
There are various practical and financial barriers to the development of new MH SSH in London. The most challenging is how to redirect current reactive spending on placements and invest it through planned, sustainable, revenue streams for MH SSH, in the absence of a national dedicated funding stream for supported housing and effective governance.

The GLA's capital funding programmes provide an important opportunity to fund renovation/ remodelling of existing schemes, purchase schemes at risk of being lost to the market and enable new developments. With the focus on social or affordable rents, it seems particularly well-suited to developing 'supportive housing' to facilitate stepdown from MH SSH.

5 Recommendations

Detailed recommendations are organised under the following headings:

- Ongoing market development by the GLA Housing and Land Team to encourage and facilitate bids for capital funding for MH SSH.
- Actions to improve the understanding of the need for MH SSH, implementing and further refining tools developed in this project. In particular, there is further work to do to better understand the need and readiness for move-on housing and support across London.
- Recommendations to address systemic barriers to developing the MH SSH market in London, including improving system governance and seeking government funding. The latter should include funding to increase boroughs' commissioning capacity and for a team of frontline housing professionals to work across health and social care settings to assess housing and support needs consistently.