

The cost of living, hospital discharge and winter pressures a snapshot during April 2022 - March 2023

Partners in Care and Health (ADASS/LGA)

The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health (PCH) working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections.

It is funded by Government and offered to councils without charge.

www.local.gov.uk/PCH

Programme

**Dr Adi Cooper, Chair, Care and Health Improvement Adviser, *Partners in Care and Health*,
Welcome and introductions**

**Dr Anusree Biswas Sasidharan, Programme Adviser (adult safeguarding) *Partners in Care and Health*,
Navigating complexity: adult safeguarding amidst the cost of living, hospital discharge and winter pressures
a snapshot during April 2022 - March 2023**

**Dr Godfred Boahen, *Principal Social Worker - Adult Social Care, London Borough of Hackney*,
Safeguarding Interventions on Hospital Discharge, Cost of Living and Winter Pressures Webinar**

**Samantha Keith, Service Manager Safeguarding Adults, Newcastle City Council,
Safeguarding Newcastle Against Poverty**

**Clare Ocansey, Senior Housing Needs Officer, *Oldham Council*,
Oldham Councils Housing Options Service Cost of Living, Winter Pressures and Hospital Discharge**

Navigating complexity: adult safeguarding amidst the cost of living, hospital discharge and winter pressures a snapshot during April 2022 - March 2023

Dr Anusree Biswas Sasidharan
Safeguarding Adults Programme Adviser
Partners in Care and Health (ADASS/LGA)

Call out for data

Purpose: Responding to concerns

Aim: to describe activity around the country to safeguard adults during winter pressures, cost of living and hospital discharge during April 2022-March 2023

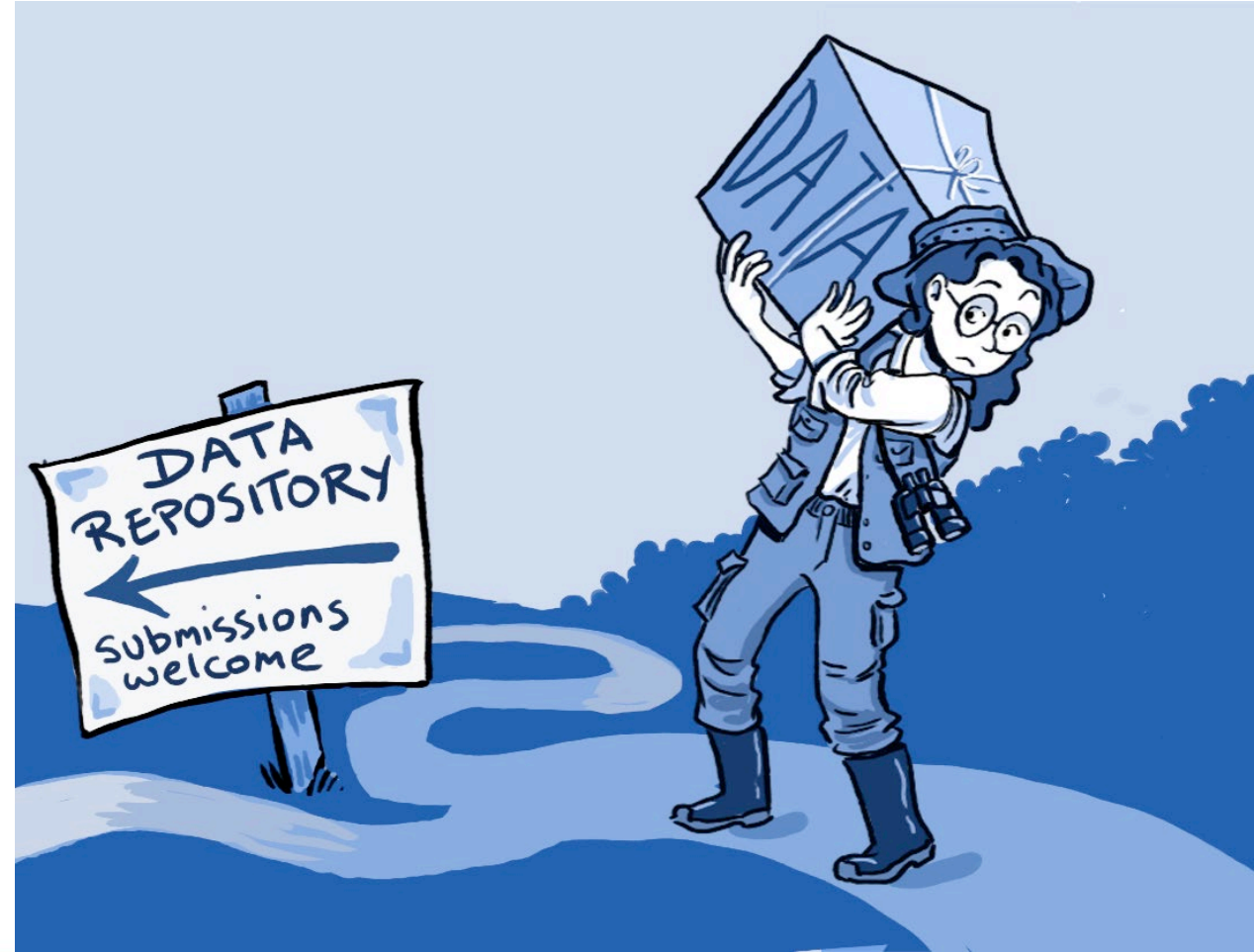
What: call out to councils to share their reflections, barriers and interventions.

Why: to better understand the picture for councils around cost of living, winter pressures and hospital discharge

Publishing report: expected publishing date will be in January 2024.

Who shared data

- 39 councils took part across the regions
- 7 were members of the Safeguarding Adults Board Team
- 11 were filled in by SAB managers
- 12 were filled in by SAB chairs
- Others who shared data included Mental Capacity Clinical Lead, designated nurse, services director, head of adult safeguarding



Data we received

Growing understanding

Insight enabled a temperature check of how adult safeguarding is impacted by cost of living, hospital discharge and winter pressures

Challenge

Councils highlighted the difficulty in measuring the impacts of cost of living and winter pressures in relation to safeguarding concerns and enquiries.

Responses

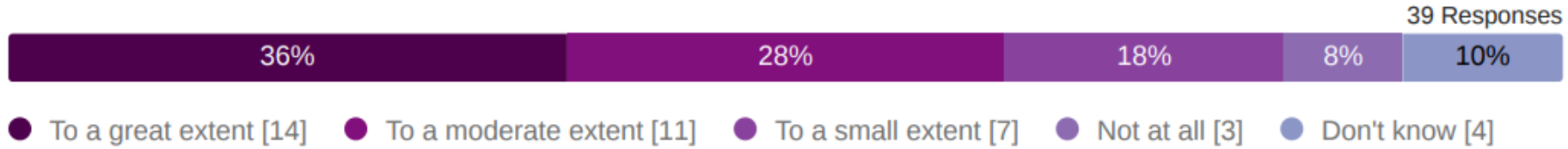
Councils provided plenty of anecdotal reflections and interventions between them.



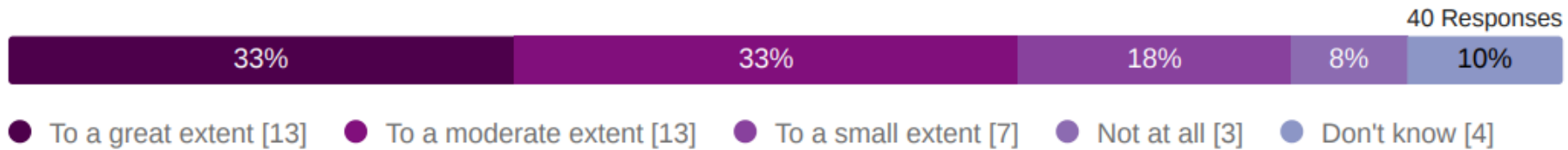
Cost of living

To what extent have the following interventions been developed to counter the cost-of-living crisis or mitigate its negative impact in safeguarding activity during 2022-23?

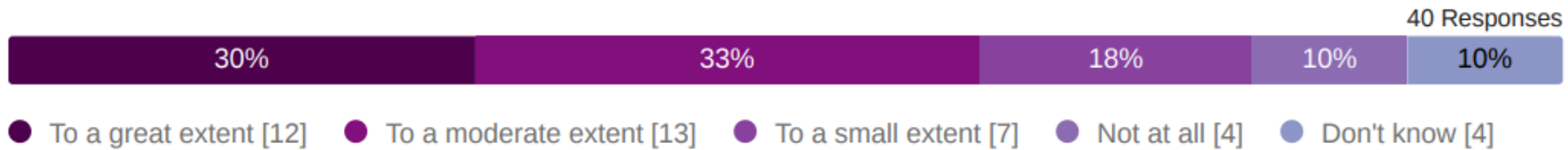
Q14 - Publicity campaigns regarding maximising income



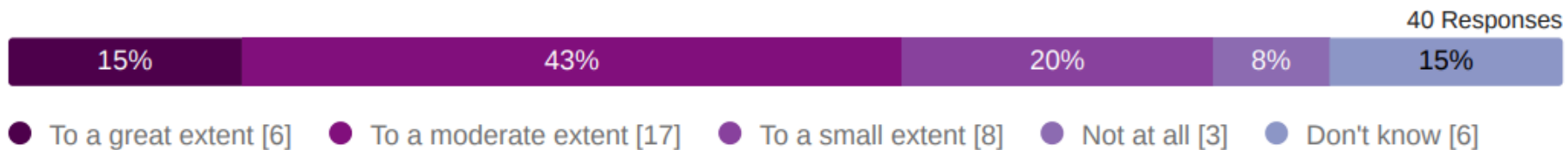
Q14 - Publicity campaigns about managing debt



Q14 - Fire prevention information dissemination



Q14 - Programmes or projects addressing specific risks of abuse or neglect



Cost of living: the issues

- **Complexity and difficulty in differentiating** cost-of-living from winter pressures, hospital discharge, Brexit and COVID
- People cutting and **stopping support from paid carers**
- Those who **do not meet the criteria of section 42** are struggling and unable to access support
- An **increase in domestic abuse** and suggested that the cost of living had had an impact on victim's ability to leave situations.
- **Increased levels of safeguarding concerns regarding neglect and acts** of omission from providers
- **Increased severity of risk**
- **Increased number of workforce leaving** their current roles to find more sustainable salaries from care workers to social workers, the instability of the housing market has accelerated this
- **Over reliance on agency workers** than ever before
- **paid carers financially abusing their clients** (theft) because of their own financial struggles
- **instability of the housing market of people with care and support** needs has led to increased their vulnerability to abuse
- **Support housing services** seeing people with **higher mental health risks**
- **Higher risk of provider failure** related to the cost of living and the **retention** and **recruitment** of staff
- **'hidden' residents within the community, often neglected and are not brought to the attention of adult social care**

Examples of approaches to address cost of living

- **Multi agency approaches** and the provision of subsistence payments available offsets some of the risk
- One council described how their **Hardship Board convened** (the main distributor of the household support fund) their assistance scheme was a main route to secure assistance and support for paying for food, bills etc
- A **coalition** of various local voluntary organisations provided support, advice and signposting
- A **steering group met every fortnight** and considered the most recent data to drive the response including the number of calls to a dedicated phone line; financial gains from welfare rights; the number of households in temporary accommodation; and parcels provide by the Foodbank.
- **Cost of Living Hub** DACT funding CAB Domestic Abuse/alcohol DACT linked with foodbanks Multi Agency Support Hub Helpers Help scheme (Begging) Changing Futures Project Other Whole Hub
- A **partnership summit** was held people with lived experience of poverty to discuss and plan how we **collectively respond to the crisis** aiming to develop short term practical actions, based on 5 key areas of **support for residents** (food, fuel and energy, maximisation of income and access to financial and debt advice, housing, childcare and school).
- **Mental health car** had significant positive impacts on residents' mental health and on local police resources around mental health . The 'mental health car' filled a gap between Mental Health Act assessment interventions and people who were not able to access A&E
- The Safeguarding Adults Board provided information and **sign-posted to assist** in the community - they added it was difficult to say whether these amongst other interventions have made a direct impact upon safeguarding and the cost-of-living crisis

Winter pressures

Winter pressure, what winter pressure?

“We don't refer to winter pressures from a safeguarding perspective, and because services are **continuously stretched**, we do not see any significant trends across different times of the year. If anything, recorded safeguarding activity tends to spike in the spring.”

In your opinion, what effect did winter pressures 2022/23 have on the level of safeguarding activity compared to 2021/22?

Q4_ - Workforce recruitment issues

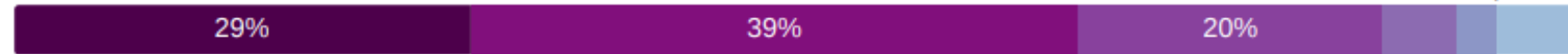
40 Responses



- Much higher than expected [12]
- Slightly higher than expected [16]
- About the same as expected [9]
- Lower than expected [2]
- Much lower than expected [1]
- Don't know [1]

Q4_ - Workforce retention issues

41 Responses



- Much higher than expected [12]
- Slightly higher than expected [16]
- About the same as expected [8]
- Lower than expected [2]
- Much lower than expected [1]
- Don't know [2]

Q4_ - People accessing services experiencing issues related to the cost of living

41 Responses



- Much higher than expected [6]
- Slightly higher than expected [21]
- About the same as expected [6]
- Lower than expected [2]
- Much lower than expected [1]
- Don't know [6]

Q4_ - Review backlogs/unable to conduct Care Act and carer's assessments

39 Responses



- Much higher than expected [5]
- Slightly higher than expected [14]
- About the same as expected [11]
- Lower than expected [1]
- Much lower than expected [1]
- Don't know [7]

In your opinion, what effect did winter pressures 2022/23 have on the level of safeguarding activity compared to 2021/22?

Q4_ - Issues regarding hospital discharge/waiting lists

41 Responses



- Much higher than expected [11]
- Slightly higher than expected [11]
- About the same as expected [14]
- Lower than expected [3]
- Much lower than expected [2]
- Don't know [2]

Q4_ - Winter morbidity/mortality

40 Responses



- Much higher than expected [2]
- Slightly higher than expected [5]
- About the same as expected [19]
- Lower than expected [1]
- Much lower than expected [2]
- Don't know [11]

Q4_ - People experiencing homelessness/rough sleeping

41 Responses



- Much higher than expected [5]
- Slightly higher than expected [12]
- About the same as expected [17]
- Lower than expected [2]
- Much lower than expected [2]
- Don't know [3]

Q4_ - People with substance misuse issues

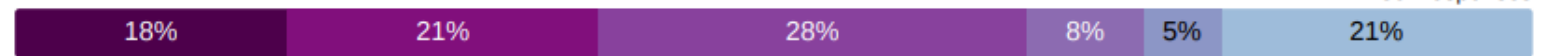
40 Responses



- Much higher than expected [4]
- Slightly higher than expected [15]
- About the same as expected [16]
- Lower than expected [1]
- Much lower than expected [0]
- Don't know [4]

Q4_ - Industrial action

39 Responses



- Much higher than expected [7]
- Slightly higher than expected [8]
- About the same as expected [11]
- Lower than expected [3]
- Much lower than expected [2]
- Don't know [8]

Winter pressure

- Councils expressed **not collecting data on winter pressures**, it was difficult to differentiate between cost of living, covid and winter pressures.
- Another councils said that whilst they had seen **increases over specific abuse types** such as including **substance misuse, financial abuse and neglect and acts of omissions over the winter period** it was difficult to attribute to winter pressures.
- Difficulties in **recruitment and industrial action** added to the pressures in winter
- **Increase in safeguarding concerns due to proactive work** – examples include identifying individuals who experience homelessness or as another authority described how one of their care providers had maintained a contact list of adults at risk who may be especially vulnerable during the winter and provided regular 'check ins' with them. The organisation used volunteers to support this work and provided guidance on claiming benefits, accessing specific foods to meet dietary requirements etc. relating to faith, cultural and religious requirements.
- One local authority mentioned seeing **increased complexity of cases** as well as spikes whilst one described this as “unallocated“ to any particular abuse type
- Increased pressures due to lasting impact from the **COVID-19 pandemic**
- One council described how whilst anticipating **year on year increases in safeguarding referrals** in line population growth, aging population and ongoing impact of reductions in public funding for health and social care further complicated winter pressures
- Winter pressures **combined with hospital discharge** saw increase of people **not receive the correct care** within residential or nursing homes and an **increase in the number of out of borough placements**.

Winter pressure intervention

- Increased short term intervention support to expedite discharge from additional winter beds
- One ICB had a 'Winter Well programme' as a central portal for advice and support, as well as a 'Wellness on Wheels Bus, which was jointly funded by the ICB and Public Health, and travels across the locality supporting people from inclusion health groups and deprived communities and has a range of advice and information.
- We increased short term intervention support to expedite discharge from additional winter beds
- currently conducting an audit to test the delivery of the action plans from the local SAR. None of this was relevant to winter pressures.
- Increasing review and assessment teams to clear backlogs
- One council commented that their local voluntary sector were closer to understanding the needs of their local population, and in better position to highlight and refer on any safeguarding concerns resulting from the winter pressures or cost of living crisis.

Hospital discharge

Hospital discharge: the issues

- Councils correctly highlighted the **difficulty of measuring the impact of hospital discharge** within the usual safeguarding measurements
- **Increase in concerns** relating to **unsafe discharge, medication not transported, care packages not being restarted, people discharged overnight without support.**
- Councils mentioned a wide range of safeguarding issues linked to hospital included **pressure sores on discharge, restraints, sexual abuse allegation against staff, vulnerable adults absconding**, people with **increased complexity** being discharged into care homes **leading to high risks of safeguarding incidents**
- Increasing pressures and the **lack of available/suitable accommodation and support provision** has meant that some discharges and placements are taking place into emergency accommodation where providers then need to put in place plans to manage risks such as **financial and other abuse, such as ‘cuckooing’ from other residents and/or acquaintances.**
- Conversely, another council expressed whilst there had been increased pressure on all staff across the health and care system but that they had **not witnessed a corresponding increase in safeguarding issues,**
- Combined with hospital discharge and winter pressures for people issues arose around **not receiving the correct care within residential or nursing homes** and an **increase in the number of out of borough placements.**
- **Partners** saw people with **higher levels of acuity and complexity living** in the community due to early discharge. There were also **issues around access to mental health wards.**
- ‘Front Door’, Adult MASH saw an increase in the volume of people leaving hospital without care and support and appropriate services in place ‘to follow them home’ and then going into crisis in the community particularly from a self-neglect point of view. This was reflected in safeguarding data because whilst some people utilised wellbeing services others did not and then hidden harm was occurring and the impact of that was seen later in a person’s journey when things had deteriorated significantly for them.

Hospital discharge: interventions themes

- **'In Reach and Step Down'** - involved allocation of **four hospice beds to support hospital discharges** for patients who were 'more medically optimised' but were waiting on social support or a certain 24-hour placement and therefore patients continued to receive appropriate nursing care until social support was available.
- Safe discharge planning from hospital to home **developed/developing toolkits and checklists**
- Ensuring other **partner agencies** check home environment before discharge (i.e Age UK) which minimises/identifies safeguarding risk
- Increased **short term intervention** winter beds to **support to expedite discharge**
- Promotion of "Give them a call" campaign to encourage people to call others.
- Development of **hospital co-ordination hub** which manages flow throughout the hospital, with **designated teams that signpost patients to correct areas of the hospital or community services** to support them with their health needs. The hub also has a team that is designated to **focus purely on assisting patients with safe discharge processes drawing upon both statutory and non-statutory services.**
- **Private mental health scheme that take all hospital discharges for first 2 weeks**, funded by mental health Trust but monitored jointly with local authority
- To assist with discharge planning the Trust and the Local Authority developed a Home First service for those patients that can be discharged and then have their needs assessed in the community when they are back home.
- working with health in identifying individuals with frequent admissions

Interconnected nature of the three:

“ . . . winter pressures, hospital discharge pressures and the cost-of-living were interconnected and had all impacted on each other and that these factors were not impacting services and people independently but the totality of the system conditions as a whole . . . ”

Council X

Difficult conclusions:

whole systems approach
comprehensive approach

Multi-agency approach/partnership working including with voluntary, community, social enterprise sector

Looking beyond safeguarding solutions [Cost of living hub | Local Government Association](#)

Report to be published in January 2024

Anusree to reach out to individual local authorities to expand on practice you have already shared for this insight to put in a hub to share

Anusree.Biswas@local.gov.uk



Safeguarding Interventions on Hospital Discharge, Cost of Living and Winter Pressures Webinar

Dr Godfred Boahen

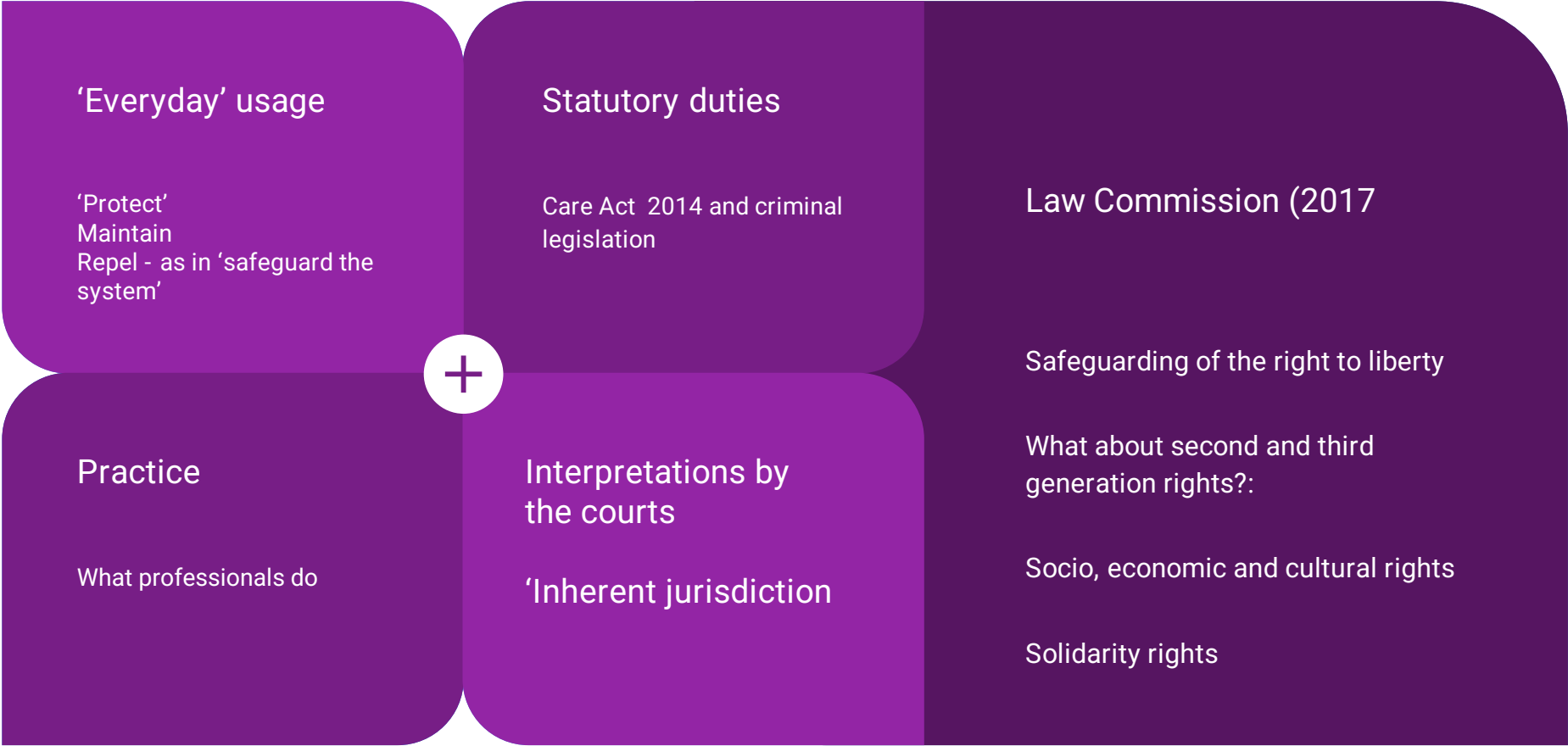


Overview



- **Setting the scene:**
 - **Unpacking concepts: 'safeguarding', 'Cost of Living' and 'Winter Pressures'**
 - **'Interventions' - what we can all do**
 - **Conclusion**

Safeguarding: some interpretations





Safeguarding means protecting an **adult's right to live in safety, free from abuse and neglect**. It is about people and organisations working together to **prevent and stop both the risks and experience of abuse or neglect**, while at the same time making sure that the **adult's wellbeing is promoted** including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

[Care Act 2014 guidance](#) (Section 14.2)



Focussing on 'winter pressures' and cost of living

Millwood et al ([2021](#))

Quantified increased demand in nine GPs in Manchester

61% increase in GP visits and 81% increase in telephone consultations

“respiratory illness increases in the winter. Incidence of respiratory viruses increase in cold weather putting pressure on NHS services and more importantly, causing severe health consequences. For every 1°C drop in temperature below the optimum threshold for different age groups, the risk of death from a respiratory condition increases by approximately 10%.”

Winter pressures: impact on mental and physical health ([Office of National Statistics, 2023](#))

- Around a third (34%) of respondents agreed (strongly agreed or agreed) that increases in the cost of living had negatively affected their mental health
- Not being able to heat homes
- Waiting too long for GP or hospital appointment
- Not being able to afford food
- not being able to afford gas or electricity to cook, or heat, meals

Safeguarding issues and hospital discharge



Depending on needs but:

Improper home environment

Lack of support

Lack of required equipment(s)

Existing (unidentified) social isolation

Premature discharge

Previous unmet needs in community

Existing substance misuse needs

Statutory threshold: too high for 'winter pressures



Conclusion: towards best practice



Non-hierarchical model?



Safeguarding Newcastle Against poverty

December 2023 – LGA /ADASS



let's talk
Newcastle

14.4 million people lived in relative poverty in the UK in 2021-22

Leeds Observatory

3.8 million people experienced destitution in 2022 (struggling to afford to meet their most basic physical needs)

Joseph Rowntree Foundation

Universal credit payments of £85 a week for a single adult over 25 are “grossly insufficient”

Oliver De Schutter, UN Special Rapporteur on extreme poverty

Between 2014-15 and 2021-22 Newcastle upon Tyne Central had the second highest rate of child poverty in the North East

End Child Poverty Coalition

As of 2019 the Income Deprivation Affecting Children Index (IDACI) ranks Newcastle as 24th out of 317 local authorities in England (where 1 is the highest level of deprivation).

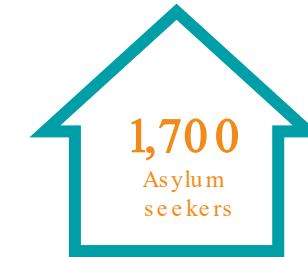
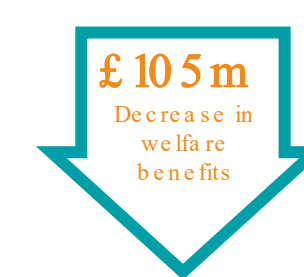
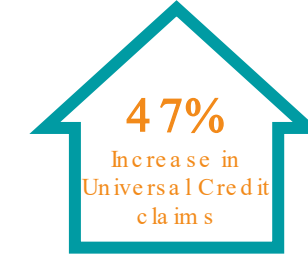
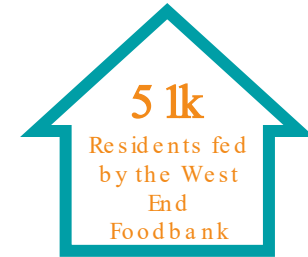
53.8% of Newcastle households in deprivation

Office National Statistics

Safeguarding Newcastle Against Poverty



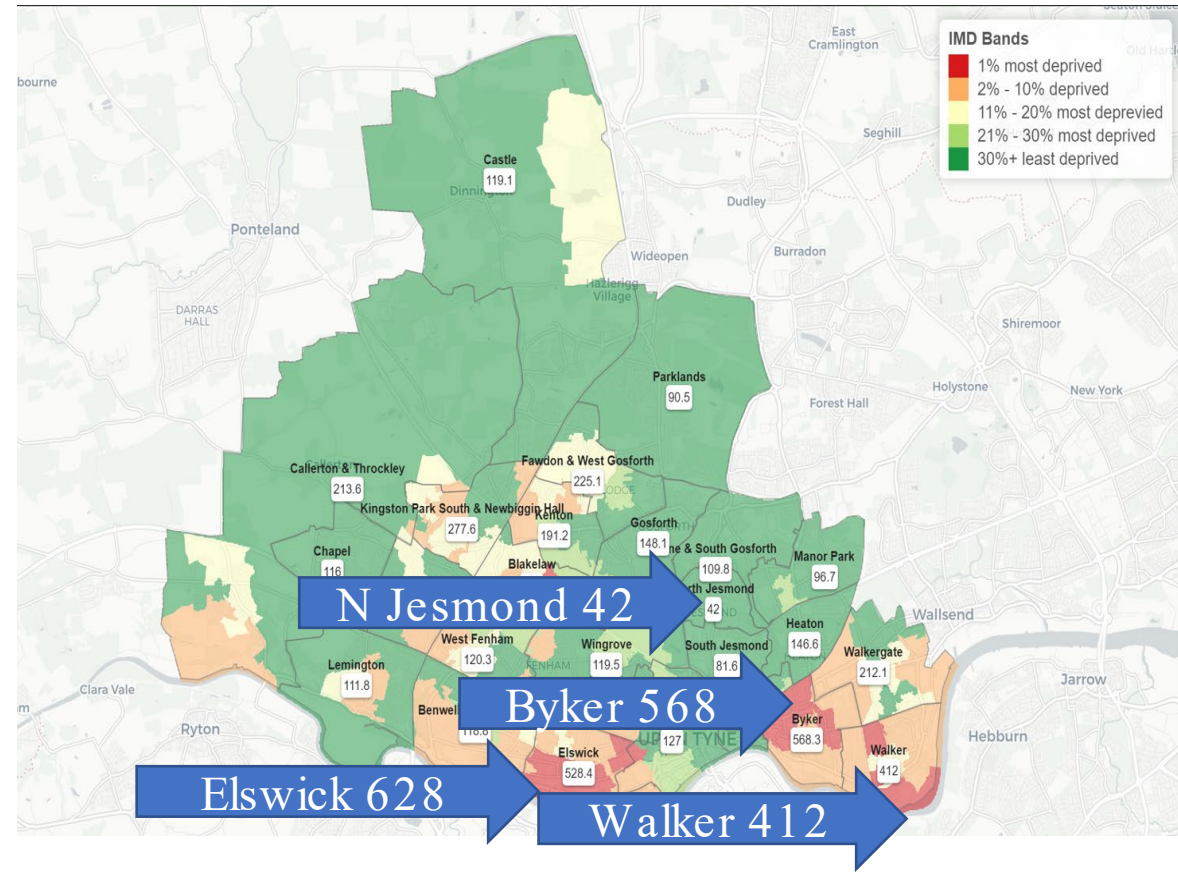
- The **Newcastle Safeguarding Adults Board** and our **Active Inclusion Service** came together to **test the correlation between poverty and abuse or neglect**
- The rate of safeguarding concerns reported was **closely correlated to the level of deprivation in the area**
- We worked alongside an established community anchor, the **Newcastle (West End) Foodbank**, to try new approaches in 2 of our most deprived neighbourhoods to respond to financial exclusion, homelessness and safeguarding risks



Poverty and Safeguarding



- Our research on poverty and safeguarding confirmed the **correlation between areas of deprivation and the prevalence of safeguarding adults concerns**.
- There are a range of services and mechanisms in place across the city that can provide **financial inclusion support** to increase income and reduce expenditure.
- If we can support some people to **mitigate against the impact of poverty**, and alleviate the effects that poverty can have on physical and mental health, then we may also be able to **reduce the risk of experiencing abuse or neglect**.



West End Foodbank

PfPP Partners

External Agencies

Escalation Route

Referral Pathway



Everyone who uses the West End Foodbank is triaged by trained volunteers. Food is provided and as part of **Pathways out of Hunger** project further support is identified

Escalation route established for complicated cases

Money Matters team at NCC for support around **debt**

Welfare Rights at NCC for support around **benefits**

Safeguarding Adults **risk of abuse and neglect**

- External agencies including:
- DWP
 - Your Homes Newcastle
 - fuel Bank
 - GP
 - Vita Health
 - Early Help

Evaluation and Findings



“In 2023 most UK cities have foodbanks; many have pantries and increasingly multiagency drop-ins. However Newcastle appears unique in having a **structured relationship** between the Council and the Foodbank.

In Newcastle multiagency drop-ins are enhanced by having structured **links to statutory safeguarding and homelessness services and associated financial inclusion support**. This approach promotes trust, wellbeing and the prevention of greater risks. I would like to see this work consolidated and extended to include local health services”

The key findings are that the PfPP project is **a model for providing more effective support** for people with complex needs. The person-centred focus of this project into the system, has resulted in an agile holistic service that has created the conditions to provide wrap around support to the individual; something that we call a **‘cash first+’** approach.

Prof Greta Defeyter, Director of Healthy Living Lab at Northumbria University



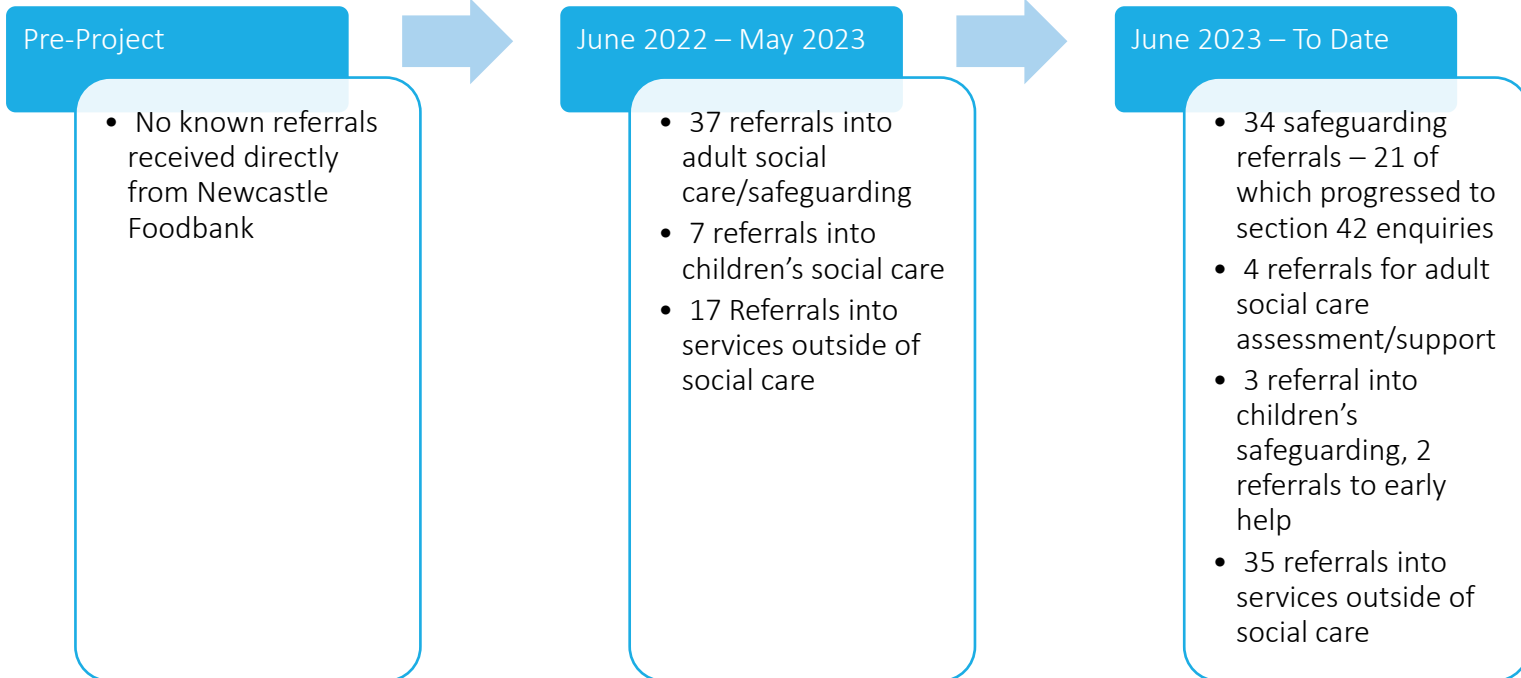
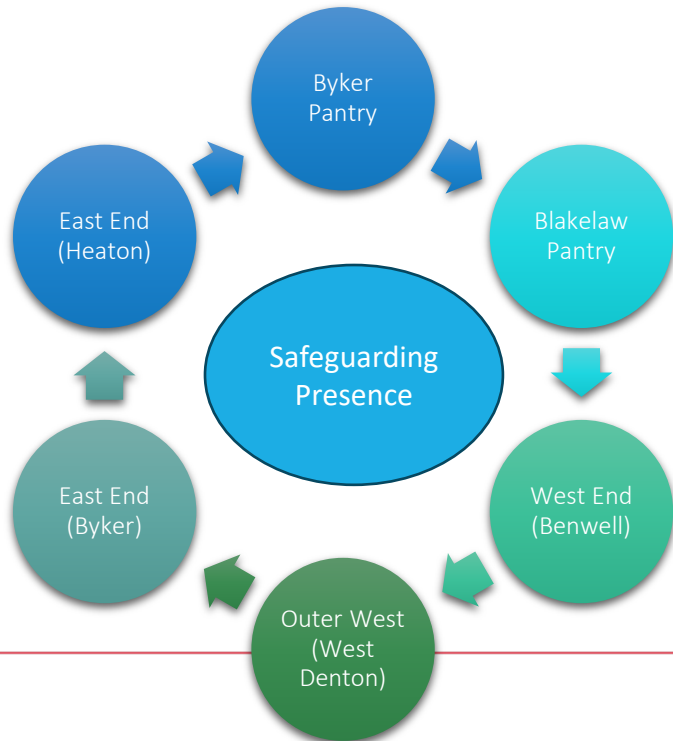
Safeguarding



The Partnership for People & Place project began in June 2022, at which point a safeguarding officer & active inclusion officer were available for 1 day each week to have a physical presence at Newcastle foodbank based in Elswick. As the project was extended and developed into Safeguarding Newcastle Against Poverty (SNAP), this capacity increased and we have been able to extend into other parts of the city.

We have worked with staff at Newcastle foodbank to provide training in safeguarding as well as upskilling in other areas, this has provided a greater understanding of support available to residents of Newcastle, to try and prevent escalation in need and any presenting crisis escalating.

We have also changed the way that adult social care make referrals into the foodbank to ensure that staff are considering long terms needs as well as dealing with the initial crisis of providing food. Escalation routes are being explored as part of the process to try and improve long term circumstances for the person being referred to ensure that staff are making referrals to explore the cause of problems by considering potential safeguarding issues, benefit maximisation, housing support & digital exclusion.



Our overall aims



We want to continue to be curious about any link to poverty & an increased risk of abuse & neglect as per Care Act 2014.

Prevention – work with our CVA colleagues to support their work, increase confidence & knowledge, we hope that early recognition & a proactive approach with our support will help prevent poverty related abuse.

We take a holistic approach, health, including mental health is key – poverty can make access to health care difficult, so we have worked with NHS to bring services TO people – mobile dentistry etc....

We have also seen how digital exclusion impacts upon people – this often leads of difficulties in accessing support & guidance as well as problems navigating DWP requirements

We want to use our safeguarding networks – so our Safeguarding Board to raise this issue as a challenge to all agencies – poverty is on our strategic plan & updates on SNAP provided.



Changes to Practice



We need to think about the language we use when describing/thinking about poverty. The term “self-neglect” is often used, is this helpful? Does this accurately describe people’s experience & does it enhance our understanding? What would be a better way?

Making money easy to talk about with people, having routine questions based upon curiosity but in a sensitive manner – do we do this or only with financial exploitation is suspected?

Understand & be curious as to why people use Foodbanks – is it always about money/food – what about social isolation ?

Understand that from a practice perspective we are not able to “solve” poverty – but can we mitigate it’s impact & work to mitigate against inequalities/maximise income

Be creative/tenacious – it’s amazing what we can do if we just try.



Oldham Councils Housing Options Service

Cost of Living, Winter Pressures and Hospital Discharge

Clare Ocansey, Senior Housing Needs Officer





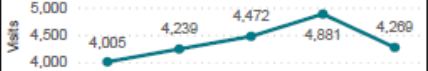


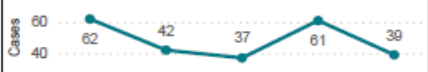


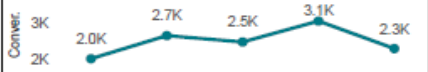


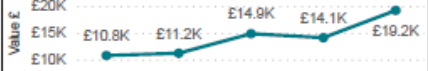








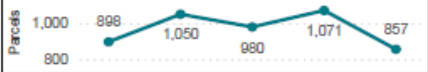






Oldham Council – Corporate Plan

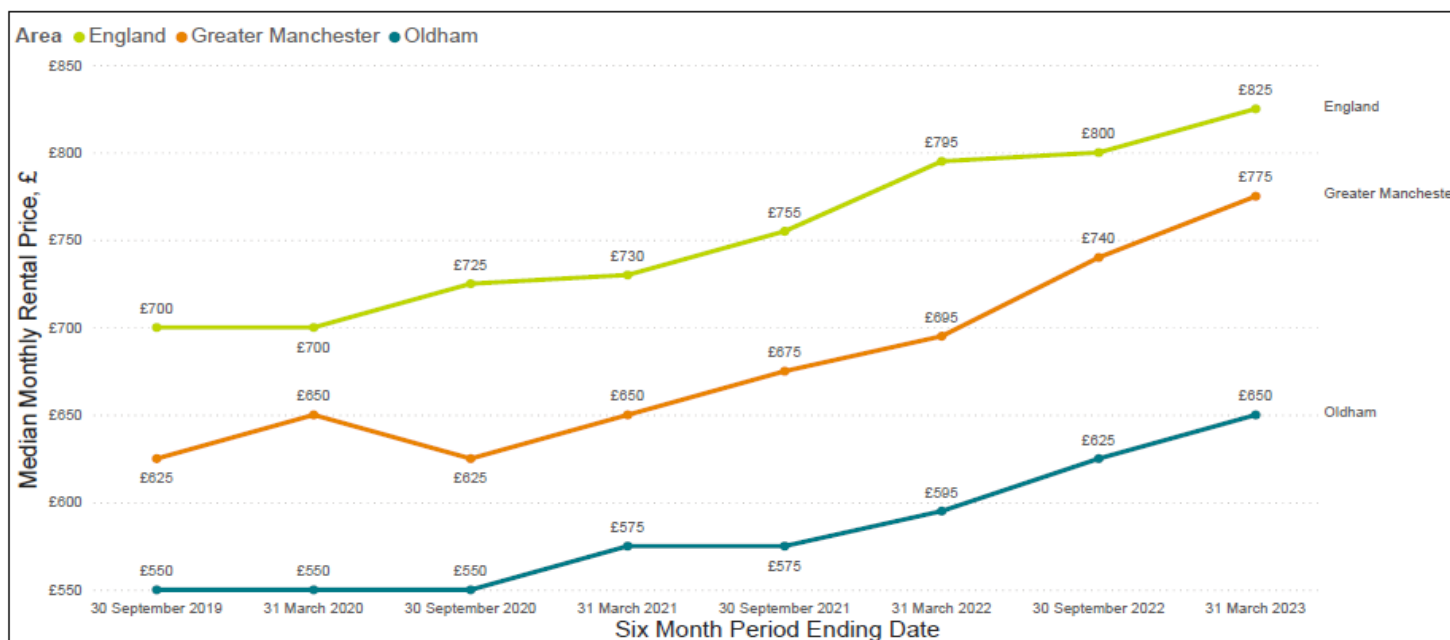
- Residents First - the commitment to making every service a good service and every resident's experience a good experience.
- Place-based working - aiming to deliver more and more locally, across our five districts.
- Digital - being able to apply for services or solve problems online, while continuing to provide alternative support for those who need it.
- Working with communities to reduce need - taking a community-centred, preventative approach to public services.

Cost of Living Response

Cost of Living Resident Support Dashboard: Summary Page

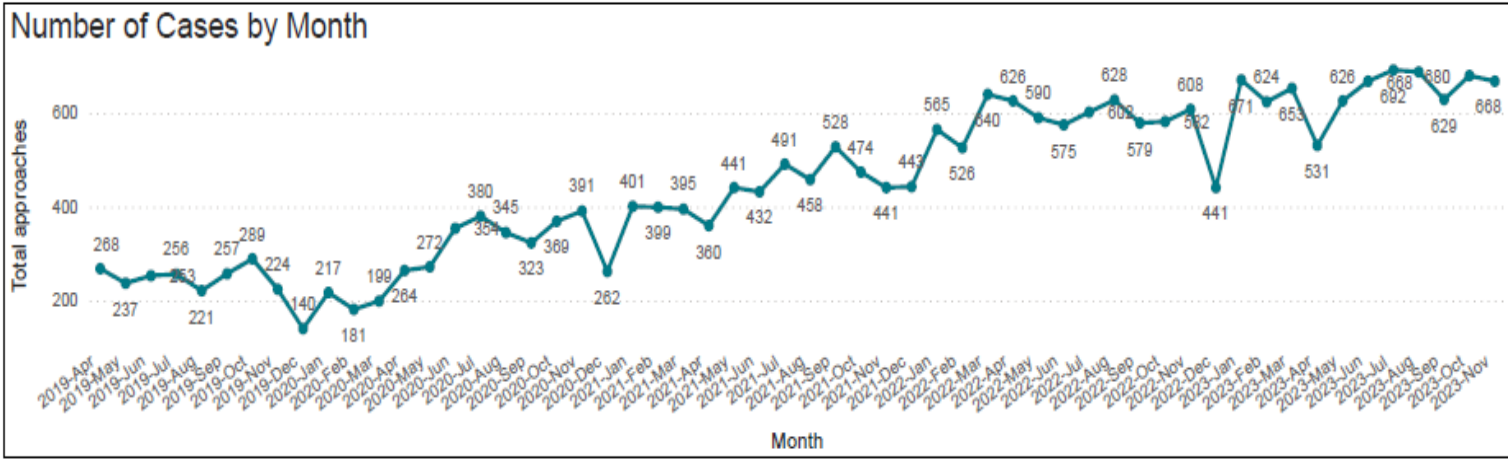
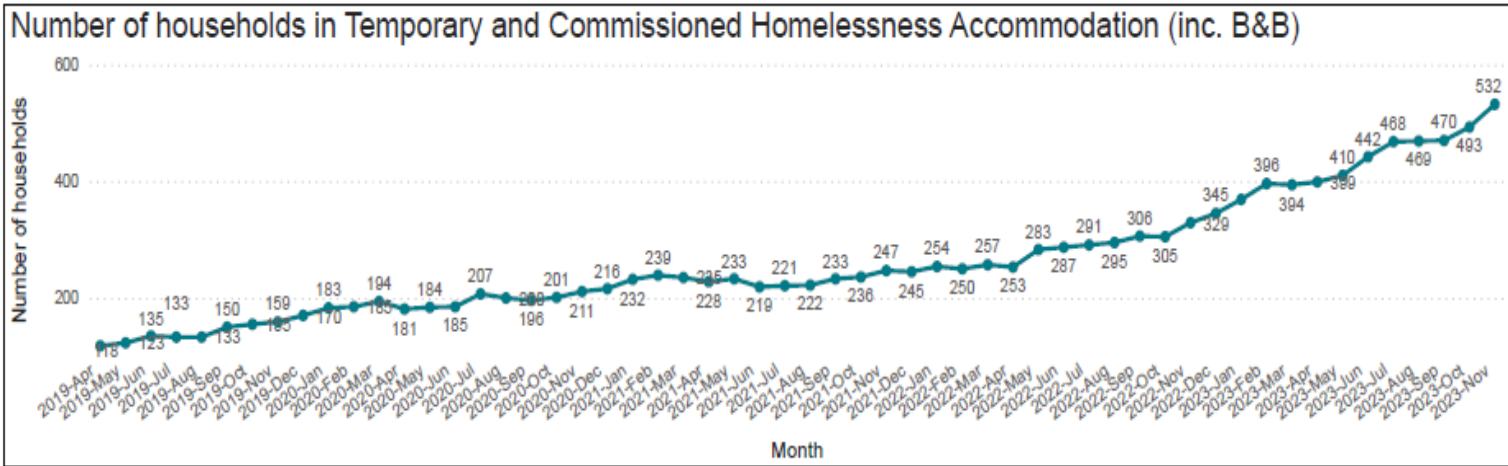
Service	Last whole month	Same Month Last Year	Last 5 Months	Commentary
Help Line 	1,164 <small>Phone Calls November 23</small>	1,325 <small>Phone Calls November 22</small>		
Access Oldham 	4,269 <small>Visits November 23</small>	3,593 <small>Visits November 22</small>		
SIT Team 	39 <small>New Cases November 23</small>	39 <small>New Cases November 22</small>		
Doorstep Engagement 	2,305 <small>Conversations November 23</small>	1,615 <small>Conversations November 22</small>		
Warm Homes 	£19K <small>Value £ November 23</small>	£16K <small>Value £ November 22</small>		
Welfare Rights 	£243K <small>Value £ November 23</small>	£245K <small>Value £ November 22</small>		
Housing & Homelessness 	532 <small>Households in TA November 23</small>	329 <small>Households in TA November 22</small>		
Food Bank 	857 <small>Parcels November 23</small>	830 <small>Parcels November 22</small>		
Citizens Advice 	1,127 <small>Clients November 23</small>	965 <small>Clients November 22</small>		

Median Monthly Rental Price, Oldham and Comparator Areas



Median monthly rental prices for the private rental market in England, calculated using data from the Valuation Office Agency and Office for National Statistics. Source: ONS [Private rental market summary statistics in England](#). Next update due 20th December 2023

Housing & Homelessness – Key Indicators



Housing Response

Concerns

- Substandard housing/ rogue landlords
- Large difference between local LHA rate and average rental costs
- Lack of affordable housing
- High rates unemployment
- Lack knowledge about Tenancy rights

Response

- Enforcement- selective licensing areas have increased, increase prosecutions further education advice landlord tenant advice
- Lobbying , creating relationships with social conscious landlords, working with partnering boroughs to provide the same offer to private providers
- Working with employment partners who offer specialised employment support services, to enable residents to access meaningful employment
- Tenancy Relation Services- offers advice and support and mediation to both landlord tenants and enforcement for PEA offences



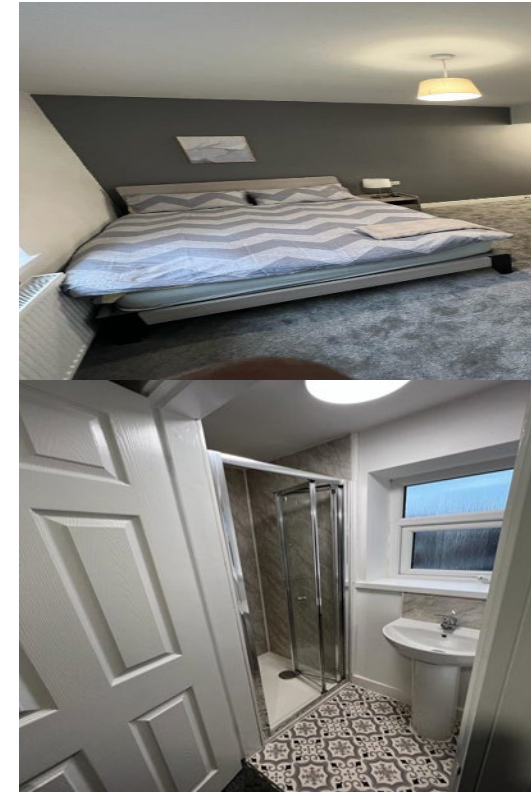
Winter Pressures

Hospital Discharge Officer

- Homeless Prevention Officer with a focus on patients who are homeless and ready for discharge from hospital
- The Homeless Prevention Officer is based at Oldham Royal one day a week and works in partnership with Hospital Discharge Hub, acute mental health wards and GMMOP
- The Officer provides specialist knowledge and advice to key partners around housing related issues
- The aim is to assist with planned and faster paced discharge through early identification of homeless patients /patients with a housing need

GMMOP-(Greater Manchester Moving On Project)

- Hospital Step Down Flats -Focus on three key aspects: *Accommodation Pathway, Health and wellbeing, Employability and Skills*
- It is for patients who are homeless and are ready from discharge from an acute mental health ward
- Patients are placed at GMOPP for 82 days patients receive support source permanent accommodation, and become tenancy ready
- Once the resident has left the GMMOP accommodation, they are then supported in the community by the Steps to Home worker and support workers to help them settle into their new home, build up social networks and build confidence in everyday living skills. This additional home support will reduce the risk of readmission.



Benefits of the service

- Provides a housing option for patients to allow them to be discharged on time.
- Allows patients to spend time in the community as opposed to a ward while waiting for their long term accommodation.
- Provides planning for discharge *from admission* when the discharge co-ordinators are in place.
- Provides accommodation in Oldham for out of area patients as opposed to waiting on a ward away from home.
- Provides support in the temporary accommodation while preparing to return into long term accommodation.
- Supports Oldham Housing Options Team by providing a temporary housing offer.
- Reduces the number of out of area beds days
- Increases bed capacity on Oldham wards
- Provides support in moving into long term accommodation
- Provides community support after the return home to reduce the risk of readmittance
- Creates substantial financial efficiencies.

Efficiencies

	Bed Days Saved	Financial Efficiencies based on £650 per bad day cost	Less the cost of the GMMOP Service (£300,000 pa, £25,000 pm)
Monthly	140	£91,000	£86,000
Annually	1,680	£1,092,000	£709,200

THE END

