housing and health

Mental health and housing

A short guide

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Purpose

This guide on mental health and housing is the latest in a series of papers being published by HACT as part of its partnership with Common Cause Consulting – housing and health (www.housingandhealth.org). They are designed to pull together in easily digestible form the evidence available about housing related support interventions to enable housing providers to assess whether they are making use of the best evidence available and to develop the case for both internal and external investment.

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Introduction

Housing is generally recognised to be a central part of an effective recovery pathway as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help and in many cases return to work or education[1]. For all of us, housing is a critical part of our well-being; both physical and mental. However, accessing housing and being able to move through a pathway of care to appropriate accommodation, still requires service users to negotiate a range of obstacles. In addition, housing based services are often perceived to bring a number of advantages:

i) Service users see a move out of statutory care as progress and their recovery is enhanced by moving away from the service where they were most unwell;

ii) Healthcare providers have made great strides in introducing the recovery model and moving away from diagnose and treat. However, housing services were seen to 'live and breathe' recovery by service users[2];

iii) Housing providers can lever in funding from other sources and unit prices are significantly lower than healthcare providers;

iv) Clinical risk in the confines of statutory services is very different from community based risk. The supported housing sector has more experience in managing and mitigating community based risk, though work needs to be done to join the two risk systems.

Ideally co-operation between commissioners and providers across the system will ensure that there is a more integrated approach that looks at need over the medium term, that provides early intervention, enables speedy admission where necessary but delivers as much care in the home as possible – and prevents placing people out of area which has been shown to be detrimental to peoples' longer term recovery and to increase suicide risk[3]. In order to achieve this, a number of steps have been identified:

1 A whole system approach to the commissioning and provision of housing and support services needs to be taken to avoid out of area treatment being the only option at the point of someone's discharge. Their housing needs and options need to be considered at all stages of the pathway, from initial assessment onwards;

2 Service users, commissioners and providers working together can arrive at good outcome measures and incentivise innovation in the way services are developed. This needs to recognise the importance of settled accommodation with the right support in achieving recovery outcomes[4] and reducing demand for in-patient services[5];

3 Providers will want to cooperate and develop new forms of integrated care across organisational and sector boundaries. They should develop long-term plans for reducing beds, developing new models for crisis management, reducing length of stay and delayed

[1] Social Exclusion Unit, Mental Health and Social Exclusion, http://www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf
[2] Berrington J (2013) Providing an Alternative Pathway: National Housing Federation. http://www.housing.org.uk/resource-library/browse/providing-an-alternative-pathway/
[3] National confidential inquiry into suicides
[4] Joint Commissioning Panel for Mental Health (2012) Guidance for Commissioners of Rehabilitation Services for People with Complex Mental Health Needs : JCP-MH https://www.rcpsych.ac.uk/pdf/rehab%20guide.pdf
[5] Improving acute in-patient psychiatric care for adults in England – interim report of the Commission to Review the Provision of acute psychiatric care for adults, 2015, http://www.caapc.info/

discharges, developing step down services and reducing use of out of area treatments. They should be allowed to use their flexibilities to purchase property, make best use of the NHS estate, and pull together supply chains for delivery;

4 As more care is planned to be delivered out of inpatient or institutional settings there will need to be a proper understanding that the care being delivered is no less sophisticated, risky or skilled because it is being delivered in a community setting. However, different skills and a different treatment of risk is required to work effectively in someone's home and alongside a range of community professionals.

The Mental Health Strategy for England, *No Health without Mental Health*[6], and its focussing document, *Closing the Gap*[7], have had the effect of driving a sustainable relationship with housing in some areas. The current pressures in the health and social care environment offer a real opportunity to deliver levels of integration that have often been discussed but have been patchily implemented on the ground. The Mental Health Taskforce, charged with interpreting the Five Year Forward View (FYFV) for Mental Health has a real opportunity to drive a more integrated and preventative approach that would deliver parity of esteem for mental health.[8] The FYFV for Mental Health[9] argues for easier access to supported housing for vulnerable people with mental health problems including 'step-down' from secure care and calls for agencies to explore the case for using NHS land to make more supported housing available for this group.

The Crisp Commission calls for greater use of secure and settled accommodation to reduce unplanned admission and says that housing should no longer be seen as outside the traditional care pathway – or commissioned and provided by 'others' – to improve access to types of housing that provide for short-term crisis use, reduce delayed discharges and offer long term accommodation. It goes on to argue that a more innovative use of NHS Estate could release more value by developing supported accommodation to support speedy discharge and / or step down to recovery[10].

The challenge will be to develop and promote a compelling narrative, supported by evidence, with commissioners and healthcare providers in a way that encourages the new ways of delivering care. The models that are emerging from the Vanguards – such as accountable care organisations and multi-specialist community providers – to innovate and plan for the long term, to recognise the strengths of different professional groups and to create more integrated pathways to recovery. This will involve moving beyond both institutional and professional boundaries.

[6] Department of Health, No Health without Mental Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdfwww.gov.uk
[7] Department of Health, Closing the Gap, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
[8] http://www.england.nhs.uk/mentalhealth/taskforce/
[9] Farmer P and Dyer J (2016) Five Year Forward View for Mental Health. NHS England : London. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[10] Crisp N (2016) Old Problems : New Solutions. Improving Acute Psychiatric Care for Adults in England. Royal college of Psychiatrists : London http://media.wix.com/ugd/0e662e_6f7ebeffbf5e45dbbefacd0f0dcffb71.pdf

Housing as a Factor in Mental Health

Housing and mental health are closely related. Being homeless, on the streets or insecurely housed can, of course, further exacerbate your mental health as well as your physical health. Having settled housing and accommodation is known to have a positive impact on our mental health[11]. As we move towards a more personalised pattern of service, non-institutional services become more important and can save commissioning authorities a significant amount of money. Housing provides the basis for individuals to recover, receive support and help, and in many cases return to work or training[12].

The impact on mental health of poor housing is well evidenced[13]. Compared with the general population, people with mental health conditions are one and a half times more likely to live in rented housing, with higher uncertainty about how long they can remain in their current home. They are twice as likely as those without mental health conditions to be unhappy with their housing and four times as likely to say that it makes their health worse. Mental ill-health is frequently cited as a reason for tenancy breakdown[14]. Housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient medical care[15].

Lack of housing can impede access to treatment, recovery and social inclusion and accessing mental health services and employment is more difficult for people who do not feel settled in their accommodation.

In summary, housing is generally recognised to have a central role both in preventing mental ill-health and in preventing unscheduled admission to acute care as well as in delivering effective recovery in the community. It provides the basis for individuals to recover, receive support and help and in many cases return to work or education. For all of us, housing is a critical part of our well-being; both physical and mental.

However, accessing housing, and being able to move through a pathway of care to appropriate accommodation, still requires service users to negotiate a range of obstacles. This was highlighted in the conclusions of *The Impact of Choice Based Lettings on the Access of Vulnerable Adults to Social Housing*. The report found that, “there is a need to help people navigate the system and to provide advice and support” and “there is a need to mainstream the “pathway approach” where there is a framework for enabling people to move from supported housing to mainstream housing and to plan for more than one move. This has the ability to address the needs of people from all vulnerable groups.” [16]

[11] HM Government, State of the nation re: poverty, worklessness and welfare dependency in the UK. http://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/CONDEM%20-poverty-report.pdf
[12] Social Exclusion Unit, Mental Health and Social Exclusion, http://www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf
[13] Johnson R, Griffiths C and Nottingham T. At home? Mental Health issues arising in social housing. http://www.rjaconsultancy.org.uk/At%20Home%20Full%20Report%20v7.vi.pdf
[14] Social Exclusion Unit, Mental Health and Social Exclusion, http://www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf
[15]Johnson R, Griffiths C, Nottingham T. At Home? Mental Health Issues Arising in Social Housing.
[16]Appleton, N. & Molyneux, P. The Impact of Choice Based Lettings on the Access of Vulnerable Adults to Social Housing, http://www.housinglin.org.uk/Topics/browse/Housing/Commissioning/?&msg=0&parent=3693&child=5113

Impact of Housing on Healthcare Costs

Unsuitable housing or a lack of suitable housing related support can also lead to an escalation in care needs and trigger admission to hospital or reduce an individual's or carer's confidence that they can live safely in the community. This increases the pressure for residential or other institutional care. It is often stated that at least one third of people in residential care do not need all the elements of care provided.[17] The economic benefits to the NHS in developing new collaborations with housing providers that integrates housing in the aute care pathway are considerable. A 5% reduction in acute inpatient bed days potentially frees up £82.5 million, but this can only be realised if there is sufficient investment in alternative community based provision, such as supported housing.

Conservatively if all delayed discharges could be eliminated, with appropriate care provided in other forms of supported accommodation, net resources of more than £54 million might be freed up. A 10% reduction in readmissions within 30 days of discharge from inpatient care might also save £10.35 million per annum.

The use and overall cost of out of area placements has been steadily rising, particularly as pressures on inpatient beds mounts. The economic benefits of reducing out of area placements will vary between trusts. If a trust which made 372 out of area placements in 2014/2015 were able to substitute all of these with local alternative accommodation this could make available £3.5 million that could be used for other purposes. These are direct savings that can contribte to Cost Improvement Programmes (CIPs) and can be reinvested in improving both recovery and housing outcomes. [18]

A lack of appropriate accommodation can lead to people being placed out of the area, living in residential care or to delayed discharge. This can be an issue of supply, such as a lack of supported housing and other independent living options being available locally. It can also be due to a lack of appropriate and timely advice and support to service users who are in hospital, as well as housing not being regarded as a key component of care planning.

More effective co-operation between commissioners across the system will be needed to ensure that there is a strategic approach to commissioning that establishes and examines need over the medium term. An absence of effective planning and commissioning will result in further increases in out of area placements. In most cases this type of provision is more costly to local services and detrimental to the service user in terms of their longer-term recovery. The toolkit published by the Royal College of Psychiatrists to help reduce the use of out of area services[19] is a useful contribution in this area.

Supported housing is a key part of community rehabilitation for those with long term and complex needs. Joint Commissioning Panel for Mental Health guidance[20] recognises the need for supported housing as part of a pathway to greater independent living. This goes beyond looking at settled accommodation to seeing housing as a key part of the acute care pathway.

[17] Support Related Housing - bringing together housing, health and social care. Care Services Efficiency Delivery www.csed.dh.gov.uk
[18] McDaid, D & Park, A (2016) *Mental Health and Housing: potential economic benefits of improved transitions along the acute care pathway to support recovery for people with mental health needs* (HACT:London)
[19] In sight and in mind: A toolkit to reduce the use of out of area mental health services, www.rcpsych.ac.uk
[20] Joint Commissioning Panel for Mental Health (2012) Guidance for commissioners of rehabilitation services for people with complex mental health needs. London: JCP-MH

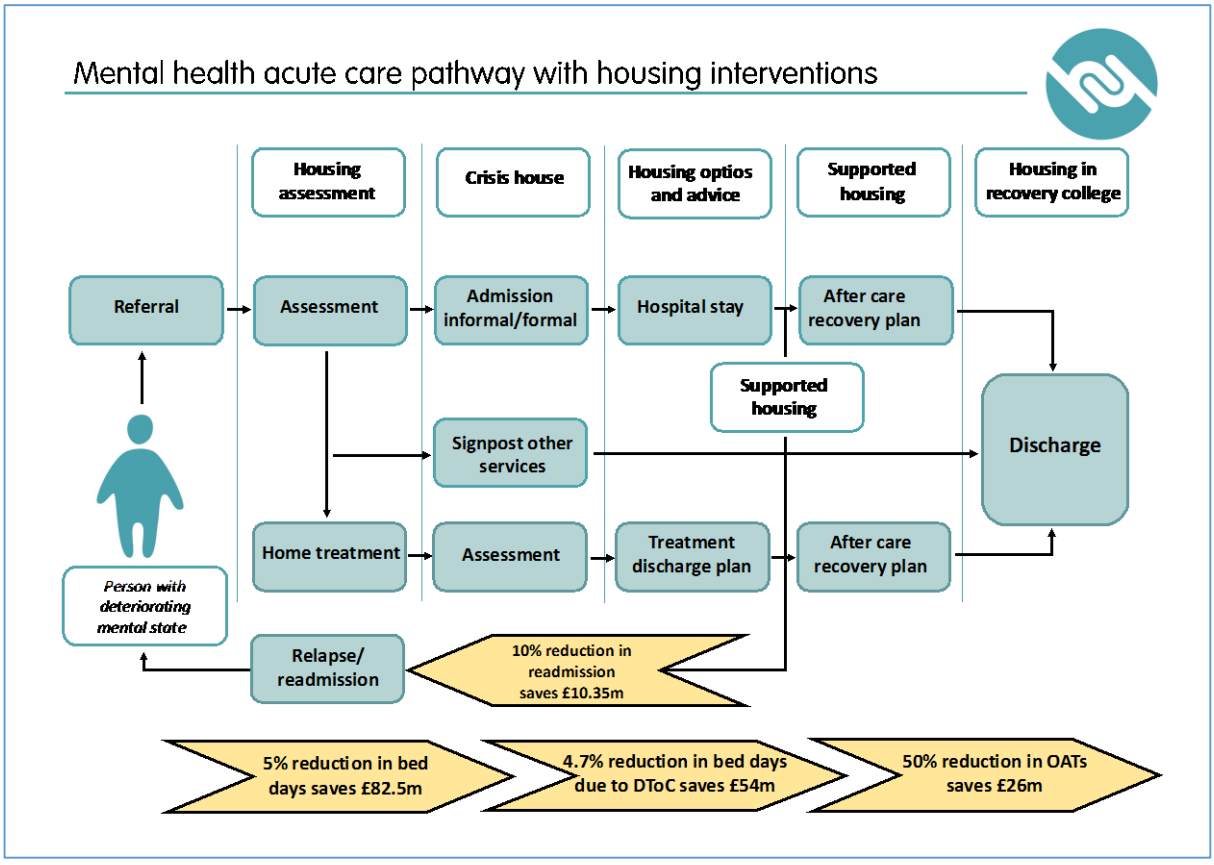
Housing in the Acute Care Pathway

In mental health the acute care pathway starts when an individual is first referred to the home treatment team (HTT). The end of the care pathway is then defined as being when responsibility for the individual's care is transferred to another team, or when the individual is discharged from services after the acute phase or episode.

This pathway has been driven by a set of values associated with the recovery approach. These are about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life[21].

A lot of work has gone into establishing how recovery principles can best be incorporated into routine practice in mental health through a focus on the changes that will be needed in the practices of mental health workers, the types of services provided, and the culture of organisations[22]. As part of the implementation of cost savings and quality improvements in mental health the Audit Commission developed a model for reviewing the acute care pathway and in particular bed utilisation[23].

Figure 1: Mental Health Actue Care Pathway with housing interventions



[21] Shepherd G, Making Recovery a Reality http://www.imroc.org/wp-content/uploads/Making_recovery_a_reality_policy_paper.pdf.
[22] Shepherd G, Implementing Recovery: A New Framework for Organisational Change. http://socialwelfare.bl.uk/subject-areas/services-client-groups/adults-mental-health/centreformentalhealth/128566implementing_recovery_paper.pdf
[23] Getting Better All the Time – making benchmarking work, Audit Commission (2000)

In Figure 1 we have set out an example of the acute care pathway. Each input shows the possible contribution that housing and housing related support services can make to improve the success of the pathway in delivering recovery. It argues for a consideration of someone's housing circumstances, their housing options and alternatives to institutional forms of provision.

There are a number of examples of where mental health commissioners and providers are working to co-produce a whole systems approach and to agree local outcome targets. By redesigning services to promote independent living with some commissioners seeking to close up to 50% of beds over a five year period. Key to this is the management of risk. In a number of trusts the management of the pathway into the community was seen as essential, but to support this it was also necessary to either have a team managing the transition or build a good relationship with a provider of housing related support who was trusted to manage the shared risk. At each stage of the process there needs to be a positive contribution from a partnership with housing[24], which should no longer be seen as outside of the traditional pathway. [25]

Conclusions

Whatever health and social care commissioners decide to do to shape the local market, providers will want to cooperate to develop new forms of integrated care across organisational and sectoral boundaries. In health the drive for greater efficiency and innovation in order to tackle new health challenges and to deliver the Five Year Forward View.

In this paper we have talked primarily about the role that the housing and housing related services can play in supporting people on the path to recovery. However, we have also talked about the role that housing organisations and housing associations in particular can play to promote recovery as landholders, asset managers, providers of education and training and employment schemes. So, pursuing the opportunities for integration offered in this report should be of benefit to both housing providers and health providers and commissioners.

The pathway approach to recovery could be a crucial point at which the two parties meet. A common language can be established which reinforces peoples progression on a journey that includes all the bodies they might encounter. Thinking in this way should ensure that all services are working collaboratively with the person's interests at the heart of their operations. Where the components of a pathway approach have been implemented, significant cost savings have been produced alongside improved outcomes.

As more care is planned to be delivered out of in-patient or institutional settings there will need to be a proper understanding that the care being delivered is no less sophisticated, risky or skilled because it is being delivered in a community setting. However, different skills and a different understanding of risk is required together with new approaches to relationship building to work in someone's home and alongside a range of other community professionals. The leadership required will also be different as the skills required to lead multi-agency partnerships are different from those traditionally required to run a single organisation.

The challenge will be to develop and promote a compelling narrative, supported by evidence, with commissioners and healthcare providers in a way that encourages the new models of care that are emerging from the Vanguards – such as accountable care organisations and multi-speciality

[24] Community psychosis services: the role of community mental health rehabilitation teams https://www.rcpsych.ac.uk/pdf/FR%20RS%2007_for%20web_rev.pdf
[25] http://media.wix.com/ugd/0e662e_6f7ebeffbf5e45dbbefacd0f0dcffb71.pdf

community providers – to innovate and plan for the long term, to recognise the strengths of different professional groups and to create more integrated pathways to recovery. This will involve moving beyond both institutional and professional boundaries but it is the only way to achieve the vision set out in the FYFV.

About housing and health

housing and health is a collaboration between HACT and Common Cause Consulting, working to forge links between providers of social housing and health care services.

We help housing and health providers to identify current and future opportunities in the healthcare market; develop business cases for transformation and NHS investment; reach the right people in the NHS and housing; create new partnerships between Housing Associations and NHS Providers and improve evidence and demonstrate value.

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