

Housing and mental health

Key points

- Good housing is critical for good mental health.
- *No health without mental health* stresses the importance of housing for mental health.
- Without a settled place to live, recovery can be significantly impeded.
- Financial pressure increases the need to innovate and deliver services in more cost effective ways.
- Addressing housing need within the care pathway can contribute to meeting the QIPP challenge.
- By working in partnership, mental health providers and housing associations can deliver better outcomes for service users.

A settled home is vital for good mental health. People with mental health problems are far less likely to be homeowners and far more likely to live in unstable environments.¹ Support with housing can improve the health of individuals and help reduce overall demand for health and social care services.² Ensuring service users have a suitable and settled place to live can aid recovery from mental health problems.

Housing associations have considerable experience in designing and delivering services that enable positive health outcomes. By working in partnership, mental health providers and housing associations can provide better pathways and outcomes for service users.

This *Briefing*, produced in association with the National Housing Federation, outlines a number of routes that mental health providers and housing associations may wish to explore together to improve quality and reduce costs.

Background

Good housing is crucial for good mental health. When it is part of an effective recovery pathway, housing provides the basis for individuals to build a more independent life, in many cases returning to work or education, whilst still receiving the support

and help they need. By working together, mental health and housing providers can make those transitions easier and provide advice and support to help people navigate the system.

The mental health strategy for England, *No health without mental*

'People with mental health problems can sometimes find it difficult to secure and maintain good quality accommodation'

health, stresses the importance of housing for everyone's mental health and particularly for those recovering from mental health problems. The Health and Social Care Bill, currently making its way through Parliament, establishes a number of new bodies, including the introduction of Health and Wellbeing Boards, which will provide new opportunities for joining up the commissioning of public services at a local level.

Good quality, affordable, safe housing underpins our mental and physical well-being. All too often, severe mental ill health can lead to homelessness. People with mental health problems, particularly those with a serious mental illness, can sometimes find it difficult to secure and maintain good quality accommodation. Those who experience mental health problems can sometimes find that becoming unwell unwittingly ends up with the breakdown of a tenancy. Losing a job, and hence someone's ability to pay their mortgage or rent, may also lead to the loss of a family home. Being homeless, on the streets, or insecurely housed, can further exacerbate mental and physical ill health. Poor mental health, poor housing, worklessness and income poverty are all indicators of 'multiple disadvantage'.³

In addition to settled accommodation, housing providers can and do provide support services to help people with mental health needs stabilise their lives and achieve recovery. This includes day-to-day support to maintain their tenancy, building the skills to live more independently and take an active part in their communities.

Compared with the general population, people with mental health conditions are one and a half times more likely to live in rented housing, with greater uncertainty about how long they can remain in their current home.⁴ 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.⁵ Mental ill health is frequently cited as a reason for tenancy breakdown⁶ and housing problems are often given as a reason for a person being admitted, or readmitted, to inpatient care.⁷

The financial picture

The pressure on resources across public services creates an incentive for cooperation between services and for developing new models of care and support. The overall NHS spending settlement over this spending review period will be flat, and the health service must achieve £20 billion of efficiency savings by 2014 to reinvest in services. The picture for local authority finance varies across the country. Those areas that historically have relied to a greater degree on central government funding, for example through the Formula Grant, are facing a

particularly challenging period, with reductions in spending power over the next two financial years of up to 8.9 per cent.⁸

With budgets under such pressure, the need to innovate and find new ways to deliver services cost effectively, whilst maintaining quality, becomes increasingly critical. This challenge means the NHS must transform the way healthcare services are delivered. The scale of the financial challenge emphasises the need for health to work with adult social care and housing partners. By working together, mental health and housing providers can help reduce overall demand for health and social care services, and also develop new and efficient ways of providing services which connect the NHS to community support.

Cooperation between commissioners, and making good use of emerging new structures such as Health and Wellbeing Boards, are essential to ensure that there is a more strategic approach to commissioning health and housing support. Clinical commissioning groups (CCGs) and local authorities will need to align their resources to ensure they are making the best use of their joint resources and enabling more people to be cared for appropriately outside of hospital settings.

Housing and recovery

Recovery-focused services are a central component of making mental health services fit for the 21st century. At the heart of recovery is a set of values about a person's right to build a

‘Without a settled place to live, access to treatment and enabling recovery and greater social inclusion can be impeded’

meaningful life for themselves, with or without the continuing presence of symptoms relating to their illness. Housing providers can play an important role in enabling people to recover, maintain a tenancy and live more independently, by offering accommodation and support.

Safe, secure and affordable housing is critical in enabling people to work and take part in community life. Without a settled place to live, access to treatment, enabling genuine recovery and encouraging social inclusion can be impeded. As we move towards more personalised approaches in health and care, non-institutional services will become increasingly important as a way of meeting individual needs, and can also help produce productivity gains. Housing provides the basis for individuals to recover, receive support and, in many cases, return to work or training.⁹

Housing-related support services can demonstrate a range of outcomes, including connecting people with other services. A study of outcomes for clients in receipt of Supporting People services found that amongst those people who left short-term services during 2008 and 2009, 85 per cent of people who required extra

support had established contact with external services during their time in services, and 79 per cent of people who required support to do so had better managed their physical health.¹⁰

Housing and QIPP

The importance of housing for recovery is clear, as is the financial imperative to deliver services in more innovative ways. It is also apparent that a lack of settled accommodation for service users can lead to unnecessary admissions and increase overall costs to the public purse. Unsuitable housing, or a lack of suitable housing-related support, can lead to an escalation in care needs, potentially triggering admission to hospital.

Problems associated with an individual’s housing can reduce the confidence of service users, and their carers, that they can live independently in the community. This, in turn, increases the pressure for residential or other institutional care. A national evaluation estimated that investing £1.6 billion annually in housing-related support services generated net savings of £3.41 billion for the public purse. This includes an estimated saving of £315.2 million in health service costs, £413.6 million associated with the costs of crime and £95 million in the costs of homelessness.¹¹

Cooperation between commissioners is essential to ensure there is a strategic approach to commissioning that includes housing. The establishment of Health and

Wellbeing Boards provides an important opportunity for joining up the commissioning of health services and housing, and, in particular, ensuring that the housing needs of people with mental health problems locally are understood through the Joint Strategic Needs Assessment.

There are a number of routes that mental health providers and housing associations may wish to further explore together in order to improve quality and reduce overall costs. These are outlined below.

Use of assets and estate

As the NHS seeks to move more services into the community, there are opportunities to explore how the existing NHS estate can be used, for example by selling off land for homes or accommodation-based support projects. Flexibilities available to foundation trusts provide opportunities for real innovation and creativity in the use of existing estate. Many providers of NHS services, whether from the statutory or independent sector, are exploring partnership working with housing associations, and with other types of housing providers, to ensure they have accommodation available to support speedy discharge and step-down, and also to look at how to use their existing estate to deliver additional revenue streams.

Housing associations are well placed to offer mental health providers new ways of using their existing estate to deliver the facilities that local residents require and finding ways of using

Case study: Richmond Fellowship and Three Rivers Housing Association

Three Rivers Housing Association and Richmond Fellowship, together with Wear Valley District Council and Durham County Council, have developed a supported living service (St Stephen's Close) to help people step down from psychiatric hospital to independent living. The service has eight self-contained flats built around a communal space. Five of the flats are block purchased by the primary care trust as a step-down facility to enable prompt discharges from psychiatric hospitals into the community.

The provision of four weeks of floating support to clients immediately after they move on provides vital continuity of support during transition. This helps to reduce the revolving door scenario where people relapse during stressful changes in circumstances and need more intensive support again. When the service was opened in 2007/08 the running costs for St Stephen's Close were £277,000, or on average £665 for each of its eight clients per week. Around £109 of this is paid for by rent from the clients or by housing benefits. This gives a net cost of £556 per client per week. This equated to a saving in that year of 39 per cent or around £22,000 per client per year across the wider health and social care system.

This case study was originally included in the National Housing Federation's 2010 report, *Health and housing: worlds apart?*

the existing estate in a more commercial and creative way.

Risk reduction

Using predictive analysis to identify patients who are at greater risk of an acute admission is well established in some condition areas. Commissioners, working in partnership with mental health providers and housing associations, could help to develop capacity to ensure that those most at risk of admission are targeted and provided with support and care. Housing associations could play a key role in providing housing and support to those most at risk.

Reducing demand for institutional care

The acute care pathway describes the journey from initial referral to discharge from acute services. Housing associations have been involved in reducing demand for institutional care through signposting to relevant services – such as Improving Access to Psychological Therapies (IAPT), early intervention and crisis services – especially with those who are new to the mental health system.

The National Housing Federation's work with the Department of Health's Care Services Efficiency

Delivery team demonstrated the cashable savings that housing-related support can deliver to health and adult social service budgets, through, for example, the avoidance of hospital admissions. A number of different services were analysed. These often cost less and delivered better outcomes than the most likely alternative if housing-related support was not available.¹²

Earlier discharge

Some service users will require a period in hospital. The integration of housing with discharge planning is critical if delayed discharges are to be avoided. There are a number of examples of where mental health providers and housing associations are working together to ensure appropriate step-down accommodation is available. Whilst these services will often be directly commissioned by primary care trusts from housing associations, they will also be offered in partnership with mental health trusts.

Mental health providers may want to consider how housing is currently incorporated into their own discharge planning processes. Organisations may also want to consider how service users

'The integration of housing with discharge planning is critical if delayed discharges are to be avoided'

with housing needs are currently identified within services, and the sorts of advice and support they are offered. The diagram on page 6 sets out how housing issues can be integrated in each step of the care pathway.

Integration and improving outcomes

The coalition Government has been clear about its desire to move away from centrally driven service targets and argues for “a relentless focus on delivering the outcomes

that matter most to people.”¹³ As clinical commissioning groups begin to take on the commissioning of mental health services, and as Payment by Results is further developed in mental health, there will be further focus on commissioning for outcomes, particularly on how to commission for outcomes aligned with recovery. Having a settled and secure place to live is a key outcome for service users, and is measurable through the Mental Health Minimum Dataset for those on the Care Programme

Approach. In the future, it is likely this will be a key driver for further integrating services and incentivising joint working, particularly for joining up mental health, housing and support.

Mental Health Network and National Housing Federation viewpoint

Good quality housing is accepted as a necessary underpinning of good health and participation in wider society. For people with a mental illness, having a settled and secure place to live is critical to recovery.

Case study: Birmingham and Solihull Mental Health NHS Foundation Trust and Midland Heart Housing Group

The Early Intervention Service (EIS) is delivered in partnership between Birmingham and Solihull Mental Health NHS Trust (BSMHFT) and Midland Heart Housing Group. The purpose of the service is to promote recovery, social inclusion and quality of life for young people between the ages of 14 and 30 with mental health problems, and who are experiencing their first episode of psychosis.

BSMHFT recognised the need to provide more integrated services for young people with complex mental health problems and their carers. By working in partnership with Midland Heart, the two organisations provided staffing aimed at meeting clinical and social inclusion roles. Staff from the housing association work under direct supervision of the senior clinical practitioner within the EIS. The staff already had considerable experience of working with young people with mental health problems and had already developed the expertise in working in different age appropriate settings and the necessary knowledge of the services available across the city.

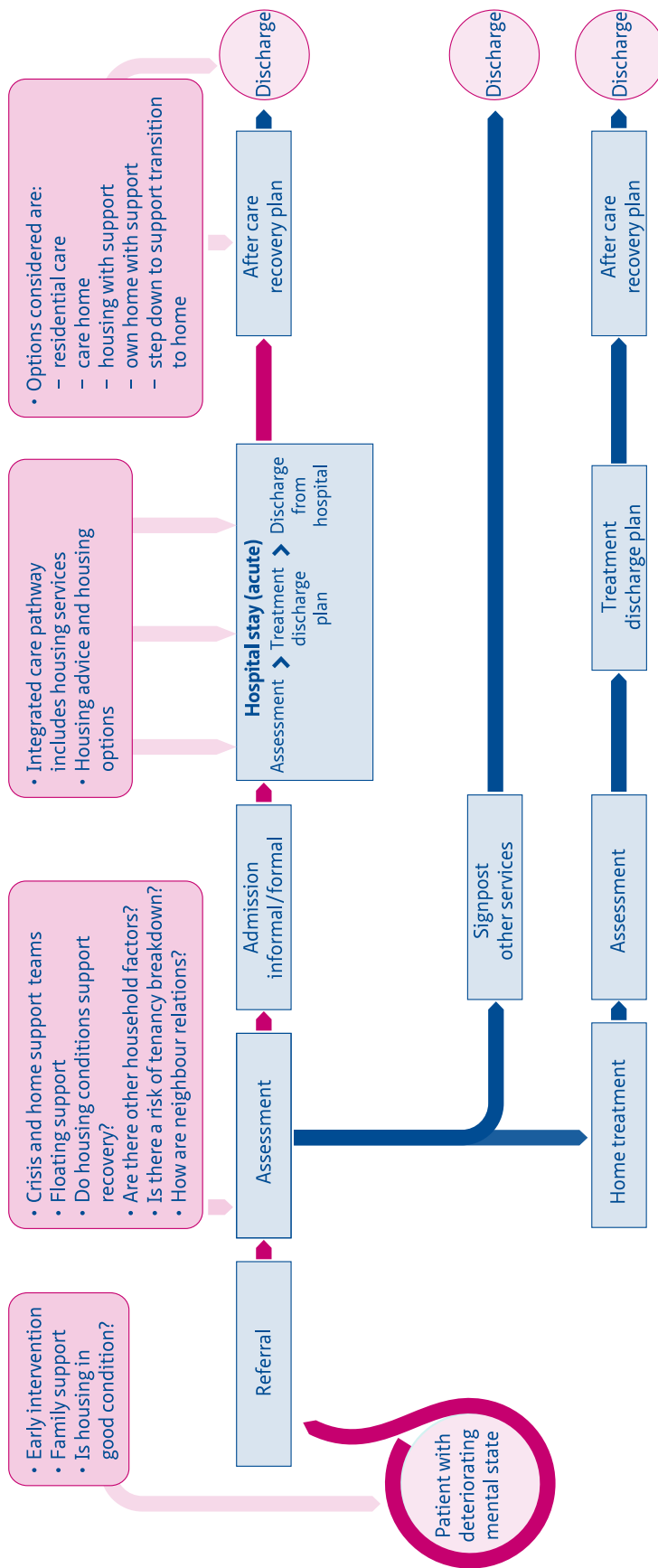
This service helps young people to manage their mental health and helps to ensure that they do not experience additional social disadvantage as a result of experiencing psychotic episodes. They are less likely to experience an acute admission.

This case study was originally included in the National Housing Federation’s 2010 report, *Health and housing: worlds apart?*

We know that where housing and health work well together, not only can significant savings can be made but, most importantly, people using services can be supported to live more independent lives. Housing has an important role to play in health, well-being and the delivery of health and adult social care services. The Mental Health Network and the National Housing Federation will continue to work together to promote closer working between our sectors and highlight examples of good practice.

For more information on the issues covered in this *Briefing*, contact steve.shrubb@nhsconfed.org or jake.eliot@housing.org.uk

The acute care pathway and housing



Source: Adapted from a diagram in *Mental health and housing, housing on the pathway to recovery*. National Mental Health Development Unit

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The National Housing Federation

The National Housing Federation is the voice of affordable housing in England. We believe that everyone should have the home they need at a price they can afford. That's why we represent the work of housing associations and campaign for better housing.

Our members provide two and a half million homes for more than five million people. And each year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities.

For more information on our work, visit www.housing.org.uk or email info@housing.org.uk

The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers.

We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

For further details about the work of the Mental Health Network, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

Acknowledgements

The Mental Health Network would like to thank Steve Appleton and Peter Molyneux for their help in developing this *Briefing*.

This publication was produced by NHS Confederation Events & Publishing.
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Registered Charity no: 1090329

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