Learning Network
Care Provider Alliance and NHS England

Housing and Mental Wellbeing Learning Summit Report

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Context

The Care Provider Alliance (CPA) and NHS England (NHSE) are supporting effective partnership working between the adult social care provider sector and integrated care systems (ICSs).

To support this, they have established a virtual Learning Network which will host a series of learning summits.

This session, held in February 2024, focused on supported housing and mental health; exploring how ICSs can harness the role of safe and secure housing as a central part of maintaining mental wellbeing, supporting a recovery journey, and preventing crisis.

This Learning Summit was co-chaired by Ewan King, Chief Executive of Shared Lives Plus, and Claire Murdoch, National Director for Mental Health for NHS England and Chief Executive of Central and North West London NHS Foundation Trust.

It included examples from WDH and Home Group, and panellists included Sarah Parsons, Health and Research Lead at HACT, Neil Revely, Housing Lead at Local Government Association and Jeremy Porteus, CEO, Housing Learning and Improvement Network.

Background

The length of stays in inpatient mental health beds has increased from 24 days per COVID pandemic, to 54 days. Occupancy rates stand at between 96-100%. This is primarily due to lack of local, appropriate, supported services, including supported housing. This is both unethical, inefficient, and unsustainable.

The NHS has many out-of-area placements in acute inpatient and rehab settings because the system has not evolved to enable people to be discharged into supportive local settings. This is costing the system millions of pounds, and places people in need of support miles away from their family and support network.

This funding could be spent on care and supported housing locally. This would also enable people in greatest need to access inpatient beds locally. Those admissions could and should be short, purposeful, and therapeutic. This represents a real opportunity to do things differently.

NHS England is asking each Integrated Care Board (ICB) for their three-year plan to localise care and end out of area placement. To achieve this, they must engage local partnership and plan with them. £40m has been allocated to support this work.

Many housing associations provide supported accommodation to people with mental health issues, and many of them will have tenants within their housing stock with low to medium mental health illnesses which may impact on their ability to sustain their tenancies.

There is an opportunity for ICBs and Integrated Care Partnerships (ICPs) to reflect on how to integrate housing expertise within their partnership arrangements and ensure housing considerations are embedded into strategy and delivery at all levels, alongside health and social care provision. Helping people access the right services, at the right time, in the right place.

Key learning

- Creating a shared understanding – based on pooling data across ICBs, local authorities and housing partners – is critical to effective multi-agency planning. All partners should share and access data about care and housing options.

- Housing partners can have a key role in helping ICBs achieve their strategic objectives through provision of supported housing. They can bring capital, data, and expertise to support commissioners and providers improve support to those with mental health issues.

- Local housing either within supported or mainstream housing provision, can reduce lengths of hospital stays, prevent (re)admissions, and significantly improve outcomes for individuals. Early intervention is key.

- Housing associations can also support people upon discharge with some outreach support to, for example, access benefits, manage bills and develop independent living skills.

- Having a senior housing expert on the ICB or ICP ensures that the housing sector's offer is a mainstream element of strategic planning.
- Housing associations can operate collaboratively, representing other housing providers' offers and needs in discussions with ICBs or ICPs, and at an operational level (e.g. liaising with all local housing providers to plan support for people being discharged).
- Take a place-based approach to maximise the use of all local assets – including housing, social prescribing, voluntary and community assets.
- Technology can support data analysis, information sharing, and care.

Chairs' introduction

Claire Murdoch, National Director for Mental Health for NHS England and Chief Executive of Central and North West London NHS Foundation Trust

ICBs represent a real opportunity for health and care to work more closely together, allowing innovation around the needs of citizens.

If they are to fulfil their real potential, they need to focus on people with the with the greatest complexity - including people with mental health problems.

Housing is a fundamental human right, yet it is often very difficult to get the right kind of housing with support for people with mental health problems or mental illness.

Currently 34% of delayed discharges are related to housing. If we do not have housing for people and the community packages of support that they need, it will result in staying longer in mental health hospitals or being put into temporary bed and breakfast arrangements at great financial cost to the system.

If we do not make housing solutions work, we will end up detaining people for weeks, months and in some cases years longer than we should.

Ewan King, Chief Executive, Shared Lives Plus

There are many innovative supported living options available which create a wraparound service which includes housing with care and gives people somewhere safe to recover and then move back into independent life.

Another option is a shared lives service. This involves an approved carer who is matched with someone who needs support such as someone with a learning disability, autism, or a mental health condition. They then come and live with the carer in their own household, giving them a supported, loving home within a community to make a good recovery. For example, the South London and Maudsley NHS Foundation Trust is looking at how they can develop step-up and step-down

shared lives services for people leaving the mental health trust. This has come out of partnership discussions with the council, the hospital, and voluntary sector.

The adult social care white paper - Putting People at the Heart of Care - emphasises that every decision about social care is also one about housing. ICSs represent a real opportunity to galvanise these strategic partnerships locally.

Local approaches

David Thorpe, Care and Health Manager, WDH

WDH (Wakefield and District Housing Ltd) is a registered housing provider that supports people in Wakefield and the surrounding areas, including those with mental health conditions. WDH has 1,350 employees and own almost 32,000 properties across Wakefield and beyond.

WDH takes a proactive approach to estate management to support people to maintain tenancies and healthy lives and reduce inequalities. They consult with customers and get to understand their living conditions, standards and health issues.

WDH aim to align their strategic objectives with that of the ICSs. For example:

- **Improving outcomes in population health and care:** By getting the housing and wrap around support right, people can sustain their tenancy and give them better opportunities within that community.
- **Preventing ill health and tackling health inequalities**: WDH aims to address this at the earliest opportunity.
- **Enhancing productivity and value for money**: WDH supports this objective as a landlord and registered housing provider.
- **Support broader economic and social development:** WDH contributes to the development of new properties and homes.

Actions

In 2012, following the Lansley reforms, WDH worked with the local primary care trust and established health inequality workers. This transformed the way customers felt – and it was so effective that they brought this approach into their mainstream housing service and created the wellbeing case worker role.

An evaluation of this role by Bradford University showed that while this service was working well to address health inequalities generally, there was a gap in how they were addressing low to moderate mental health and amongst the tenancy base.

WDH worked with the local mental health trust and agreed to jointly co-fund three mental health navigators to be seconded into the housing team to address low to moderate mental health issues amongst WDH's customer base.

Based on the scale of their housing stock, they estimated that approximately 7,500 of their customers had mental health conditions which could impact on their wellbeing and housing. Their focus was on how to engage with those customers and support them.

Governance and roles

WDH sits on a range of key partnership programmes, ensuring that housing and health are central to local developments. The Care and Health Manager at WDH is embedded into ICS, strategic responsibilities include:

- Chair of the Housing and Health Social Care Partnership
- Member of the Mental Health Alliance. As a result, gaining an understanding of the mental health, local authority and voluntary sector's strategic ambitions are – enabling WDH to align with those.
- Member of the Transformation and Delivery Collaborative, alongside other key partners. This enables WDH to determine key workstreams.
- Programme Manager for the Housing and Health Programme within the West Yorkshire ICP.

Outcomes

- WDH is getting tenancy sustainment, with average rent arrears well below average at only 2.2%.
- Clinicians are delivering support, to support customers live independently and well in their own home – reducing the risk of a crisis and the need to escalate up to a GP or A&E.
- Delays to discharge are being reduced. WDH's housing coordinators sit within transfer of care teams alongside the local authority and hospital. They engage as early as possible – ideally at the point of admission - in order to identify and plan the support they need upon discharge and improve patient flow.
- WDH has obtained funding to support the housing coordination function within the wider West Yorkshire ICS footprint.

Next steps

WDH is now focused on:

- **WHoSE Report - Wakefield Housing Support Evaluation:** Dissemination of findings in order to inform and influence commissions. Managing damp, mould and condensation in properties which can exacerbate asthma and other conditions.

- **Housing Coordination Learning Disability and Autism:** Working with the Department of Work and Pensions, they found that some people were presenting to the local hospital as homeless, and there was a need to work with people who had mental health issues, learning disabilities or autism which is WDH's current focus across West Yorkshire.

- **Housing and Health Programme Lead West Yorkshire ICS:** Working together as a collective programme on key issues such as suicide prevention.

Home Group in North East and North Cumbria

Rachael Byrne, Executive Director, Home Group and Alexandra Guy, Strategic Partnership Lead, Home Group

Home Group is a national housing association that works with the most vulnerable in society. It works closely with multiple NHS trusts, including establishing step-down services to support hospital discharge.

They have also identified and converted properties that have not been used for some time, enabling some people to go straight from hospital into their schemes.

The primary aim of the Home Group's work with the Tees discharge team is to make sure that people have access to safe, secure, and appropriate housing when they are ready for discharge.

Support coordinators from Home Group work on hospital wards alongside clinical teams, working with patients from the point of referral into hospital if they have been identified as having a housing or social care need.

If this need is likely to be a barrier to discharge, they are referred to the Home Group team who meet the patient, carry out assessments and work collaboratively with them to find solutions.

Lessons learned

Early intervention is critical. Getting involved from the point of admission helps to find the right solution for the individual.

The Home Care team also supports people upon discharge with some outreach support to, for example access benefits, manage bills and develop independent living skills. This plays to the housing association's strengths and links within the community, helps sustain independence and reduces the risk of readmission.

The team also get involved with issues such as ensuring people are accessing the right benefits, managing their bills and finances, and generally supporting them to have the independent living skills they need to thrive outside of that ward environment. It also frees up clinical time to focus on their specialist role.

The Home Group can often be creative and find solutions in a way that other organisations may not and as a result they can support those most complex and customers, including people who may be described as 'hard to house' e.g. those with a history of arrears or a dual diagnosis.

The model initially developed on mental health wards but spread to general acute wards. Home Group also works with some crisis and community treatment teams. This often takes a more preventative approach.

Outcomes

In the Northeast, the Home Group hospital discharge service has reduced the average hospital stay of people using the service by an average of 70 days per patient. This in turn saves NHS Trusts money, frees up clinicians' time and benefits patients by enable them to leave hospital safely and sooner.

- 60% of clinical staff and have said that the Home Group service has had a positive impact on them.
- 70% of clinical staff have said the Home Group service is having a positive impact on their team.
- 50% of staff feel more positive about their role since Home Group started working with the trust.

Home Group has also brought added value to wards with existing discharge teams by, for example, being able to support those with more complex needs.

Case study: Sean

Sean is a 65-year-old with long-standing mental health issues. He was admitted to hospital in 2012 under Section 23 and due to multiple barriers to discharge he remained in hospital for 10 years. In 2022, he was referred to the Home Group who supported him with housing, finances, and confidence building. The team worked with him to identify a home in an area where he felt comfortable, giving him ownership over the process by, for example, helping him to select the kind of property he wanted to live in. This helped him to feel like it was his home. Within three months of referral to the Home Group, he was discharged and in 2022 and he is still thriving in his new home. He has had no further readmissions, has got a dog, and is living independently with some outreach support in the community. It has been transformative for him, and it has saved the hospital very significant funding.

Q&A to WDH and Home Group

How important is having a housing specialist based on the wards? How can you set that up?

WDH proactively approached the NHS and offered them services. They focused on geographical areas where they have large concentrations of housing and people with complex needs.

How, in difficult times, are you managing to increase the supply and options of housing?

Home Group receives grants from central government to develop properties. They are adapting and repurposing some empty properties within these grant-funded schemes to support hospital discharge.

As a registered provider, WDH has an investment strategy. They aim to develop around 400-500 units per year, and work with the local authority and strategy housing colleagues to develop new stock including supported housing and accommodation that meets the needs of the demographic within the local community.

How do you ensure that the service is equitable across different faiths, cultures and ethnicities?

For the Home Group it is about being embedded in those communities. When setting up a service, they look to recruit from within those communities to ensure they get the right people who understand those needs.

What would your tip be for any mental health trust that wishes to bring local housing providers to the same partnership arrangements? How do you build those partnerships?

For the Home Group, they looked for creative opportunities to work with the trust where they already have positive relationships. In other areas, it is often the case of cold calling or emailing to various departments.

What can be done to fight the stigma around mental ill health?

At Shared Lives, there can be challenges to recruit carers to work and support people with mental health issues. They have found the best way is to have people with lived experience of mental health issues and who already live in Shared Lives arrangements, to come and speak to audiences of potential shared lives carers and talk about their experiences and how the service has helped them.

Home Group has mental health practice leads who can reach out and make customers feel safe.

Do you cater for non-tenants?

Home Group works with many people who are not tenants of the housing association through their outreach services. They are a housing, care, and support provider -not just housing.

The WDH mental health navigator services is primarily for their customers, but also support wider groups and providers access to wider services.

How can housing associations be encouraged to invest?

Home Group looks at cost/benefits analysis and brings this back to ICPs to demonstrate value and impact of the services and justify use of funding. Funding pots do open and close, so housing associations need to be realistic about that.

Panel discussion

Claire Murdoch chaired a panel discussion with **Sarah Parsons** RGN, Health and Research Lead at HACT, **Neil Revely**, Housing Lead at Local Government Association and **Jeremy Porteus**, CEO at Housing Learning and Improvement Network.

The panel considered:

- What do housing providers need from the NHS and local authorities, and what can they offer?
- What do NHS and local authorities need from housing providers, and what can they offer to them?
- What can NHS England do?

What can housing partners offer to ICSs?

- **Housing expertise:** In the absence of housing teams, clinicians have to make decisions about housing options. That is not effective or appropriate.
- **Data**: Housing associations collect extensive data about their residents. That can support ICBs' strategic needs oversight planning.
- **Capital**: If ICBs can develop longer term contracts, this can encourage housing associations to invest. The contracts will need to have uplifts built in to mitigate against risk.
- **Support on hospital discharges:** Housing outreach teams can work with hospitals to reduce barriers to discharge and provider and arrange supported housing.

Housing providers should:

- Approach their health colleagues and demonstrate what can be achieved.
- Be willing to work in collaboration with other housing providers or consortia. Health colleagues often do not know which housing providers to engage with locally. This could this be brokered collectively. Services could be delivered on a collective basis (e.g a trusted assessor on wards who works with all housing providers).
- Offer joint funding – for example many housing providers are supported through the Better Care Fund.
- Use the Supported Housing Regulatory Oversight Act as a lever to understand demand in localities and how to shift investment and transform the supply for supported housing, and support to people with mental health issues in mainstream housing.
- Build in wellbeing into the design and maintenance of homes (e.g. in line with the Building for a Healthy Life code and emerging DLUCH codes.) For example, aids and adaptations, ventilation, light, access to green and outdoor spaces etc.
- Work with health colleagues to develop strategies to prevent homelessness such as increasing access to step-up support (e.g. work in Hampshire; work by Look Ahead and Rethink).

What can ICSs offer housing providers?

ICSs could:

- Develop an ICS-owned mental health and housing strategy which addresses all of the key interfaces between housing, inpatient care and the community.
- Support how housing interacts with the health system generally, as well as mental health.
- Increase their knowledge of housing and support. Board members often do not feel confident about their knowledge in this area.
- Have a housing lead on the Board or partnership and invite presentations to the Board about housing to expand their knowledge.
- Establish a local Memorandum of Understanding (MoU) – similar to the national one to help develop a partnership approach and ensuring housing is on the 'inside tract'. Adapt the MoU locally as a tool for ICBs to work on

and build partnership within their local economies and set priorities for investment, into new build and existing services.

- Support the housing needs analysis which local authorities will require within the new Supported Housing Act of a 5-year rolling strategic approach to housing.
- Ensure the right health infrastructure is in place e.g. a form of outreach support.
- Share analytics in order to understand the demand and supply issues in localities, and to reveal under-represented need within housing association and private sector.
- Be innovative and flexible with joint funding arrangements and take a genuine partnership approach.

Q&A with panel

Housing providers often have access to capital, how can this be unlocked?

Housing associations will often be able to manage the capital and availability of properties. What they require is the commitment of their health and social care colleagues to ensure that support services are going to be there to support the people who live in them. It's that ongoing revenue support that is the risk factor potentially for housing associations.

Sources of funding and resources that could be leveraged include:

- **Care and Support Specialised Housing Fund**: For housing associations and their statutory and voluntary sector partners to explore opportunities for new builds and renovation.
- **London Mayor's Care and Support Specialised Housing programme 2022-25**: Funding for London's share of the Department of Health and Social Care's (DHSC's) Care and Support Specialised Housing (CASSH)
- **Affordable Homes Programme:** The funding is for the supply of new build affordable housing. 10% of funding is set aside for supported housing.
- **Better Care Fund:** Supports local systems to successfully deliver the integration of health and social care. Includes the Disabilities Grant Fund.
- **Local government funding:** At local level there will be other funding available.

- **Housing association's existing stock:** Existing stock can be adapted, or used as is to support hospital discharge for people with mental health issues.

- **Housing association's new stock:** Consider how some new mainstream homes could be allocated to support people on the mental health pathway

How do we shift resources out of the acute hospital sector and into the community?

There remains high demand in the acute sector. Acute beds in mental health are running at between 96 and 100% bed occupancy. The Royal College of Psychiatrists and others say you cannot run an acute response service if inpatient service is above 85% bed occupancy. When general hospitals reach 92% occupancy, there are real concerns.

However, lengths of stay are increasing before Covid it was 34 days, now it is 54 days. That is not necessarily because of medical need but can be because of the blockages to discharge.

The stronger the partnership and the community infrastructure around housing and outreach support, the fewer the beds are needed.

Panel members' recommendations

- **Establish and share the evidence:** Multi-agency working should include a detailed analysis of what is potentially available to the whole local system - including what accommodation is available; what are the local lengths of stays in hospital; what is causing the delay in transfers of care out into the community. Work alongside leaders to use that evidence to shift investment.

- ICBs need to **broker relationships with housing providers.** This may involve investing time and resources, but it will reduce the costs of out-of-area placements.

- Be more **innovative** around the types of housing supply. The risk is that if community rehab spaces are unavailable, residential care may be considered which is to be avoided. Taking a place-based approach can help to identify alternatives.

- Implement **technology** to support health and care case management, improved data and information sharing, and care technology to support people in community-based housing.

- **Use social prescribing** to help people to understand and resolve their own issues, with support as and when required. For example, neighbourhood coaching in Bromford

Chair's reflections

Key themes from today relate to knowledge, evidence, leadership and action.

ICSs may consider developing a housing and mental health strategy or having a housing lead in place to support expanding knowledge of, and engagement with, the housing sector. Long term commitments and partnerships can allow all partners to be more innovative.

Housing partners have a lot to offer – and could potentially do more to reach out to health partners. You can potentially collaborate with other housing providers to, for example, have a trusted assessor operating for the whole market.

We should aim to see many more examples, such as Sean's, whose life has been transformed through social care health housing, voluntary sector, the NHS working together to improve outcomes for individuals.

Next steps

- **Register** for Learning Network updates.
- **Contact us:** info@careprovideralliance.org.uk
- **Visit:** https://careprovideralliance.org.uk/integrated-care-learning-network
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Useful links

Access the recording, slides, report, resource pack and detailed case studies from this and previous Learning Summits on the Care Provider Alliance website.

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