



Mental Health and Housing:
Resources for Commissioners and Providers

Housing and Personalisation

Briefing

1.0 INTRODUCTION

- 1.1** The publication of this briefing paper follows the involvement of the mental health and personalisation programme and a member of the personal health budget delivery team in a number of housing, health and personalisation events sponsored by the National Mental Health Development Unit (NMHDU) and delivered in partnership with Sitra, National Housing Federation and Chartered Institute of Housing at the end of 2010 and beginning of 2011.
- 1.2** The Coalition's commitment to enabling the development of more person-centred health and social care services for all citizens has been outlined in a number of key publications since coming into Government in 2010. The Coalition has also outlined its desire to open up the health and social care market using the concept of 'any willing provider', which it believes will enable citizens to have more choice and greater control of services that they require while at the same time driving up the quality of service provision through greater competition.
- 1.3** Personalisation is not simply about providing people with personal health and social care budgets, it is about changing the whole way that services are delivered, redressing the balance of power between professionals and those people using services and enabling people to make informed decisions about how their health and social care outcomes are met and enabling greater self direction.

2.0 PERSONALISATION IN HEALTH

- 2.1 Throughout the series of events focusing on Housing, health and personalisation, there was overwhelming recognition by participants of the key role that housing providers have to play in ensuring the successful implementation of the personalisation agenda, as well as recognising the contribution that good quality, long-term stable accommodation makes to improving an individual's health and well-being outcomes. Housing and housing related support therefore, continues to play a pivotal role in a more person-centred mental health poly-system alongside potential partners in health and social care.
- 2.2 It is anticipated that with increasing expectations among the public and the Government that both health and social care organisations will roll-out personalisation, that Commissioners will shift away from negotiating block contracted provision to become focused on micro-commissioning which enables the individualisation of service delivery. Although the pace of this change has not been as rapid as we might have first anticipated, it is still an area of concern for many third sector providers who rely on a steady income stream to ensure the on-going viability of their organisations.
- 2.3 In response to these concerns and the desire of many housing providers to lead the way in terms of demonstrating to commissioners the sectors willingness and ability to respond to the personalisation agenda there are some really 'exciting' and 'thought provoking' examples of how housing providers, within the parameters of a block contract have been able to work with service users to develop and deliver more personalised provision, allowing service users to take greater responsibility for the choices they make and the control that they wield. An example that was presented at the East of England housing event in Cambridge came from Family Mosaics, who have piloted a number of initiatives in their efforts to change the cultural fabric of the organisation and to re-evaluate the way that it interacts with people accessing their services (www.familymosaic.co.uk).
- 2.4 The creation of collaborative partnerships with other providers, will also offer an opportunity to influence local commissioning strategies and contribute to local market development. Bringing expertise together in new and exciting ways and enabling better outcomes for service users. As well as allowing more person-centred services to flourish, organisational cultures to be challenged, power to be re-asserted by those at the receiving end of care and outcomes beginning to carry far greater weight than activity targets, personalisation also permits much greater 'thinking outside of the traditional boxes of service delivery' and the development of new partnerships and opportunities for provider-led innovations.

2.5

Discussion at several events, led to a focus on how housing providers might work with mental health commissioners and care providers in the future to enable the development of more personalised housing and clinical options for people who because of the severity of their mental health needs at any given time might have otherwise have been admitted to an acute in-patient hospital. The requirement of the NHS to deliver QIPP targets, focusing on greater productivity as well as improving the quality of service provision means that Housing providers offering fresh ideas and solutions to deliver improvements and better value for money, are likely to be welcomed into the inner domains of the NHS to support the provision of alternatives to hospital admissions for those service users who may require to journey along the acute mental health care pathway. Developing more effective working relationships with NHS commissioners and providers generated a lot of interest among participants as well as the ability to grapple with local structures being developed to inform joint commissioning priorities (of health and social care) to meet the needs of their local population.

3.0 MOVING FORWARD

- 3.1 The ability to understand the changing commissioning environment, for example the radical plans to introduce GP commissioning consortia and the demise of primary care trusts and strategic health authorities, appear to be fundamental to the future success of housing providers in supporting the delivery of local health and social care outcomes. Who is represented on the local Health and well-being board, the role that housing providers can play in informing the development of Joint Strategic Needs Assessment (JSNA) ensuring that the housing needs of the local population are captured and the general capability of the housing sector to influence commissioning at a local level is business critical. Therefore the more the sector understands about what makes local government and the NHS tick, the better positioned they will be to ensure their inclusion in the local arrangements.
- 3.2 The primary aim of our involvement in the housing events was to raise awareness of personal health budgets (PHB) among housing providers and to determine how these budgets may be exploited by housing providers and the people accessing their services to achieve better overall outcomes for the individual. It is clear however that because the introduction of personal health budgets is a relative new phenomenon, with the in-depth PHB pilot sites not due to report their findings until October next year there was limited grasp of this agenda among participants. The need to continue to raise awareness of the personalisation agenda among staff (and service users), to provide more training and to review workforce roles is considered crucial if Housing providers are to develop a culture within their organisations which reflects the ethos of personalisation and supports service users to have greater control over shaping their own lives.
- 3.3 Some of the other issues outlined by participants included concerns that health budgets could not be used to cover debt repayments, as this is often a key underlying issue that impacts on an individual's mental and physical health and prevented people from being able to access stable accommodation. Likewise, the drive by the government to only allow short fixed-term tenancies led to concerns about whether this would impact people's health and well being, especially those people who were particularly vulnerable and unstable. Some participants also wanted to understand how big personal health budgets were likely in monetary terms as some people felt that social care budgets were often very small and not attractive to service users who did not feel they could meet their outcomes adequately with such a small amount.

3.4

Sitra has been particularly instrumental in raising awareness of the Right to Control pilots being facilitated by the Office for Disability Issues, the opportunity to align personal health budgets with these other funding streams was felt to offer efficiencies and enabled monies to follow the individual in a more personalised fashion. The financial challenge of personalisation and the ability to be able to deliver personal health budgets however, was also highlighted in terms of the challenge to make services more personal to the individual but within less or limited resources.

4.0**CONCLUSION**

4.1

In conclusion, there is lots of enthusiasm to progress personalisation in the housing sector and we are beginning to see examples where services have demonstrated how they can create a more self directed approach. More work is needed however, to enable housing providers to better understand how personalisation and personal health budgets fit into overall service provision so that service users experience an integrated and truly personalised service. It is also crucial, with the changes afoot in health and social care that Housing providers establish a local voice to influence local strategic plans to deliver personalisation as well as to being able to advocate for vulnerable people and demonstrate the contribution that good housing makes to the health and well-being of local citizens.



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