Health, Care and Housing Network

“Increasing awareness amongst professionals and the wider community for better partnership working.”

Report October 2017 - May 2019
Why Health, Care and Housing?

The Health, Care & Housing Network was set up by AWC CCG in October 2017 in recognition of the importance of addressing the broader determinants in health. AWC CCG currently organise and facilitate the network.

Evidence shows that there’s an important link between health, care and housing and improvements in housing could contribute to a reduction in health inequalities, improved health and care outcomes and better use of NHS resources.

It’s therefore important to recognise the links between health, care and housing such as:

- Poor housing (conditions, safety, environment)
- Affordable housing
- Vulnerable people including risk of suicide
- Assisted living - older people
- Assisted living - mental health and learning disabilities & homelessness.

Falls prevention
One in three people aged 85+ has one or more falls every year, many of which are preventable. Tian et al (2014) estimates that falls cost the NHS £2 billion a year. Work to reduce falls includes repair work to remove category 1 hazards; improving lighting to repairing or installing handrails.

Reducing excess cold
Harrett and Burris (2015) estimated that mitigating the risks of excess cold would result in NHS savings of £440 million and the work would pay for itself in 7 years.

Poor quality housing
Building Research Establishment (2015) suggests that the cost of poor housing to the NHS is at least £1.4 billion per year.

Homelessness
Pleace and Culhaine (2016) shows that people who experience homelessness for three months or longer cost on average £4,298 per person to NHS services, £2,099 per person for mental health services and £11,991 per person in contact with the criminal justice system.

Meetings take place bi-monthly and are chaired by a CCG Clinical Executive GP. Initially, the network consisted of a small number of interested people who quickly recognised the benefits of networking and relationship building. Membership has grown significantly over the last few months and the network now has 45 members representing City of Bradford Metropolitan District Council, North Yorkshire County Council, Craven District Council, Horton Housing, Incommunities, Bradford District Care Trust, North Yorkshire Advocacy, Project 6, Public Health, West Yorkshire Police and AWC CCG.
## AWC Health Care and Housing Network
### Priorities and Aims

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Aims</th>
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<tbody>
<tr>
<td><strong>Over-arching Aim</strong> - Increasing awareness amongst professionals and the wider community for better partnership working</td>
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<tr>
<td><strong>Homelessness</strong></td>
<td>• Prevent &amp; reduce homelessness and improve the health and wellbeing of individuals who are/have been homeless.</td>
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<td>• Improve pathways to accommodation for homeless people admitted to hospital, reducing re-admission and LoS.</td>
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<td>• Embedding support and ensuring its sustained over a period of time to improve individuals’ resilience.</td>
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<td><strong>Improving Housing Conditions / Disabled Facilities Grant</strong></td>
<td>• Increase the number of people living independently in suitable housing, facilitate early discharge and reduce negative impact on health and wellbeing caused by poor housing</td>
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<td>• Assessment of need that will inform planning and future developments and suitable housing stock – system improvement</td>
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<td><strong>Mental Health &amp; Behavioural / Anti-Social issues</strong></td>
<td>• Increase opportunity and ability for individuals to integrate into communities improving outcomes with appropriate recovery pathways, housing and support solutions. Through this facilitate early discharge and reduce avoidable admissions</td>
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Our journey so far....

December 2017
Agreed aims and priority areas for the network to focus on.

March 2018
- Agreed objectives under each priority
- Awareness of the new Homelessness Reduction Act April 2018 & NHS Trusts ‘duty to refer’.
- Improving housing conditions & use of DFGs
- Education event with local GPs

May 2018
- Awareness of HCPB and network links to 3 Community Partnerships
- Awareness of the Mental Wellbeing Strategy
- Housing developments for people on the Autism Spectrum Disorders and LD
- Patient Voice – impact of housing on mental health

July 2018
- Awareness of Care Navigation services
- Mainstreaming Care Navigation
- WY-FI Project
- Keighley Pathways Service (Project 6)
- Sharing of Incommunities complex tenants case studies and the challenges landlords face

September 2018
- Workshop to focus on complex pathways “how can we work in a more collaborative way to take a preventative approach rather than reactive to create a joint vision of an ideal pathway”
- An outcome of discussions was to set up a T&F Group to develop this work.

November 2018
- Awareness of Craven District Council pathways
- Inclusion Project (Project 6)

January 2019
- Focus on Universal Credit and the support available to those at risk of homelessness.
- Housing Standards – landlord responsibility
- Awareness of Bradford Council Pathways

May 2019
- Bed Blocking/DTOC challenges faced by BDCT and ANHST MAID team
- Awareness of the new Hoarding panel & referral framework
- Input into the CBMDC Homeless & Rough Sleeping Strategy
- Awareness of Warm Homes Healthy People scheme
- Working collaboratively with partners to submit a single bid for the Public Health England funding available to support rough sleepers living with mental health and substance misuse
Housing Pathways for individuals with complex mental health needs

During September 2018 the network reviewed case studies provided by Incommunities which highlighted the challenges they faced as housing providers for tenants who were presenting with complex mental health needs.

Many of these challenges required intervention from the police, social care and/or health care. Incommunities summarised that they experience significant difficulties accessing timely and appropriate responses when they refer, there is a lack of trust in their assessments and a re-active approach as opposed to a preventative approach leads to a high risk of house re-possession and continued cycles of legal intervention. They rely heavily on partners to provide the right support and are keen to progress and simplify pathways for patients, tenants and service users in order to offer better outcomes for people in the neighbourhood.

As a result of this, a facilitated workshop was held to focus on

“What would an ideal multi-agency pathway look like that provides health & housing services to vulnerable customers who may be at risk of homelessness due to their mental health needs?”

The following key themes were identified for overcoming these challenges:

- Stronger connections
- Early intervention and prevention
- Discharge from hospital to suitable accommodation
- Community Resource
- Tolerance and trust between agencies
- Shared recognition of ‘vulnerable’
- Access to assessments for all needs – physical, financial, mental health etc.
- Staff skilled in encouraging engagement from those ‘hard to reach’
- A ‘task and finish’ group was established to lead on solution finding and improvements
Housing Pathways Task & Finish Group

In October 2018 the task & finish group was established to develop and improve housing pathways for individuals with complex mental health issues and to enable professionals to work more collaboratively.

**Vision**
A multi-agency pathway that provides health, care and housing services to vulnerable people who may be at risk of homelessness due to their mental health needs

**Desired Outcomes**
- Build a stronger connection between all services e.g. health, social, voluntary & community sector, police and local authority
- Develop a service which is preventative rather than reactive through collaborative working across agencies
- Overcome barriers that prevent engagement with those that are hard to reach. Ensuring staff are skilled in encouraging engagement
- Respecting knowledge and expertise between health, Care and housing
- Focus geographically on localities to produce wider benefits
- Align with the development of two separate local authority housing / homeless strategies (Bradford and Craven)
Following a review of the Incommunities flow diagram the main concern was around health and mental health issue not always known by housing.

‘General Needs’ Housing is the biggest challenge as there are no records to support the number of calls made by Housing Officers to First Response or Adult Social Care and action is only taken when there’s a tenancy breach or exacerbated mental health concern e.g. Anti social behaviour, rent arrears, property condition or safeguarding.

Part of the flow diagram shows the barriers housing officers are faced with when they try to engage with health services to support their tenants.

This highlighted the need for better relationships, trust and easier access between services. It’s also essential for approaches to be more proactive instead of reactive at crisis point.
Housing Pathways Task & Finish Group - Next Steps

The Housing Pathways T&F Group is still in progress with the next meeting set up to take place in June 2019.

• Following a review of the flow-diagram it was agreed that colleagues from Community Mental Health Team will work closely with Incommunities to start clarifying the problems and look at alternative ways for housing officers to raise concerns to CMHT without First Response being the first port of call.

• CMHT are diversifying roles so the skill mix will include Housing Officers - there will be potential for these to co-locate with Incommunities and undertake shadowing.

• An update on these conversations will be provided at the next meeting.
Next Steps

The meeting in May 2019 focussed on delayed transfers of care (DToCs) Three further areas of opportunity were identified:

- DToCs associated with suitable housing / adaptations for amputees & repatriation from BTHT to AFT.

- Delays to MHIP transition into community due to suitable housing with appropriate support – some being discharged outside area, others IP for over 12 months. Anecdotally can affect 5/6 people at any one time

- Lack of support from people who hoard who want o change behaviours

Discussions are ongoing to ascertain leads for task and finish groups to further explore the issues and opportunities for improvement. This may include use of personal health budgets

- The network will continue to meet on a bi-monthly basis with the next one planned for July 2019. The July focus will be Domestic Violence and how this can impact on people becoming at risk of or indeed homeless.

- Partners are working together to submit a single bid for the £1.9m Public Health funding available for rough sleepers living with mental health and substance misuse.

- The network are actively feeding into the Bradford Homeless and Rough Sleeping Strategy and the Craven Homeless Strategy
Recommendations

- It is recommended that the Health, Care and Housing network is now extended to ‘place’ and operates across Bradford and Craven. To be effective this will require the engagement of all partners including both acute trusts and mental health commissioners and strong links with community partnerships.

- If supported the ICB & HWB are asked to consider which organisation is best placed to lead this extended network and to advise any additional members not currently represented on the stakeholder list.

- It is further recommended that ‘task and finish’ groups are established to review:
  - MHIP delays due to housing and support. Partnership commissioning team have agreed to lead this work with input from the integrated personalised commissioning lead, To be successful will require partnership working and commitment from partners to engage.
  - Amputation DToCS - System urgent and emergency care lead has offered to convene a working group to assess scale of the issue and opportunities.
  - Support for hoarders - Partnership commissioning team lead -explore opportunities for establishing ‘peer support’ groups.
Appendix: Stakeholder list

Housing providers: Incommunities; Horton Housing

CBMDC: Housing: Therapy: MH Social worker: Public Health: Operations Manager

Craven DC: Policy & Housing

NYCC: Commissioning Manager

CCG: Airedale, Wharfedale & Craven

BDCFT: Community & IP Mental Health

ANHSFT: Community services

VCS: Project 6: NY Advocacy

WY Police: MH Lead