

Mental Health and accommodation recommendations

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to ensure a transformation in integrated health and social care. The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas¹.

Haringey intends to focus on mental health Better Care Fund Integration Plan on mental health services in 2015/16. Whilst recognising that this is not new money recommendations below are made with the opportunities this presents in mind.

N.B Housing – means Homes for Haringey and Registered Social Landlords operating in the borough.

A number of themes emerged from the project. The recommendations have been reviewed by the Service, and responses to recommendations are listed below.

It is agreed that this is a critical area for focus and a Mental Health Accommodation Strategy Commissioner has been engaged jointly by the Council and the CCG to work up an Accommodation Strategy and Pathway which will address a number of the issues raised by the Panel. This work will be carried out into the autumn and a further update will be provided to the Overview and Scrutiny Committee as it is progressed.

Prevention		
We recommend that there is greater focus on the preventative elements to prevent tenancies being lost once a person has been admitted to an acute Ward. This includes: <ul style="list-style-type: none"> • A system being put in place to enable appropriate information about the clients accommodation, circumstances and needs to be shared in a timely 	Partially Agreed	All patients should have a holistic assessment on admission which identifies areas of need including accommodation to be addressed as part of the patient’s care plan. This will assist a speedy and effective move towards discharge once the patient is medically fit. BEH MHT has proposed a standard of collating all relevant information on admission

¹ http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.XD4CAk4F.dpuf

Appendix 2

<p>manner between BEH MHT and Housing Support & Options and in turn with the Housing Benefit Service. (See recommendation 18)</p>		<p>within 72 hours.</p>
<p>We recommend that consideration is given to establishing a Re-ablement Service, based on the older people re-ablement service model, as part of the Better Care Fund work to focus more intense support on those who need it for the initial 6-8 weeks after discharge from hospital to prevent a relapse.</p>	<p>Partially Agreed</p>	<p>Further work is needed to explore the most effective way to ensure that principles of reablement and enablement underpin all services. The specific model for doing this should be subject to further analysis and will be included in the Accommodation Pathway.</p>
<p>We recommend that mental health awareness is raised with housing staff who are likely to come into contact with mental health service users.</p> <ul style="list-style-type: none"> • This should include Estate Managers in order to help them to identify and signpost anyone who may be having housing problems due to their mental health needs e.g. struggling to maintain their tenancy. 	<p>Agreed</p>	<p>This is good practice for all tenants not just those with Mental Health problems. The development of the Information Advice and Guidance Function of the Council through the implementation of the Care Act 2014 will take this into consideration in its implementation. As part of the development of the Accommodation Pathway, it is likely that awareness training will be proposed for relevant staff, including those identified in the report.</p>
<p>Permanent housing i. Recommendation 2: Discharge from BEH MHT – There can be up to 40% of patients on a ward at any given time who are clinically ready to be discharged but who are not able to be for a variety of reasons, including housing issues. Processes need to be much more effective in order to free up beds for those who need them.</p>		
<p>We recommend that an annual mental health housing social quota is established and agreed with Homes for Haringey and RSL's.</p> <ul style="list-style-type: none"> • The number of properties per year should be based on a projected needs analysis. 	<p>Not Agreed</p>	<p>Excellent corporate working in this area has led to significant progress and any proposals for a quota would need careful consideration as part of the wider housing policy of the Council. The needs of mental health service users will be highlighted and picked up through the development of the emerging Housing Strategy. It is understood that it will be</p>

Appendix 2

		necessary to commission appropriate support service to ensure the success of the tenancies.
We recommend that private sector housing opportunities for people with mental health needs are better utilised based on best practice schemes in order to increase the number of private sector tenancies available.	Agreed	This will need close collaboration with the private sector and appropriate support to ensure that the rights of service users are safeguarded in regards to tenancy agreements.
The Panel felt that it would be beneficial if pathway moved towards a model whereby the service user is able to access more permanent housing and maintain this tenancy through the rest of their mental health recovery pathway and therefore recommends that, where appropriate, the mental health housing pathway moves to a more permanent housing model in order to provide stability to the service user.	Agreed	The specific arrangements to deliver this including the appropriate support will be part of the nascent Accommodation Pathway. Other organisations which have successfully delivered better outcomes for people with mental health problems, including having secured tenancies, ensure that care and support are arranged around the service user rather than people having to move to another tenancy to obtain the type of care they require. This should be an aspiration for local services.
We recommend that the Haringey Housing Allocations Policy reflects and promotes parity of esteem between mental and physical health to ensure that mental and physical health are weighted equally.	Agreed	Indeed, failure to ensure this would arguably be a breach of the equality duties of the Council.
<p>Move on Project</p> <p>i. Recommendation 3: Housing Related Support – There is a proportion of people who have been in Housing Related Support placements for up to 5 years; the service is intended to be used for 18 months to 2 years. This is creating a blockage in the pathway. Work is being done to work through these cases and the Panel supports this work, and feels that greater impetus should be placed on it, again to un-block the pathway.</p>		
We recommend that there is greater collaboration and continued impetus across the whole partnership (both within	Partially Agreed	The practice of moving people out of their homes in order to receive care is not in line with the

Appendix 2

<p>the Council and partnership) on the Supported Housing Move On project and that any lessons learned on issues which have prevented move on be regularly shared and learnt from across the partnership.</p>		<p>principles of personalisation. The Accommodation Pathway will need to revisit how housing related support and other support is secured to enable people to exercise choice and control over their own services, based on good holistic assessments, direct involvement of service users and an array of good quality support services.</p>
<p>Step Down</p>		
<p>We recommend continued identification of suitable properties which can be used for step-down projects, like Truro Road, based on an ongoing needs analysis</p>	<p>Partially Agreed</p>	<p>Through the Accommodation Pathway work, this will be aligned so that service users have access to accommodation and appropriate support services.</p>
<p>Recovery House</p>		
<p>To reflect current demand we recommend that BEH MHT commissions a recovery house in the East of the Borough.</p>	<p>Not Agreed</p>	<p>Whilst the role of the Recovery House in Haringey is important, this recommendation pre-empts the development of the Pathway, working across BEH MHT, the CCG and the Council to ensure the appropriate use of all elements of building and treatment based services. It may be that additional capacity in the recovery house model is required and it may be that this when developed should be sited in the East of the Borough, but constraining the process at this stage would not be advisable.</p>
<p>Bed and Breakfast accommodation</p>		
<p>We recommend that the use of Bed and Breakfast</p>	<p>Agreed</p>	<p>The lead for ensuring implementation of this recommendation lies with BEH MHT.</p>

Appendix 2

<p>accommodation for mental health service users on discharge from BEH MHT is phased out as soon as is practical.</p>		
<p>Mental Health Housing Pathway</p>		
<p>We support the Better Care Fund focus for 2015/16 on Mental Health and the planned integrated Mental Health Recovery Pathway and recommend that the Health and Wellbeing Board ensure that housing forms an integral part in this pathway.</p>	<p>Agreed</p>	<p>To facilitate this recommendation, the draft Accommodation Strategy and Pathway will be presented to the Health and Wellbeing Board for approval.</p>
<p>We recommend that Public Health map the mental health and housing pathway across the partnership so that it is clear which organisation/team is responsible for each step along the pathway.</p> <ul style="list-style-type: none"> • This should include a short high level protocol with agreed roles, responsibilities and accountabilities and which is signed up to by all organisations. • The Pathway should be signed up by all relevant organisations. 	<p>Agreed</p>	<p>As noted elsewhere in this report, an Accommodation Strategy Commissioner has been appointed jointly by the Council and the CCG to steer the development of a Strategy and Pathway. As part of this work, mapping will be undertaken and the input and expertise of Public Health would be welcomed as part of this process.</p>
<p>We recommend that the new BEH MHT Enablement Officers form a close working relationship with the Haringey Vulnerable Adults Team as early as possible. In order to achieve this we recommend that:</p> <ul style="list-style-type: none"> • They meet as part of the Enablement Officers induction; • Within 4 weeks of their start date to have agreed communication processes to ensure that Vulnerable Adults Team and Housing Benefit know who has been 	<p>Partially Agreed</p>	<p>BEH MHT is the lead for implementation of this recommendation – these posts are not yet in place.</p>

Appendix 2

<p>admitted to a Recovery House/Ward and are able to begin work on any possible housing issues, as near as possible to admission, which may prevent a timely discharge.</p>		
<p>Commissioning</p>		
<p>We recommend that there be joint commissioning arrangements across health, housing and social care throughout the pathway to ensure a seamless pathway for mental health service users.</p>	<p>Agreed</p>	<p>As noted elsewhere in this report, an Accommodation Strategy Commissioner has been appointed jointly by the Council and the CCG to steer the development of a Joint Accommodation Strategy and Pathway..</p>
<p>We recommend that there is a JSNA deep dive in order to model future housing needs across the mental health population.</p>	<p>Agreed</p>	<p>As part of this work, there will be a comprehensive needs assessment to ensure current and future needs are effectively addressed and consideration will be given to future joint commissioning arrangements</p>
<p>Haringey Adult Panel – mental health</p>		
<p>We recommend that a joint health and social care Mental Health Panel is established, with a mental health clinician as Deputy Chair, as per the arrangements currently in place for Learning Disabilities.</p> <ul style="list-style-type: none"> • This should include a Multi Disciplinary group which sits under the panel and which meet prior to the Panel meeting to discuss cases, ensure all paperwork is present and make recommendations to the Panel. • We recommend that the Panel meeting frequency be increased on a temporary basis to clear the backlog 	<p>Partially Agreed</p>	<p>The Council is unaware of any backlog of cases. There needs to be clarity about the functions of the several Panels which are currently meeting to agree requirements for funding and allocation of resources as part of the development of the Pathway.</p>

Appendix 2

of cases.		
Housing Benefit		
<p>We recommend that BEH MHT put a process in place to ensure that the Housing Support & Options team are fully aware of a person's housing circumstances within 7 days of admission.</p> <ul style="list-style-type: none"> This information should specifically be shared between the BEH MHT Enablement Officer and the Vulnerable Adults Team so that they can liaise with the Housing Benefits Service to prevent Housing Benefit payments being stopped, and a patient subsequently losing their home. 	Agreed	The lead for this recommendation would be BEH MHT.
We recommend that there is a named person in Housing Benefits who has responsibility for Mental Health matter and who can be a point of contact for BEH Mental Health Team /Vulnerable Adult Team.	Agreed	This recommendation will be picked up through the development of the Accommodation Strategy and Pathway.
Care Coordinators		
We recommend that the Care Coordinator service should be assessed as soon as possible with a view to alleviating the work load and increasing the number of posts, capacity and skill mix.	Partially Agreed	This should only be in the context of a model of care that is being delivered by the community teams.
We recommend that Care Coordinators receive ongoing training in:	Partially Agreed	Welfare Rights and Benefits are a complex and specialist area and advisors in this area undertake regular training and updating in light of changes. The time often involved in undertaking this work

Appendix 2

<ul style="list-style-type: none">• Welfare and benefits in order to assist them in keeping up to date with welfare reforms.• Housing pathways, particularly in light of the planned Recovery Pathway.		<p>can be significant for those that undertake this work regularly. Whilst it is acceptable to provide information and briefings to keep care coordinators informed of changes it is not reasonable to expect a care coordinator to be fully conversant with the benefit system. M H service users should have access to staff trained in welfare rights and benefits that can follow through any applications and appeals which the care coordinator could then support the service user to attend for example.</p>
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