

5.6 Mental health support, including accommodation

There are significant inequalities in how mental and physical health are treated, often referred to as 'parity of esteem'. The Royal College of Psychiatrists has proposed one of the simplest and most influential definitions of 'parity of esteem': "Valuing mental health equally with physical health". These inequalities include preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems. *No health without mental health*¹, a cross government mental health outcomes strategy launched in 2011, is underpinned by the Government's three main guiding principles of freedom, fairness and responsibility. The publication was followed in 2012 by an implementation framework and suicide prevention strategy².

The Government stated in *No health without mental health* that mental health must have equal priority with physical health, that discrimination associated with mental health problems must end, and that everyone who needs mental health care should get the right support, at the right time. It was recognised that more needed to be done to prevent mental ill health and promote mental wellbeing.

Whilst there have been many positive changes, it is apparent still more needs to be done. Nationally, people who use mental health services, and those caring for them, continue to report gaps in provision and long waits for services.

In February 2014, the government published *Closing The Gap: Priorities for essential change in mental health*³ challenging health and social care economies to go further and faster to transform the support and care available to people with mental health problems. *Closing the Gap* is the concept of 'parity of esteem' between mental health and physical health services; it covers 25 areas where the most immediate change and improvement is expected.

One of the 25 areas covered in *Closing the Gap* is accommodation support. The government has stated that local areas need to ensure that 'More people with mental health problems...live in homes that support recovery'. Barking and Dagenham is currently auditing its progress against all 25 of the recommendations in the Closing the Gap report, including accommodation support. The audit is being conducted by the Mental Health Sub Group of the Health and Wellbeing Board and will result in recommendations to be taken forward by Commissioners.

¹ No health without mental health, HM Government, 2011
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

² No health without mental health Implementation Framework, HM Government 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf

³ Closing the Gap: Priorities for essential change in mental health, Department of Health 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

The NHS has released their Five Year Forward Plan⁴ setting out how the health service needs to change in order to promote wellbeing and prevent ill-health. The plan includes the five year ambitions for mental health which states that over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. The ambition is to achieve genuine parity of esteem between physical and mental health by 2020.

One of the Council's Better Care Fund schemes focuses on 'mental health support outside of hospital'. The overarching aim of the scheme is to improve support to people with mental health needs ensuring that they have the support they need at the right time and place. This scheme covers employment, training and recovery support for people with mental health problems. Currently the council have commissioned service with the Richmond Fellowship to provide mental health services users with vocational and employment support. This service will be reviewed as part of the BCF scheme.

The causes of homelessness amongst those who have mental illness and learning disabilities can be complex. For some people it may result from social or mental health difficulties, often undiagnosed. Tackling homelessness effectively for these groups will require agencies integrating accommodation with psychologically informed health and support services⁵.

A review undertaken in Barking and Dagenham as a basis for commissioning mental health services (unpublished, 2011) highlighted the need to move away from building based day services to mainstream provision within the community, promoting social inclusion, recovery and offering greater choice and control for the people accessing services across the borough in line with the personalisation agenda. Personalisation is fundamental to the recovery approach where services users are able to make choices that enable them to access the services they need via Personal Budgets, though this has some way to go in mental health services to catch up with the good progress for other care groups. It has the potential to address many well-known health inequalities, including those experienced by groups at significant risk of social exclusion who have a broad range of mental health needs, such as people who experience homelessness.⁶

Feedback from local stakeholders endorsed the need to improve access to 'floating' support services which work with people moving on from short-term accommodation based services to their own independent home.

Current service delivery

The demand for supported accommodation and residential care for this client group has increased over recent years. There could be a number of drivers responsible for this rise, for example the demographic makeup of the borough can have a detrimental effect on the mental health of its residents. Barking and Dagenham has a

⁴ <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵ Mental Health Good Practice Guide, CLG and NMH DU, May 2010
<http://www.nmhd.org.uk/silo/files/meeting-the-psychological-and-emotional-needs-of-people-who-are-homeless.pdf>

⁶ New Horizons: a shared vision for mental health 2009

population which is experiencing higher levels of deprivation, incapacity benefit claimants, drug and alcohol abuse and homelessness. All of these factors can be linked to mental ill health and as a result GPs are seeing an increase number of patients reporting mental health issues.

Referrals to the Community Mental Health Team have increased by just under 30%, rising from 3,163 in 2012/13 to 4,092 in 2014/15. These figures mean that the number of open cases to the team have also increased from 2,982 to 3,557 in the same period.

Not only have the numbers of service users risen, the severity of service users needs are also increasing. Cluster is a global description of a group of people with similar characteristics as identified from a holistic assessment and rated using the Mental Health Clustering Tool (MHCT). The clusters allow for a degree of variation in the combination and severity of rated needs however, as the clusters are statistically underpinned, definite patterns in the MHCT ratings exist for each. A greater percentage of mental health patients fall within clusters 11, 12, 13, 18, 19, 20, and 21.

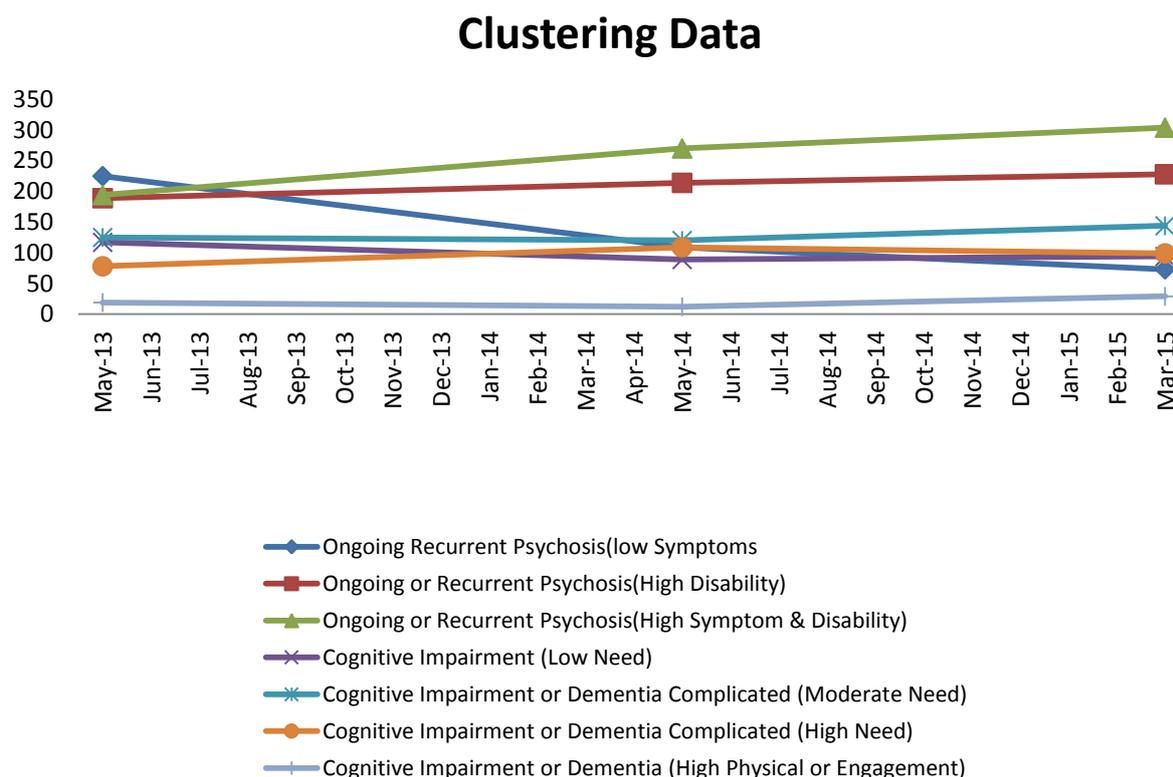
- Cluster 11- Ongoing Recurrent Psychosis (low Symptoms)
- Cluster 12- Ongoing or Recurrent Psychosis (High Disability)
- Cluster 13- Ongoing or Recurrent Psychosis (High Symptom & Disability)
- Cluster 18- Cognitive Impairment (Low Need)
- Cluster 19- Cognitive Impairment or Dementia Complicated (Moderate Need)
- Cluster 20- Cognitive Impairment or Dementia Complicated (High Need)
- Cluster 21- Cognitive Impairment or Dementia (High Physical or Engagement)

A snapshot of the data for the last two years between May 13 and May 15 indicates a reduction in ongoing Recurrent Psychosis (low Symptoms) by 50%. At the same time there has been an increase of 26% in Ongoing or Recurrent Psychosis (High Disability) and Ongoing or Recurrent Psychosis (High Symptom & Disability). This increase in acuity in mental health can be seen in the table and graph below.

Table 5.6.1

Cluster	Cluster Details	May-13	May-14	Mar-15
11	Ongoing Recurrent Psychosis(low Symptoms)	225	109	73
12	Ongoing or Recurrent Psychosis(High Disability)	189	214	228
13	Ongoing or Recurrent Psychosis(High Symptom & Disability)	194	270	304
18	Cognitive Impairment (Low Need)	117	89	94
19	Cognitive Impairment or Dementia Complicated (Moderate Need)	125	120	144
20	Cognitive Impairment or Dementia Complicated (High Need)	78	109	99
21	Cognitive Impairment or Dementia (High Physical or Engagement)	19	12	29

Figure 5.6.1



The Council currently oversee 3 mental health specialist supported accommodation contracts that were all retendered in April 2012 and which provide 14 self-contained flats and 10 shared units. The services are commissioned to provide support to service users with mental health needs who are unable to live independently in the community with a view to moving service users into independent living.

Table 5.6.2

Provider	Service Description
Outlook Care ⁷	Six units (shared). On site staff during the day. Intended length of stay is short term, with a maximum stay of two years
Outlook Care	Four units (shared). On site staff during the day. Intended length of stay is short term, with a maximum stay of two years
Look Ahead ⁸	Fourteen units (self-contained flats). On site staff during the day. Intended length of stay is short term, with a maximum stay of two years

Current access routes into supported accommodation are via the Accommodation Panel (called RAMP), which is a multi-agency meeting where referrals for residential care, supported living or for advice on suitable housing are discussed. The Panel is chaired by the North East London Foundation Trust (NELFT) which provides the Borough's statutory mental health services, including social care responsibilities, on behalf of the Council.

⁷ <http://www.outlookcare.org.uk/>

⁸ <http://www.lookahead.org.uk/>

In all the commissioned supported accommodation, utilisation has remained steady over the past year and NELFT have worked to accommodate voids as they have occurred. Due to limited options of suitable places for residents to move on to, throughput to independent living has been a struggle and the accommodation providers continue to work with NELFT and Housing and Adult Commissioning in the council to explore available options to move to independent living. All three of the contracts will be extended of a period of one year when they come to an end in September 2015. This extension period will allow commissioners to give thought to the way in which services are remodelled and retendered in 2016. This will be an opportunity to address problems that have been identified in the delivery model for supported living for mental health, which restricts flexibility and 'flow through'. Additionally, the Borough has commissioned two floating support contracts, providing housing related support for vulnerable adults (aged 16+), including adults with mental health problems, to prevent them from becoming homeless and to assist them to live independently. The contract is delivered through three providers Housing and Access Referral Team, (HART), East Living and the Independent Living Agency (ILA).

The service provides support with rent arrears, accessing benefits through signposting to appropriate providers and onward referrals to other agencies such as drug and alcohol services. Service users are supported to develop independent living skills through empowerment, understanding how to manage a tenancy and confidence building. The key element of the new model compared to previous models is that the support is defined and time limited. This model facilitates the service users becoming more empowered and independent and prevents dependency dynamics developing.

Review of current service provision

A great deal of work has been undertaken over the last year to help us to better understand the accommodation needs of people with mental health problems. In September of 2014 NELFT created a temporary review team who were tasked with undertaking thorough reviews of all mental health clients aged under 65 years. The Review Team primarily focused on service users who were receiving their support either in a residential or supported living setting. The work undertaken resulted in a number of service users moving to accommodation which better suited their needs and also NELFT and the Council having a clear picture of the level of need service users were presenting.

One issue which was highlighted as a part of this process was the fact that none of the Mental Health supported accommodation schemes commissioned by the Council provided 24 hour support for the residents. This higher level of 24 hour support is required by a large proportion of service users being presented at the RAMP. A Mental Health Needs Assessment was commissioned by the Council's Public Health Department in conjunction with all Partners. The Needs Assessment was commissioned so the Council could better understand the local picture of mental health need. After reviewing the needs assessment the Mental Health sub-group of the Health and Wellbeing Board agreed a set of 25 recommendations.

Gaps in delivery and knowledge

Although much work has been done to better understand the accommodation needs of people with mental health problems and those with learning disabilities, further work is required to fully identify service user's needs for accommodation services. Three pieces of work are being conducted which will inform the future commissioning and remodelling of mental health accommodation in Barking and Dagenham:

- 1) The Mental Health Subgroup of the Health and Wellbeing Board are continuing to review services against the *Closing the Gap* 25 recommendations above, including recommendation 20: 'More people with mental health problems will live in homes that support recovery'
- 2) With a number of opportunities to improve mental health services presenting themselves at the same point, it is imperative that we take a coherent view of the future direction for these services. With this in mind the Mental Health Sub Group of the borough's HWBB have been working to review mental health services. They agreed four key 'I statements' to drive forward discussions on mental health services in the future:
 - I want to be helped to look after my mental health, stay well and recover well
 - I want to know how to access help when I need it
 - I want to get the help I need in times of crisis
 - I want personalised and flexible care, based around my needs not my mental illness.

The fourth of the above 'I statements' includes the fact that people with mental health problems want a safe, supportive home. Working with colleagues from across the partnership, we held three events over the summer months of 2015 to look at the future delivery of Mental Health services in the borough. The theme of the events was set as 'My Life, My Home, My Community and My Care'; the outcomes of these events will now be reviewed to get a consensus on the principles that should underpin a local approach to mental health services.

- 3) The development of an Accommodation Strategy for Barking and Dagenham by the Borough's Housing Services which will particularly look at reviewing and streamlining the pathways that enable service users to move on from supported accommodation to independent living.

Recommendations for Commissioners

The reviewing of all Mental Health service users identified the lack of 24 hour support available in the Council's commissioned supported accommodation schemes as an issue. The one year contract extension period will afford Commissioners the time to remodel this service provision to include an element of 24 hour support to ensure that it better meets the needs of the borough's service users.

The Care Act 2014 placed personal budgets into law for the first time. As a result of this, work needs to be undertaken to increase their use across this client group. Both for those living in an independent property and those in either supported accommodation or residential care.

The current service delivery model for employment and vocational support for people with mental health problems in the borough is to be thoroughly reviewed and remodelled as part of the Council's BCF work.

Pathways should be developed to enable service users to move on from supported accommodation on to independent living. This will be informed by the Accommodation Strategy and will require Commissioners to work closely with colleagues in NELFT and Housing Services.