

## Brokering the divide

Andrew van Doorn,  
chief executive,  
HACT



The NHS is facing unprecedented pressures and needs new partners to deliver its ambition of moving healthcare closer to home. What once seemed impossible – integrating health and housing – now has a new urgency. But bringing together the worlds of social housing and the NHS is a challenge. Housing associations have often struggled to get traction, feeling frustrated at every turn as they try to navigate health's labyrinthine structures and impenetrable culture.

The good news is that housing is beginning to break through, and the conditions are right for more accelerated integration. New relationships are forming across the country that clearly demonstrate the value of closer collaboration. And this is happening at a time when the NHS itself is reforming, regrouping and exploring new models of care.

At HACT, through our 'Housing and Health' collaboration with Common Cause Consulting, we have been working at the interface between housing and health: building new understanding, creating opportunities and brokering the divide between housing associations and NHS providers. We have found that engaging with the NHS involves more than just extending what we do; it is about diversifying into a new market. The NHS is complex with more than 9,000 providers, and, like all markets, has its own behaviours, cultures, structures and rules. Investing time to understand this, develop new expertise and competences, and craft products that fit is at the core of our approach.

So, if the conditions for collaboration now feel right, and there are excellent examples to draw on, what can we do? The NHS is a large sector and faces many challenges. Although it is a national service, it is at the local level where action is needed. This means

working with the providers of NHS services, GPs and the NHS trusts.

Our ageing population is one key area – preventing admissions, improving discharge, and supporting older people to get home and stay home. Solutions can be simple, such as minor adaptations, fitting a key safe, or addressing loneliness. Others can be more intensive such as rehabilitation or community-based dementia care. Housing's contribution to boosting out-of-hospital care makes us ideal partners.

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Mental health is another area, with nearly half of all people in hospital there because of housing. Bringing housing expertise onto the wards and supporting discharge and recovery have a huge impact. Supported housing can also help people move on with their lives, and is about a third of the cost of hospital care.

But housing's core business is also of value. Housing associations can help with the current NHS recruitment and retention crisis, working collaboratively with trusts to unlock the value of their land, lever in new capital and provide affordable housing for staff.

And all of this can happen as we prepare ourselves for the future – building new homes, investing in communities and collaborating in new accountable care systems. Our skills, expertise and resources are needed now more than ever to transform healthcare across our communities.

But integrating housing and health still has a long way to go. We still need to understand each other and find the space to listen, learn and be creative.

Article written by:



# Cross-sector working



Housing is fundamental to the delivery of the NHS' Five-Year Forward View for mental health, says **Claire Murdoch** of NHS England

**W**e know that housing plays an intrinsic role in the health of our communities. Poor housing is estimated to cost the NHS on average £1.4bn per annum. So it doesn't take a big leap in our thinking to see the positive impact that good housing can make, particularly in mental health.

Housing is fundamental in the NHS' Five-Year Forward View deliverables. And that goes way beyond giving somebody a roof over their head in a safe and fit-for-purpose home. It covers everything from support with maintaining a tenancy when a person is living with a relapsing and challenging condition, to crisis and respite accommodation to support people who need to leave hospital but who are not quite ready for complete independence.

### Evidencing success

So there are a range of patient journey points that housing can play a big role in. And these absolutely need to be person-centered and holistic. The challenge is setting out the housing pathway with a little more clarity and evidencing its success.

There are great examples of housing solutions in mental health across the country, but what is crucial to increasing these health and housing services is the ability to plainly see the financial return and patient outcomes.

Some good work has been done by HACT and the London School of Economics to show the benefits housing services can contribute to mental health pathways. However, we need to ask housing providers to work with NHS partners to monitor and evaluate these outcomes from the outset. What is the problem that the partnership is trying to



solve, and how has it solved it?

And this goes far beyond a straightforward comparison of costs in supported housing with costs of a night in hospital. We need to know that the individuals accessing these services are making progress on their journey to independence. Managing bed flow in hospitals is as much about prevention as it is delayed discharge. As the Crisp Report says, housing needs to be part of the pathway.

So how and when should these conversations take place? In my view, they need to begin long before a service is being designed. Housing providers need to be around the table as sustainable transformation plans take shape.

Housing cannot be an add-on; it needs to be fully immersed into the strategic plans alongside primary and acute care; justice services; and education, employment and public health campaigns. How

can all of these organisations and services come together to find solutions? How can land be used to enable pathway redesign? It needs to be a collaborative journey, not a series of off-the-shelf products that work in isolation.

Accountable care partnerships provide an opportunity for providers to come together to deliver better outcomes for a group of patients. Housing associations could be a key to the success of these initiatives. This is certainly happening in some cases, but it needs to become standard practice.

### Common understanding

To make things a little less complex from the NHS perspective, I can state some of the key areas in which I believe housing can play a significant role regarding the Five-Year Forward View mental health priorities specifically. Our commitment

to end inappropriate out-of-area placements by 2021. Our efforts to reduce delayed transfers of care. Our ambition to develop crisis or respite houses for child and adolescent mental health services as an alternative to hospital admission.

We are moving in the right direction, but we could certainly accelerate our success in these areas.

I've spent some time recently discussing such challenges and solutions with several housing providers that already have a number of health partnerships across the UK, as well as integrated commissioning projects in vanguard areas. I've seen great examples of step-down services, alternatives to out-of-county placements and more.

What is key in services such as these is the understanding of how commissioners need to evaluate. A common

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framework and language need to be used and there is an opportunity to develop some standard models of care and procurement frameworks, which is precisely why conversations need to take place as early as possible. Outcomes need to be agreed at the start.

It might be that you don't currently run a specific type of supported accommodation service, or cater for a specific demographic, but as long as housing providers have the dedication, rounded expertise and robust infrastructure to take things forward as a strategic partner to the NHS, great outcomes can be achieved. They just need to be around the table.

I'll certainly help to bang that drum for the housing sector, but providers must be ready to evidence clear value and commitment to their local commissioners. *Claire Murdoch, national mental health director, NHS England* ►