



**National Mental Health**  
Development Unit

## Mental Health and Housing: Resources for Commissioners and Providers

Payment by Results

# Briefing

**1.0**                    **CONTEXT**

**1.1**                    Payment by Results (PbR) was introduced in the NHS in 2003/04 to improve the fairness and transparency of payments and to stimulate provider activity and efficiency. PbR means that providers are paid for the number and type of people treated, in accordance with national rules and a national tariff. The implementation of Payment by Results in mental health is also intended to give people far greater choice of services. It will also support the transition from traditional block contracts to an activity and outcomes-based contracting mechanism.

**1.2**                    The success of PbR relies on improved availability of data on activity and outcomes to support funding flows from commissioners to providers. This can have the added benefit of backing up clinical commissioning conversations across primary, secondary, social care and public mental health about service effectiveness and options for re-design.

### 3.0 MOVING FORWARD

- 3.1 The Mental health pathway is acknowledged to be an area where users of services are actively involved in the development and delivery of services. They have been at the forefront of multi-disciplinary working and in integrating care between secondary and community services. The development of care clusters and the introduction of tariffs provides the opportunity to provide financial incentives that further drive innovation and the seamless delivery of care.
- 3.2 HONOS / PbR could be a key tool for commissioning of housing and mental health. This is payment by results - or a fixed fee associated with a treatment - based on an established set of outcome measures. Against each of the clusters we can establish a package of care for a range of patient types, with established sets of need (HoNOS). We can show the contribution that housing and housing-related support services can make to each cluster and then build the provision of the housing need into the specification of services for the target group, together with a cost (PbR).

#### HONOS

HoNOS is an internationally recognised outcome measure developed by the Royal College of Psychiatrists Research Unit (CRU) to measure health and social functioning outcomes in mental health services. The aim of the HoNOS is to produce a measure capable of being completed routinely by clinicians and recorded as part of a minimum mental health dataset. This then enables clinicians to demonstrate outcomes and to benchmark the effectiveness of their interventions.

- 3.3 The outcome measures are Health of the Nation Outcome Scores (HoNOS). These are being used to develop 21 adult services 'clusters' of people with similar need. These can be grouped as follows :-
- i) common mental illness (CMI) such as depression;
  - ii) several groups who have severe and enduring mental illness (SMI) and different types of behaviour including stable, chaotic or challenging behaviour;
  - iii) groups of people with organic largely dementia-linked needs.
- 3.4 In order for HoNOS PbR to be an effective tool for the whole population, we need to look at those people with a diagnosis that can be captured by HoNOS but who are in primary care. This is the lower clusters of people with CMI, but who may be considerably disabled by it. There is also a cohort of people with SMI, who are stable on their medication and can be managed in primary care. They also have housing needs, which may be as simple as floating support in privately owned or rented accommodation.

3.5 Patients in secondary care can be 'clustered' into the HoNOS groups, and this can also be mirrored in primary care and community services so that there is a seamless pathway of clusters across primary and secondary care and can identify accommodation needs wherever they occur.

3.6 Getting accommodation right can be a decisive element in hospital avoidance and ensuring the service is focused on recovery. Therefore, one of the things around which more work is useful, is the establishment of what accommodation might be needed, and possible to provide, for different patient groups. There are a number of ways of how this could be done – resources, examples of good / poor practice, and important partnerships with third sector and local authority partners.

#### 4.0 HOUSING'S CONTRIBUTION TO THE CLUSTERS

4.1 In 2011 London Cyrenians Housing developed a piece of work that demonstrates the way in which housing and housing related support could contribute to each of the clusters. This sets out each of the clusters, the way in which they relate to the housing / community pathway, the skills sets required and the proposed tariff. As such it seeks to show how a housing or housing related support service can deliver improved outcomes and a more therapeutic pathway.

4.2 The 21 Clusters are laid out with associated scoring profiles to enable the results to be measured. At the moment this only applies to NHS providers but could easily be applied to a range of housing and other community based support services. In each cluster there are a range of housing based interventions that could improve the therapeutic nature of the pathway, accelerate the pace of the recovery and be delivered at reduced cost. Examples of housing based interventions would be :-

- housing options appraisal;
- floating support;
- accommodation based support – of varying intensity;
- group home / therapeutic community;
- crisis house;
- recovery centre and assertive outreach.

*This work by London Cyrenians Housing is detailed in an appendix to this briefing.*

**5.0****CONCLUSION**

## 5.1

PbR if introduced well provides the opportunity to create a single system of accountability across the whole of the mental health pathway. By adopting a single payment system it aligns both statutory and non-statutory services and helps the move towards outcome focused contracts. It can also be a platform for acknowledging housing's central role in someone's mental health recovery pathway.



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The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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