Mental Health Housing and Support Workshop
Friday 29 September 2017 – Priory Street Centre

WORKSHOP REPORT – EXECUTIVE SUMMARY

We Are All People
by Jamie Towey

We are all people and we need
Shelter, security and space.
We are all people and we need
Cooperation, community and connection.
We are all people and we need
More social housing.
More halfway houses.
And less finger-pointing.
Fingers cannot just be clicked
But the correct path can be picked.
We are all people and we need
Shelter, security and space.
Cooperation, community and connection.
We are all people and we don't ask for much.
These pleas are for our basic needs.
We are all people.

At the workshop, Jamie recited this poem to conclude the performance by Converge's 'In the Moment' theatre group.

Executive Summary

Introduction

1. The Mental Health Housing and Support Workshop held at Priory Street Centre on Friday 29 September 2017 was attended by over 70 delegates with a wide range of partner agencies represented including service users and carers, City of York Council, Housing Associations, Tees, Esk and Wear Valley NHS Foundation Trust, Vale of York Clinical Commissioning Group, and the Voluntary and Community Sector.

2. The workshop was divided into two sessions. In the first session, a number of presentations highlighted some of the key, current challenges within Mental Health housing and support. This included Converge's 'In the Moment' theatre company giving a powerful performance representing some service users' experiences of accessing housing and support. Before the coffee break, six options were presented for addressing a particular gap in provision – housing for people with very complex needs. A copy of the full slide-pack is available on request.

3. In the second half of the workshop, delegates were assigned to eleven discussion groups designed to ensure a mix of representation from different agencies. Each group had a facilitator that guided the group through a series of questions. Delegates' thoughts and comments were captured in a variety of ways. Each facilitator took notes of the discussion, whilst some delegates also provided their own written comments either (a) in booklets handed to every delegate and collected at the end, or (b) on post-it notes which they could add to flip-charts displayed around the room. All delegates were also given two stickers to represent a 1st and 2nd choice 'vote' for the options that had been presented.

4. This workshop report captures **all** of the feedback provided by the eleven discussion groups – pulling it together under a series of headings that reflects the questions asked. We have tried to group

similar comments and themes and highlight where the same point was made multiple times (e.g. x5). This executive summary attempts to pull out the key messages to emerge from the workshop. However, please read the full report to get a feel for the wide range of points made and issues raised.

<u>Key messages about our current ways of working</u>

5. The following key messages emerged about our current ways of working:

<u>Calls for better joint working and information sharing</u>

a. Current services and support are "fragmented". There are examples of good practice and support but there is a lack of consistency – not everyone gets the same opportunities or level of support. It can be "hit and miss".

b. There seems to be a high level commitment to providing quality joined up services but this isn't always translated to front line services. There needs to be a partnership commitment and approach and recognition that this would relieve everyone's workload and provide a better service for the customer.

c. There is a lack of understanding in mental health services about what accommodation is available and what is on offer (terms of occupancy, what support is available etc). Could we pull together a simple directory setting out what accommodation is available, criteria for entry and services available to the tenant so that people are clearer about what is right for the individual when making a referral?

d. It is incredibly difficult for professionals to navigate the health and social care system. How can we expect service users and families to do it without support? An easy, quick win is better

communication to all partners/ stakeholders of what is available <u>now</u>.

<u>Calls for a greater focus on early intervention and prevention</u>

e. Service users need more support earlier. There needs to be more proactive outreach support - the right support at the right time, to help ensure that when a person is on a downward trend this is spotted early enough to prevent it becoming a crisis.

<u>Calls for better planning and support for transitions</u>

f. We should invest more resource (transition workers/team?) in better planning and management of transitions from hospital back into the community, or between different levels of supported housing. Providing the right level of support up front greatly increases the chance of success. There was a general plea was for "greater pro-activity and less fire-fighting".

<u>Key messages from the discussion of the options presented</u>

6. The following key messages emerged from the discussion of the six options presented for the provision of housing for people with very complex needs:

a. **Option 1 – Do nothing.** The shortage of housing and increasing need means this is not a viable option. We know the current system doesn't work for those people with very complex needs.

b. **Option 2 – 'Housing First' approach**. The general view was that this was not an option on its own, but needs to be part of a wider range of options. The principles for 'Housing First' are absolutely right and could work for some people but this approach can, and will, fall down if we do not provide sufficient out-reach support. Many felt that it would not be appropriate for all people with very complex needs.

c. **Option 3 – 2 x 6 person schemes + outreach support.** Good size – shouldn't feel too institutional, but falls short of the capacity required for people with very complex needs.

d. **Option 4 – 1 x 20-25 person scheme.** Some felt this to be a good option if designed properly (building and support) as it provides a one-stop approach and is the most cost effective option with all resources being concentrated in one place. The big concern, voiced by many, was that the risks of putting so many people with very complex needs together – in terms of potentially creating a stigmatising, institutional environment – would outweigh the benefits. "It feels like going backwards".

e. **Option 5 – 2 x 10 person schemes.** Good design was again recognised as being crucial. Generally felt to be preferable to Option 4 as it opens up the possibility of either male/female facilities or higher/lower intensity.

f. **Option 6 – 2 x 6 and 1 x 4 person schemes.** Recognised as offering greater flexibility than Options 4 and 5 with potential for different levels of support across each site. Also the most expensive option though with revenue costs high.

<u>Voting results</u>

7. All of the options attracted some votes, with the exception of 'Option 1 – Do nothing'. The clear front-runners, however, were Option 6 (with 38 points) and Option 12 (with 37 points). Option 12 was an alternative option suggested by one of the discussion groups – comprising of a mix of all the options, including 'Housing First'.

<u>Other issues we need to be mindful of when considering options</u>

8. Some of the other key issues raised within the discussion of the various options and the principles that need to underpin the service design, included:

a. The importance of building design - creating self-contained accommodation within a scheme for several people.

b. Peer support needs to be a key element of service design.

c. The issue of ongoing support and how this will be resourced and   co-ordinated.

d. Having the ability to flex levels of support up and down.

e. More detailed work required to consider the right balance of qualified and unqualified staff within the options.

f. The importance of sticking with people through a crisis. Giving people the chance to fail, and offering second chances.

g. Work with the wider community to develop and encourage a culture of tolerance.

Conclusion and next steps

9. The workshop was well attended by representatives from a wide range of organisations with an interest in improving Mental Health housing and support. The discussion groups generated a great deal of debate and valuable feedback which has been captured within this report. This feedback will inform and shape the next steps.

10.   A Project Board with representatives from City of York Council (CYC), Tees, Esk and Wear Valley NHS Foundation Trust (TEWV), Vale of York Clinical Commissioning Group (VoY CCG), and York Housing Association will oversee and steer the programme of work required to move this agenda forward.

11.   Workshop delegates were asked to volunteer to be part of a wider working group (and sub-groups) that will be pulled together to help input to, and shape, the detailed work. The first meeting of this working group should happen in late November.

12.   CYC, TEWV and VoY CCG have committed to taking a report to the Council's Executive Committee (25 Jan 2018), the Health and Wellbeing Board (24 Jan 2018), and the Mental Health Partnership (date tbc) which will outline a high level way forward, and seek approval to develop a more detailed options appraisal / business case for a couple of options.