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**Meeting of the Housing & Community Safety  
Senior Management Team.****25<sup>th</sup> August 2015**

Report of the Head of Housing Services

**Request authorisation to convert existing support worker post to  
mental health worker post****Summary**

1. This report sets out the case for converting up to 3 existing hostel support worker posts into specialist mental health worker posts
2. Initially two posts will be based in Tier 1 hostels owned by CYC (Howe Hill for Young People, and Peasholme Centre) They will provide support to all three of CYC hostels. It is proposed that if a vacant post becomes available in the near future, a third post will be appointed.
3. The posts are internally funded for a fixed term, with the intention of securing health funding during this period to cover the difference between support worker and mental health worker grade. Longer term if health funding is secured it is proposed that the mental health posts would become permanent, subject to HR policy & guidance.
4. Discussions have taken place with Leeds and York Partnership NHS Foundation Trust (LYPFT) regarding long term health funding but this NHS Foundation Trust contract is due to change in October 2015. NHS Vale of York Clinical Commissioning is assisting CYC with moving this forward with the new providers Tees, Esk, Wear Valley NHS Trust.
5. These posts will supplement and support the work of hostel support workers, providing a specialist resource within the hostels to support residents with mental ill-health issues freeing up support worker time.

**Recommendations**

6. The SMT is asked to consider the options:

- a. Option 1 - Agree to the establishment of up to 3 x 18 month posts from date of appointment to be located within housing services – initially two posts will be created providing support across all three of the council's hostels (Peaseholme, Howe Hill and Ordinance Lane) a third will be created if a further Support Worker post becomes vacant. It is envisaged that the post holders would be place by Dec 2015. The cost of 2 pilot mental health posts for 18 months would be a maximum of £16,253 that the cost of 3 mental health posts would be a maximum of £24,379.
- b. Option 2 - To reject proposal to establish 3 pilot posts and no specialist mental health provision is provided in hostels

Reason - Accept option 1 to improve the support available for customers in hostels who experience mental health problems, to support staff in hostel to work with this customer group, to enable hostels to work more effective with those people living in the hostel environment with complex needs.

## **Background**

7. In setting up Howe Hill for Young People a mental health worker was employed by Castlegate. The mental health worker provided regular support to customers and staff at Howe Hill. Unfortunately this very valuable and beneficial post ceased in 2013 leaving a significant gap in service provision.
8. Residents of hostels have mental health issues (both diagnosed and undiagnosed) and require informal and specialist mental health support.
9. The Single Access Point (SAP) handles referrals for 29 supported accommodation and floating support providers. 757 referrals were processed between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015, 410 people accessed specialist support and accommodation. Figures for 2014-15 show 61% of referrals indicated that the client had a mental health issue (diagnosed or otherwise), this is 9% higher than last year. Women were 10% more likely to have a mental health issue.
10. There is increasing demand from Mental Health services on housing to provide supported accommodation to people with more complex Mental Health issues, including direct discharge from Bootham Park.
11. Arc Light has a short term 'Bed-a-Head' service to enable a hospital discharge occurs when someone no longer requires in patient

treatment but is homeless. These customers then move on into either supported housing or independent accommodation.

12. The Homeless Strategy 2013-18 sets out 5 strategic aims and action plan, including the following relevant action points. The new draft action points have been identified through a series of consultation events with staff, stakeholders and customers.
  - Increase tenancy sustainment through the provision of appropriate support. Review and promotion / take up of services.
  - To explore option to provide specialist support (mental health) in hostels.
  - Improve links / discharge processes with Mental Health medical and Housing Services.
  - To improve links with mental health services and access to services in light of new CCG contract

### **Current and Ongoing Targets**

13. The Department for Communities and Local Government (DCLG) and City of York Council targets for 2015/16 is to reduce homelessness.
14. The report 'Achieving Better Access to Mental Health Services by 2020' identified that the impact of these conditions on individuals of all ages, their friends and families can be very high. The impact on society and the economy is massive if individuals are unable to access effective, timely treatment:
15. A Centre for Mental Health report in 2010 estimated that mental illness costs the UK economy as much as £100 billion per year<sup>1</sup>.
  - Mental illness results in 70 million sick days per year, making it the leading cause of sickness absence in the United Kingdom<sup>2</sup>.
  - 44% of Employment and Support Allowance benefit claimants report a mental health and/or behavioural problem as their primary diagnosis<sup>3</sup>.

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<sup>1</sup> Centre for Mental Health 2010, The economic and social costs of mental health problems in 2009/10, London: Centre for Mental Health

<sup>2</sup> Sainsbury Centre for Mental Health (2007) Policy Paper 8: Mental Health at Work: developing the business case. London: Sainsbury Centre for Mental Health

<sup>3</sup> Department for Work and Pensions, 2013, Disability and Health Employment Strategy

- More than 75% of adults who access mental health services had a diagnosable condition before the age of 18<sup>4</sup>.
- Mental health problems in children and young people are common and account for a significant proportion of the burden of ill health in this age range<sup>5</sup>.

## Proposal

### Option 1

16. That a mental health specialist is located at Howe Hill for Young People. This post will replace one (vacant) support worker post, but will be an integral part of the team, providing specialist support to staff and customers, while also being part of staffing team to cover basic hostel work.
17. That a mental health specialist be located within Peasholme Centre to be employed by either CYC but working alongside Peasholme Charity (day service) and CYC evening staff or employed by Peasholme Charity as part of existing contract. Minor alterations to existing service would be required to ensure the mental health worker post covered day and evening shifts.
18. The two post above will also work with customers and staff at Ordinance Lane to ensure parity of service across all the councils hostels. Should a post become vacant in the near future, a third mental health specialist will be appointed and located at Ordinance Lane and be an integral part of the team, providing specialist support to staff and customers, while also being part of staffing team to cover basic hostel work.
19. Until all three posts are filled, mental health workers employed at Howe Hill and Peasholme Centre will offer support to staff and customers across all three hostels.

### Option 2

20. To reject proposal to establish three fixed term posts and no specialist mental health provision is provided in hostels and appoint support workers to the vacant posts

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<sup>4</sup> Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU)

<sup>5</sup> Department of Health 2013, Chapter 10 of the Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays

## **Analysis**

21. The new role will provide intensive support to those customers with mental health issues. They will encourage and facilitate an individuals access into mainstream mental health services as appropriate. They will provide a vital 'expert' link for housing into health services
22. They will work alongside existing support staff and education workers to improve the mental health of customers and the quality of services offered by support staff (thorough specialist advice and training on mental health related issues).
23. A draft job description is attached to this report

## **Consultation**

24. The need for specialist support for homeless customers has been well documented within the homeless strategy and the supported housing strategy. Homeless Strategy consultation with both staff and customers highlighted the need for mental health workers. (June 2015).
25. It is also a primary aim of the York Health and Wellbeing, A Joint Strategic Needs Assessment Mental Health (Mental Health Section) which commits to increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there. To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector and NHS Vale of York CCG to increase the provision and support arrangements for supported living for people with mental health needs'
26. Consultation with staff at Peasholme and Howe Hill for Young People has taken place and staff are supportive of the proposal.
27. No consultation has yet taken place at Ordnance Lane as there is no vacant post.

## **Council Objectives**

28. This will provide intensive support for a very vulnerable group and should improve their health and educational and economic outcomes.
29. The Homeless strategy is closely link to a number of element of the administrations draft council plan:

A focus on frontline services

- Support service's are available to those who need them (aim)
- Residents are encouraged and supported to live healthily (aim)
- Residents are protected from harm, with a low risk of crime (aim)
- Work with the NHS to provide support for people to avoid or deal with mental health issues (over the next 4 years)

## Implications

### Financial Implications

30. The posts will be submitted to CYC Job Evaluation panel. We envisage employing a mental health specialist and RCN state that the minimum starting salary for a registered nurse is £21,692 [http://www.rcn.org.uk/support/pay\\_and\\_conditions/pay-rates-2015-16](http://www.rcn.org.uk/support/pay_and_conditions/pay-rates-2015-16). In order to attract the right calibre of staff we would aim to honour this commitment.
31. The post will be advertised under CYC terms and conditions which vary from NHS terms and conditions. The post holder will be required to work shift / unsociable hours according to the hostel rota. It is not proposed that the fixed term Mental Health posts are employed on NHS rates as it is not a NHS funded or seconded post at present. This may alter in the future if funded by NHS
32. Salary costings have taken into account an estimated number of weekend, bank holidays, unsociable hours plus 20% on costs. Costing are based on CYC grade 7
33. Ultimately it is hoped that Tees, Esk and Wear Valley NHS Trust (TEWV) will provide the top up funding for the mental health posts plus in kind support (steering group) and clinical supervision for staff
34. Current support staff are Grade 6 (with shift allowance and on costs) equates to around £28,289.42 top of scale
35. The mental health posts estimated grade 7 (with shift allowance and on costs) equates to around £31,208.42 top of scale
36. Top up funding is estimated at £16,253 (although this is dependent upon the job evaluation and level in grade etc) to pilot the 2 posts will be found from existing budgets, though short term re-alignment of budgets.

	Bottom scale 7 2 posts	Top scale 7 2 posts
2015-16 (4 months)	£2,148.39	£4,063.34
2016-17 (12 months)	£6,445.16	12,189.74

37. CYC will evaluate the posts and incorporate findings into future decisions about support services.
38. The aim of the posts is to provide a safer hostel environment for customers and staff, to reduce the demand on emergency health services, to enable customers to access mainstream mental health services. The post is not intended to replace mainstream mental health services provided through CAMHS, Assertive Outreach or community mental health teams. Staff and customers will still access Single Point of Access (SPA) and crisis team as appropriate.
39. That the provision of specialist mental health worker posts in hostels will reduce the pressure on emergency services (ambulance and A&E) as customers will be able to access specialist informal mental health support on a regular basis
40. That in the long term, enabling complex individuals to access informal mental health support, linking into mainstream services will increase the individuals quality of life and economic contribution to the economy.

#### Equalities Implications

41. A community impact assessment has been completed and highlights need to deliver services to vulnerable groups, in particular those amongst following interest groups: disability, gender, sexual orientation and pregnant

#### Legal Implications

42. CYC has a statutory duty under Housing Act 1996 to provide temporary accommodation for people who are homeless who are vulnerable and believed to be in priority need. This includes people with mental health problems. The provision of a mental health worker would enable us to provide appropriate accommodation for those who are both statutory homeless or accessing supported accommodation via resettlement.

43. There are no other legal implications, although though stabilising an individuals mental health and enabling them to access mainstream health services will contribute to preparing them for successful independent living.

#### Human Resource implications

44. The posts will be fixed term and recruited in accordance with the councils HR procedures.

#### **Risk Management**

45. There is a continued risk that due to current economic climate, failure to ensure appropriate support to the most vulnerable will result in a negative long term impact on an individuals health and wellbeing
46. There is a risk that the post will not be long term funded but every effort will be made to secure funding beyond the pilot phase.

#### **Contact Details**

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**Report  
Approved**



**Date** 25<sup>th</sup> August 2015

**All**

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**Wards Affected:** *List wards or tick box to indicate all*

For further information please contact the author of the report

Appendix 1- Community Impact Assessment

Appendix 2 - Draft job description

Appendix 3 - Costings