

Meeting:	Executive
Meeting date:	16 th November 2023
Report of:	Corporate Director for Adults and Integration
Portfolio of:	Cllr Jo Coles, Executive Member for Health, Wellbeing and Adult Social Care

Decision Report: Specialist Mental Health Housing and Support

Subject of Report

1. There is a widely accepted shortage of the right type of accommodation and support to meet the needs of people in York with mental ill-health. The deficit of specialist housing and support options for people with multiple and complex needs, particularly around mental health, and substance use disorder, was identified as a priority in an in-depth piece of co-production on the entire housing pathway. The resultant programme of work focuses on enabling people with complex mental health needs, including those with associated substance use disorder and behavioural difficulties, to access the right type of housing, with the right level of support, at the right time to meet their needs. This paper seeks approval for a change in delivery methodology for this programme of work.
2. On 22nd August 2020, the Executive approved plans to deliver 53 new specialist mental health housing and support places through the development of hub and spoke model.
3. On 15th July 2021 CYC and Vale of York Clinical Commissioning Group (now NHS Humber and North Yorkshire Integrated Care Board (“**ICB**”)) completed a Section 75 partnership agreement in relation to Mental Health Housing and Support (the “**Section 75 Agreement**”). This covers partnership arrangements agreed between CYC and the ICB for 10-years, from 2021 – 2031. It was based on the previously tendered service arrangements that unfortunately did not result in a contract award. The proposed

arrangements in this report therefore deviate from what is currently within the Section 75 Agreement. Any modifications/variations to the existing Section 75 Agreement (or replacement) would need to be in place prior to commencement of any new proposals. Any arrangements with other stakeholders such as Tees, Esk and Wear Valleys NHS Foundation Trust (“TEWV”) would also need agreeing and documenting also.

4. A decision is needed to enable us to amend the original plan and to seek to alter the ICB Section 75 Agreement arrangements and explore alternative delivery options through adopting a phased approach of delivery for the wider programme, which includes a 12-month pilot of 7-units at 92 Holgate Road which will commence in March/February 2024.

Benefits and Challenges

5. Benefits and challenges of a phased approach to delivery of the wider programme which includes a 7-unit pilot at 92 Holgate Road.

- a) Benefits:

- i. More immediate capacity to meet current increased demand whilst the housing schemes are being developed.
- ii. Opportunity to demonstrate savings for both ourselves and our TEWV funding partners.
- iii. Opportunity to develop a methodology of how York’s partners successfully support people with multiple and complex needs in a community setting.

- b) Challenges:

- i. The pilot does not allow for the complexity that the final model will. It does increase our current ability to meet the needs of people with a level of complexity that we have been previously unable to successfully support.

Policy Basis for Decision

6. There is a widely accepted shortage of the right type of accommodation and support to meet the needs of people in York with mental ill-health. The need to improve mental health housing

and support in the city has been highlighted and committed to in several key strategic documents including:

- a) York's Health and Wellbeing Strategy 2017-2022
- b) All Age Mental Health Strategy for York 2018-2023
- c) York Homelessness Strategy 2018-2023
- d) Priorities of the York Mental Health Partnership.

7. The Council Plan committed to 'good health and wellbeing' and agreed to "prioritise support for rough sleepers and work in partnership with the police and other agencies to improved services for people with complex needs, such as substance abuse and mental health issues."

Financial Strategy Implications

8. Source of Funding

As per para 3, CYC and the ICB currently have a Section 75 Agreement for Mental Health Housing and Support arrangements. This covers 10 years from 2021 – 2031. It contains obligations including a CYC and ICB partnership, a Pooled Fund and that CYC would commission the previously intended Mental Health Housing and Support service (that did not result in an awarded service contract).

9. In the Section 75 Agreement the ICB agreed to contribute sum of [£4,327,700] (to be increased subject to inflation) over 10 years. In the event any of the ICB's contribution was to be made up of funding they received from TEWV the ICB was to enter into agreements between the ICB and TEWV. To date the ICB, through TEWV, have provided £926k of 'pump priming' funding to roll out the model of specialist mental health supported housing outlined in Annex 3. Project spending and commitments to 31 March 2025 against this leave an estimated £429k balance to fund the stage-1 pilot at Holgate Road. It should be noted that there are further commitments against this funding beyond March 2025 and replacement funding will need to be found if the balance is used to fund the pilot.

In addition to the pump priming funding above there is a CYC agreement to draw down £131k from the Venture Fund towards the funding of this project

10. Project Costs

It is expected that the stage-1 pilot scheme at Holgate Road will cost in the region of £452k for a year (net of IHM income).

11. Projected Savings

CYC currently has 62 individuals under the age of 65 with mental health support needs in residential placements at a total weekly cost of £80,340 and an annual cost of £4,189,169.

Four individuals have been identified as having the potential to step down from these high-cost placements into the pilot. This would generate savings of £2,576 per week or £133k per year. NB this exercise identified more than 4 individuals who also have the potential to step down when further provision is available.

Recommendation and Reasons

12. Recommendation:

- a) To adopt a phased approach of delivery for the wider programme which significantly includes a 7-unit pilot at 92 Holgate Road for 12-months.
- b) To enter a service contract with mental health support services provider (the “**Provider**”) for a Term of 12-months for provision by the Provider from 92 Holgate Road of a 7-unit mental health support service (the “**Service Contract**”).
- c) To grant a lease of 92 Holgate Road to the Provider for a Term of 12-months (the “**Lease**”).
- d) To amend the existing Section 75 Agreement with the ICB to address changes to the long-term intentions of the Mental Health Housing and Support project and the funding requirements for the 12-month pilot at 92 Holgate Road.
- e) To delegate authority to the Corporate Director of Adult Services and Integration (“**DASS**”) (and their delegated officers), in consultation with the Director of Governance (and their delegated officers), to:

1. negotiate the provisions, and conclude the entry into, of the Service Contract and the Lease;
2. negotiate and approve any required amendments to the existing Section 75 Agreement and arrangements with the ICB on the Council's behalf; and
3. negotiate and agree any arrangements and agreements with TEWV, ICB or other stakeholders as may be required including (but not limited to) any alternatives or replacements to the existing ICB Section 75 Agreement if necessary.

Reasons - The reasons for this are as follows:

- a) The Pilot should allow for in-year financial savings against high-cost residential placements.
- b) The delivery of suitable accommodation at the 2-sites previously identified at Woolnough House and Crombie House will take several years. A 7-unit pilot at 92 Holgate Road will enable immediate delivery of the project's aspirations within a currently vacant resource.
- c) The level and acuity of demand has only increased since the development of the original delivery plan. The Pilot will enable us to go a small way towards meeting this increased level of need.
- d) Although the shared house setting is not suitable for people with the highest level of associated risks who require self-contained accommodation, it will increase our ability in the interim to meet the needs of people we have been previously unable to successfully support due to levels of complexity. The pilot cohort will contain a mixture of people who have been in expensive out-of-area residential placements, in long-term NHS rehabilitation placements, people within the resettlement pathway with significant mental health and substance use disorder support needs and people stepping down from Foss Park

- e) This new service will not succeed without the support of other specialist services such as the mental health teams with TEWV, Drug and Alcohol services, police and community safety, primary care and the third sector offer for people with multiple and complex needs. The pilot will provide an opportunity to develop a methodology of how York successfully supports people with multiple and complex needs in a community setting. Work is ongoing with TEWV and other partners to develop what this support will look like. The pilot is an opportunity to develop partner working arrangements whilst managing the risk by working with a smaller cohort of people. These arrangements will be tested and refined over the pilot period ready for the expansion into the final phase of the project.

Background

13. The deficit of housing and support options for people with multiple and complex needs, particularly around mental health and substance use disorder was identified through extensive coproduction as one of four priorities in the 2019 Resettlement Review of the entire housing pathway.
14. As a result, in 2020 the executive authorised a programme of work that would enable people with complex mental health needs, including those with associated substance use disorder and behavioural difficulties, to access the right type of housing, with the right level of support, at the right time to meet their needs. It initially aimed to do this through:
 - a) *“The development of 21 Housing First places. Housing First is an internationally recognised and evidence-based model of housing and support for those with chronic housing, health, and social care needs. With Housing First, the idea is that people are provided with permanent housing with no requirement to prove that they are ‘housing ready’ and then personalised, intensive ‘wrap around’ support is provided to help them develop and retain their independence and maintain a tenancy.*
 - b) *Two new specialist mental health supported housing schemes (32 places) that were to be developed on two sites currently owned by the Council at Woolnough House, off Hull Road, and Crombie House on Danebury Drive in Acomb. Each scheme*

will have 24/7 onsite staffing and will contain 10 places, as well as providing support to another 6 satellite flats within a 1-2 mile radius of the scheme.”

15. Unfortunately, the market was unable to provide the housing development required and the procurement was closed without any potential delivery partners. The project continued to deliver against the Housing First aspiration, but a change in approach is required to deliver the rest of the model.

Consultation Analysis

16. The model was co-produced with all identified stakeholders within the housing and mental health pathways over a period of 3-years. The recommended model and way forward were authorised by both our CYC governance processes and those of our partners in health.
17. Since the programme has been refreshed, project controls have been developed to ensure any development of approach is signed off by partners. The Project Board is attended by the wider community, including people with lived and worked experience. A CYC/TEWV steering group also informs decision making. A fortnightly task and finish is attended by both front line and strategic management from social work, housing, health and the third sector and provides challenge and support to enable delivery of the original ambitions.
18. All recommendations have been developed through these processes.

Options Analysis and Evidential Basis

19. **Recommendation 1: Adopt a phased approach to delivery of the wider programme which includes a 7-unit pilot at 92 Holgate Road**
 - a) The delivery of suitable accommodation at the above two identified sites at Woolnough House and Crombie House will take several years. The level and acuity of demand has only increased since the development of the original delivery plan. A 7-unit pilot at 92 Holgate Road will enable immediate delivery of the project’s aspirations within a currently vacant resource.

- b) Although the shared house setting is not suitable for people with the highest level of associated risks who require self-contained accommodation, it will increase our ability in the interim to meet the needs of people we have been previously unable to successfully support due to levels of complexity. The pilot cohort contains a mixture of people who have been in long-term NHS rehabilitation placements, people within the resettlement pathway with significant mental health and substance use disorder support needs and people stepping down from Foss Park
- c) This new service will not succeed without the support of other specialist services such as the mental health teams with TEWV, Drug and Alcohol services, police and community safety, primary care and the third sector offer for people with multiple and complex needs. The pilot will provide an opportunity to develop a methodology of how York successfully supports people with multiple and complex needs in a community setting. Work is ongoing with TEWV and other partners to develop what this support will look like. The pilot is an opportunity develop partner working arrangements whilst managing the risk by working with a smaller cohort of people. These arrangements will be tested and refined over the pilot period ready for the expansion into the final phase of the project.
- d) The Pilot will inform the next phase of the project through financial and outcomes-based analysis. In addition to financial factors the evaluation criteria for Year 1 is set as follows:
- i. Increased housing and support provision for people with complex MH support needs.
 - ii. Increased specialism within the system for complex cases as evidenced by number of difficult to place cases at MH Housing Panel.
 - iii. Decreased delayed discharges at Foss Park due to lack of appropriate housing and support.
 - iv. Decreased usage of rehab placements.
 - v. Decreased unplanned move-ons/ evictions where homeless services/rough sleeping is the departure destination.
 - vi. Decreased number of people in out-of-borough placements.

Organisational Impact and Implications

20. **Financial**, contact: Chief Finance Officer.

a) Stage 1

The ICB through TEWV provided the Specialist MH Housing and Support Project £926k of 'pump priming' funding. This is in addition to a CYC agreement to draw down £131k from the Venture Fund, which has not yet been used.

It is expected that savings will be made from placing individuals in this pilot setting. The identity of the customers to be moved has not yet been agreed but as outlined in paragraph 11 above there are at least four individuals currently in CYC placements who would be suitable candidates for the pilot. Placing these four would save around £133k p.a. which will reduce the amount of the pump priming funding that will be needed to fund the pilot and therefore reduce the impact on the funding for stage 2 of the project (see b below).

Funding is currently being used towards the Housing First Workers (£115k p.a.), Tennyson Avenue (£52k over 2 years) and topping up the RSG grant to fund MH Nurses (£88k over 3 years). The balance available at the start of 2023/24 was £794k. Further commitments on the above for 2023/24 and 2024/25 amount to £365k, which leaves an estimated £429k balance unspent by March 2025.

It is expected that the stage-1 pilot scheme at Holgate Road will cost in the region of £452k for a year (net of IHM income). Please note this figure does not include the potential costs of work needed on the site to bring it to a suitable condition to be used as a base for the pilot. The cost is currently being estimated and will be ready by November.

It should also be noted that use of the pump priming funding and the Venture Fund to support stage-1 of the project will reduce the amount available to fund stage 2 of the two new specialist housing schemes.

b) Stage-2

This paper is in relation to the 12-month Stage-1 pilot of a wider project that was given Executive approval on 27 August 2020 and to which the ICB through TEWV have contributed nearly £1m towards its delivery.

The Stage-1 pilot will deplete this initial funding and a transition to Stage 2 will rely on the 'business as usual' model. Ongoing service costs were agreed to be shared by CYC and the ICB through TEWV. The majority of future CYC funding was to be sourced from the closure of 22 The Avenue and recycling of that funding for 7 low risk beds into 32 higher risk specialist beds. CYC funding was also to be sourced from the expected savings from costly out-of-area placements as summarised below (for full details see pages 14-16 Annex 3):

- i. Current revenue funding available from the existing service at 22 The Avenue and is the budget released by re-providing the existing 22 The Avenue service. The 2023/24 budget for 22 The Avenue is £464k.
- ii. Savings realised within Adult Social Care Mental Health budgets due to CYC social workers reducing the numbers of individuals placed in long term care settings (residential) and the numbers accessing intensive community support options.
- iii. Increased income that will go to the service landlord /support provider to offset the overall costs through the housing benefit entitlements using Intensive Housing Management (IHM). Using current levels estimates for the final model of 53 units equate to £232,882.
- iv. Contribution from TEWV which was initially agreed at £500k/annum.

The following case study illustrates some of the financial benefits to supporting people in local community services. In July 2021 E was placed in specialist complex care residential service in Wakefield at a cost of £3,993 per week. Severe and enduring mental health needs can require long-term support, however, methodologies such as the recovery approach can deliver outcomes of increased wellbeing and independence. Placement outside of the borough poses logistical barriers to ensuring this approach as it is more difficult to maintain contact with the individual, monitor the ongoing appropriateness of the placement and the quality of services. In the case of E, after 2 years within this Service there has been a recent request to increase the weekly care package to £4,666. Isolation from family, friends and local communities can all negatively affect an individual's progression to

recovery and wellbeing which in turn has an impact on the level of support required.

21. **Human Resources (HR)**, contact: Head of HR.

22. **Legal**

Recommendation 1

○ **Statutory Duties**

- Section 117 of the Mental Health Act 1985 describes the duty to provide aftercare services in some circumstances following hospital admission.
- Section 75(5) of the Care Act 2014 defines “after care services” as services which:
 - meet a need arising from or related to the person’s mental disorder; and
 - reduce the risk of a deterioration of the person’s mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder). Establishing a supported housing pathway would help to meet the Section 117 duty under the Mental Health Act 1985, prevent re-admission and support long term recovery.
- The Children Act 1989 and associated legislation places ‘pathway’ duties on local authorities to support young care leavers into independence, which includes support with accommodation needs.
- The Housing Act 1996 provides instances where the local authority has a duty to provide accommodation to homeless persons, including some instances where an individual is in “priority need”. Priority need includes several categories of individual, including persons who are vulnerable because of mental illness. Without appropriate accommodation for people with complex needs there is a risk that this duty may not be met.

○ **Commercial & Procurement Law Implications**

- Any works and/or support services necessary to adapt the property at Holgate Road must be commissioned in accordance with a robust procurement strategy that complies with both CYC's Contract Procedure Rules and Part 2 the Public Contract Regulations 2015. Advice must be sought from both Commercial Procurement and Legal Service with regards to the Tender Documents and the form of Contract.
- Service contracts entered between CYC, and any public bodies will require advice from Legal Services to ensure that these comply with the requirements of Reg 12(7) of Public Contract Regulations 2015 relating to co-operation between contracting authorities, in accordance with CYC's powers under the Local Authorities (Goods & Services) Act 1970, Sections 101 and 11 of the Local Government Act 1972, Section 93 of the Local Government Act 2003, and Section 1 of the Localism Act 2011 (the "Powers").
- It is essential that CYC review the existing s75 arrangements. Any variations to the current Section 75 Funding Arrangements with the ICB, or any alternative partnership/collaboration arrangements between CYC and partners within the ICB, TEWV, Drug and Alcohol services, the police and community safety, primary care and the third sector in accordance with the above Powers will need to be developed with advice from Legal Services and Finance on the different routes and the associated advantages and risks of each route. Full instructions will need to be provided to Legal and Finance to analyse in due course.
- Regarding Section 75 partnership agreements, such arrangements are subject to the requirements of the NHS Act 2006, the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and related law.

Section 75 of the NHS Act 2006 can enable partners (certain NHS bodies and Councils) to collaborate in respect of defined "Prescribed Functions". This can

(subject to also meeting other criteria) enable partners to collaborate including as below:

- a) *by contributing to a common fund which can be used to commission health or social care related services;*
- b) *for a local authority to commission health services and NHS commissioners to commission social care; and*
- c) *for joint commissioning and commissioning of integrated services.*

The power to enter into section 75 agreements is also conditional on meeting the following:

- i. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and*
 - ii. The partners have jointly consulted people likely to be affected by such arrangements*
- Any personal data relating to the pilot service that is to be shared between the partners must be subject to a Data Sharing Arrangement which complies with UK Data Protection Legislation, produced in conjunction with Legal Services and the Information Governance Teams (see below). The same applies to any data processing arrangements between the partners and/or any works or service providers to ensure that required

○ ***Property Law Implications***

- 92 Holgate Road (“the Property”) is currently a Council-owned building. It is understood that the Property is currently vacant. It is not known whether such building is currently part of the Housing Revenue Account/HRA or is General Fund/GF asset.
- The Council has statutory powers:
 - Pursuant to Section 123 of the Local Government Act 1972, to dispose of any General Fund/non-

HRA land held by the Council (including granting a lease of it). Although Section 123 requires that the consent of the Secretary of State for Housing, Communities and Local Government be obtained for a disposal at a consideration (price) less than best reasonably obtained, such consent is automatically given for the disposal of General Fund/non-HRA land by a General Consent Order where both of the following conditions are satisfied:

- the Council considers that the disposal will contribute to the promotion or improvement of the economic, environmental, or social well-being of its area; and
 - the difference/shortfall between the consideration/monetary receipt obtained and best consideration amount does not exceed c. £2M.
- Pursuant to Section 32 of the Housing Act 1985, to dispose of any HRA land held by the Council (including granting a lease). Although Section 32 requires that the consent of the Secretary of State is obtained for a disposal of HRA land (whether at or below market value), General Consent Orders automatically give SoS consent to disposal/leasing of such land where:
 - the disposal is at market value; or
 - by way of “short tenancy” comprising a lease for a term not exceeding 7-years (but on the expiry of such tenancy a further short tenancy of the land cannot be granted pursuant to such General Consent until at least 1-year after the original short tenancy has expired).
 - Regarding HRA land, Section 25 of the Local Government Act 1988 prohibits a local authority from providing/giving “financial assistance or gratuitous benefit” when disposing of HRA land

(including disposing for a price below market value) without the consent of the Secretary of State. However, a General Consent Order (“**GCO**”) does give SoS consent to the provision of financial assistance/gratuitous benefit in the limited circumstances specified in such GCO, including to the provision to any person of financial assistance or gratuitous benefit consisting of the disposal of an asset comprising a dwelling house or hostel where:

- the aggregate amount or value of the financial assistance or gratuitous benefit provided by the local housing authority to all persons under this consent in any financial year shall not exceed the sum ascertained by multiplying the population of the area of the authority by the figure of £3.00;
- the disposal must be:
 - by way of a lease for a term not exceeding 21-years; and
 - to either:
 - a registered provider of social housing; or
 - a person who intends to use the accommodation for occupation by persons with a special need; and
 - the aggregate number of dwelling-houses comprised in the disposal and any previous disposal by the local authority under this consent in the same financial year must not exceed a number (the “**ceiling**”) equal to the greater of 50, or one quarter of one per cent of the number of dwelling-houses owned by the

authority at the commencement of the financial year in which the disposal takes place.

In any event, it is considered that General Consents give CYC power to dispose (by way of leases for a term up to 7-years) of the necessary properties to the appointed service provider without needing to apply for and obtain express consent from the Secretary of State.

- It is considered that use of the Property for the proposed purpose is still 'a housing use' (such that consent should not need to be obtained from the Secretary of State for change of use from HRA housing to non-housing use pursuant to Section 19 of the Housing Act 1985). If the Council wishes to "appropriate" (change the use of) a HRA property currently used for housing purposes to a non-housing use then the consent of the Secretary of State may be required.

23. ***Procurement, contact: Head of Procurement.***

For the recommendations in this report where the council needs to commission building works and/or support services to adapt the properties at Holgate Road and provide specialist mental health services these must be procured in accordance with CYC's Contract Procedure Rules and also the Public Contract Regulations 2015. Advice and support must be sought from both Commercial Procurement and Legal Service with regards to the development of the procurement procedure to be followed, tender documentation, and the form of contract to be advertised to seek competition and receive valid tender submissions to be evaluated for the award of the contract.

The budget for the Mental Health support services will likely exceed the current Light Touch Regime (LTR) threshold of £663,540 which is applicable to Health and Social Care contracts. Therefore, the Public Contract Regulations 2015 stipulates that where a contract exceeds the LTR threshold a Contract Notice must be published in the public domain i.e.,

the website Find a Tender, and to invite competitive tenders by publishing the framework tender documents in a e-tendering website i.e. Yortender and ensure the evaluation and award of the contract follow the principles of equal treatment and transparency and the council receives value for money and suitable providers to deliver these commissioned services.

The Commercial Procurement team will support commissioning colleagues to prepare the procurement documentation and work alongside Legal Services, Finance to draft the tender documentation and appropriate form of contract, evaluation methodology and criteria to assess quality and price to identify the bidder(s) that are best to complete the works and provide the services as defined within the tender documents and represents the Best Value to the council.

24. ***Health and Wellbeing***, contact: *Director of Public Health*.

The pilot will deliver a number of benefits to both the individual and to the system, however, the health and wellbeing of the individuals within the service will need a more specialist approach than that previously taken in community services. This will be delivered partly through the commissioning of an experienced, specialist mental health provider who will be onsite 24/7 to manage the service. This provider will benefit from TEWV clinical supervision which will ensure staff can respond to changing levels of risk and complexity within the community.

The service has been designed for meet the needs of those with multiple support needs including those with 'dual diagnosis'. The pilot will ensure that individuals are supported to manage their substance use disorder using clear pathways and partnership working with the York Drug and Alcohol Services to ensure these specialist services can provide targeted support to those in this pilot.

Our current inhouse service (22 The Avenue) is unable to support people at risk of suicide. This pilot will meet that current gap through provision of a more specialist service ran by an experienced mental health provider with appropriate training and processes in relation to this risk. In addition to the specialist nature of the provider and staff trained in this area,

the building will be modified to remove any physical risk, for example, the stair banisters are being heightened and works done on the bedrooms in relation to anti ligature guidance,

25. **Environment and Climate action**, contact: *Director of Transport, Environment and Planning, and Head of Carbon Reduction.*

26. **Affordability**, contact: *Director of Customer and Communities.*

27. **Equalities and Human Rights**,

The Council recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority's functions).

At the time of writing there are no equalities implications identified in respect of the matters discussed in this report. However, an Equalities Impact Assessment will be carried out in due course and the process of consulting on the recommendations in this report will identify any equalities implications on a case-by-case basis, and these will be addressed in future reports.

28. **Data Protection and Privacy**, contact: *Information Governance and Feedback Team Manager – every report must consider whether to have a Data Protection Impact Assessment (DPIA) and this section will include the compliance requirements from the DPIA or explain why no DPIA is required.*

29. **Communications**, contact: *Head of Communications.*

30. **Economy**, contact: *Head of Economy.*

Risks and Mitigations

31. Creating community provision for people with more serious levels of mental illness is a risk that needs to be mitigated through ensuring the specialist networks can wrap around and offer support to the pilot. These services include Drug and Alcohol services as mentioned above. A key partner is TEWV who has been involved with this pilot from conception.
32. TEWV fully supports the development of the specialist mental health supported accommodation in acknowledgement of the significant deficit in provision for the citizens of York. The development will be supported by the Specialist Community Mental Health Teams, this will include the Crisis and Home Treatment Team, the Assertive Outreach and Recovery Team as well as the Community Mental Health Teams. When required each resident will have an identified Key worker who will support and coordinate care. The resident will have access to psychiatry, psychology, occupational therapy, and nursing.
33. The provider of the service, as well as the services who provide input to the residents, will have access to Trauma informed training from TEWV specialist Psychological Therapists. This is part of a Trauma Informed North Yorkshire and York, a community approach to build good practise in the community, share resources, and strengthen relationships. The hostel provider will have access to Specialist Clinical Supervision. There is ongoing engagement with the specialist services to support the launch of the mental Health housing.
34. The financial risk of this approach is the depletion of project monies within the 12-month period. This leaves no scope for timescale slippage when transitioning to the Year 2 business-as-usual funding model. The majority of ongoing funding for the expanded specialist model will be provided through the decommissioning of 22 The Avenues (see attached previous papers in appendix 3). The 12-month project enables us to maintain 22 The Avenues, test the model and begin wider system transition. However, to mitigate the financial risk, we must ensure that all processes are in place to enable budgets to transfer at the end of the 12-month period. The previous project commenced the TUPE process with staff at 22 The Avenues. HR will be immediately engaged with around the plan to

ensure clear process and staff communication should the recommendations be approved. No steps have been taken in advance of approval.

35. The recommendations above enable us to better manage the risks that were highlighted by the previous project. For example, adopting a phased approach with a pilot allows us to ensure we have the most efficient and effective model of delivery for this cohort before commissioning on a wider scale. This change also enables us to respond in a timelier manner to the risks to the community of not having appropriate community services.
36. The recommendation to allow us to explore alternatives to the previous delivery mechanisms will enable us to be responsive to realities of the market. Permission to explore beyond the previous plan will enable us to gather information in order to make an informed value for money recommendation as to how we source appropriate accommodation for this much needed Service.

Wards Impacted

37. All wards will be impacted.

Contact details

For further information please contact the authors of this Decision Report.

Author

Name:	Caroline Billington
Job Title:	Commissioning Manager
Service Area:	All Age Commissioning
Telephone:	07539326148
Report approved:	Yes
Date:	01/08/2023

Co-author

Name:	Abid Mumtaz
Job Title:	Head of Commissioning
Service Area:	All Age Commissioning
Telephone:	01904554099

Report approved:	Yes
Date:	01/08/2023

Background papers

Annexes

Annex 1: York Homelessness Pathways 2022

Annex 2: Mental Health and Homelessness

Annex 3: Executive Paper 27th August 2020