Mental Health and Housing Working Group Report & Recommendations

May 2019

Formed at Bristol's first Mental Health Conversations event organised by Bristol Independent Mental Health Network and the Bristol Mental Health's Community Access Support Service, the Mental Health and Housing Group is a short term working group which works collaboratively with Thrive Bristol. Its report was made public in May 2019.

Contents

Appendices:

1 – Report from Mental Health Conversations event held in November 2017

2 - Summary of national research and evidence

3 – Members of the Working Group

4 – Main groups and forums from the Working Group mapping exercise

1. Introduction from Tom Renhard, Chair of the Working Group

Four in five people with mental health problems say their housing has made their mental health worse. (Mind, May 2018)

There is an urgent need to do more to address the connected issues of mental health and housing in Bristol.

We know from our work in the City, and the extensive national research and evidence, that the numbers experiencing a combination of poor mental health, poor housing, and homelessness, are significant and growing. The resultant costs to individuals, families, communities, and the public purse, are huge.

We have put this Report together to be a catalyst for action now and change for the long term. We have the opportunity to do things differently and act together to address these connected problems.

To make this successful, we all have a role to play in being change-makers and doing our little bit to make our society a fairer and more pleasant place for all.

On behalf of the Mental Health and Housing Working Group, I call on all agencies who have a role to play, and those accountable for leading, commissioning, investing in, planning and running housing, mental health, and related services, to embrace this Report and its recommendations.

Tom Renhard

Chair, Mental Health and Housing Working Group

2.   What the Report is about and who it's for

This Report and set of recommendations have been produced by the Mental Heath and Housing short-life working group, which was formed at Bristol's first Mental Health Conversations event, held on 30 November 2017.

The Report sets out how to address identified gaps in the way services work in Bristol for people experiencing the connected issues of mental ill-health and housing/homelessness. The work of the Group focused on adults, but we know that homelessness also has a huge impact on the lives of children and young people.

The Report looks at on what can be done differently in our City to achieve change, and reflects a shared commitment by all those involved, to be part of the change.

It has been circulated to Working Group members and those who participated in the Conversations event.

Several the recommendations are being fed into existing strategic or operational working groups.

It is being reported for consideration and action by the following strategic bodies and individuals, who have key roles to lead City-wide change on the issues:

- Councillors Asher Craig, Paul Smith, Helen Holland and Celia Phipps
- Healthier Together (BNSSG STP)
- The Homes Board
- The Health and Wellbeing Board
- BNSSG CCG
- BCC Housing and Social Care
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Thanks are due to all those who participated in the Working Group sessions and contributed to the Report.

3.   Executive Summary - the Working Group recommendations in a nutshell

There are significant links between poor housing and poor mental health and in Bristol the issues are growing, due to housing pressures and the rise in poor mental health.

We congratulate the City in launching it's Thrive Bristol programme and for this work to inform the mental health and housing work stream, which will be supported by the One City approach. We value the STP commitment to increased investment in mental health.

We've made a start and want to see momentum, change and improved outcomes. All agencies and organisations have a role to play, and this requires commitment, joined up leadership and action at strategic levels. Together, there are huge gains to be had.

However, while there are significant opportunities to make real headway, there are big challenges too: one of these is a risk that the issues get placed into silos due to the current structures and funding mechanisms. An integrated multi-agency approach is essential.

We also recognise the vital importance of a diversity of perspectives, experiences and voices continuing to be at the heart of the change process. Good quality housing and mental health services, and an inclusive, integrated approach, can play a significant role in helping to reduce inequalities in our City.

Building on the issues discussed at the Conversations event, the Working Group identified a number of over-arching themes, including:

- Levels of poverty, challenges with Universal Credit, and rising debt are significant factors;
- The need for more integrated services into the homelessness sector to reach people who don't access services;
- The importance of skilling up the mental health and housing sectors to intervene early and not to fall back on punitive actions;
- A lack of understanding of the connections between domestic violence, mental health and housing;
- A lack of understanding of cultural factors, how people with diverse backgrounds may present differently, and how this contributes to increasing stigma and widening inequalities.

We know that homelessness has a huge impact on the health and life chances of children and young people. With 50% of mental health problems established by the time young people are aged 14, and 75% by age 24, an early intervention and prevention approach with children and young people forms a vital part of our response.

Key recommendations are:

- Leadership by the City, to ensure a coordinated, joined up, city-wide approach, and action, with the involvement of people with lived experience;
- More dedicated provision for people with significant mental health needs in self-contained and supported housing projects, including provision for young people;
- Expand Housing First, with a mental health specific element, as part of the housing solution;
- Protect Mental Health floating support services to reduce risk of homelessness;
- More sustainable, integrated social care provision;
- Address long standing failure of services to deal with dual diagnosis (mental health, drug and/or alcohol problems);
- Strengthen early intervention work with children and young people, identifying risk factors, and taking an integrated approach to preventing homelessness and mental health problems;
- Strengthen information/support to landlords and tenants for where to go when a tenant is in mental health crisis;
- Expand housing options when mental health is at risk and offer earlier preventative support, to avoid mental health deterioration;
- Make design features which create a healthy, wellbeing environment a standard requirement within all housing developments.

The full recommendations are set out in section 8 below.

4.   Background – how the report was put together

4.1.   Bristol's first Mental Health Conversation event

On 30 November 2017, 63 people from a wide spectrum of voluntary and community organisations, Community Access Support Service (CASS), Bristol Independent Mental Health Network (BIMHN), IF Group and other user-led networks, Bristol City Council, the NHS, Housing Associations, and Golden Key, attended Bristol's first Mental Health Conversation.

This was themed on the subject of Mental Health, Housing and Homelessness.

The event was co-organised by BIMHN and CASS, with additional support and resources from Bristol Clinical Commissioning Group.

Councillor Paul Smith spoke about the challenges for Bristol and the impact of poor mental health on people's lives. Victoria Bleazard outlined the ambition of Thrive Bristol and its commitment to this subject.

The aim was to share knowledge and understanding of the relationships between mental health, housing and homelessness, make connections, identify cross-cutting issues and work together to identify solutions.

The starting point was the recognition that due to the structure of service provision, resources and funding streams, the intersection of mental ill-health and precarious or substandard housing conditions is often addressed separately, with the resulting negative impacts on individuals' lives. Poor mental health is prevalent across society.

There was a buzz in the room, energy and commitment to making change happen.

See Appendix 1 for the Report from this event.

4.2.   The role of the short-life working group

The group was set up with a mandate to do a piece of focused follow-on work and produce recommendations on the themes, issues and ideas generated from the Conversation event.

As part of the Thrive Bristol programme, this was seen as a great opportunity to look at what can be done better/differently to address gaps in the City, and to generate the necessary buy-in from stakeholder organisations and funding bodies to influence real change.

The Group was open to those expressing interest who attended the event, and others suggested subsequently, with the aim of being inclusive and bringing together a diversity of experience and perspectives on the issues. Acorn agreed to Chair, and Second Step offered to assist with admin and coordination.

The Group held two workshop sessions – see Appendix 3 for the list of contributors. To help the Group structure its thinking, these sessions looked at the issues and barriers faced by people in 4 main situations:

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.	B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.
C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.	D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

The Group then generated ideas and solutions to address the identified issues. These range from short term pieces of work and practical ideas, to areas which require more long-term strategic development, and investment.

What they have in common is the need for integrated approaches.

As part of its work, the Group undertook a mapping exercise to identify existing work-streams and forums in the City, with the aim of making the best use of these to influence and achieve change across the system, and to avoid duplication of effort.

The results of this mapping exercise are shown at Appendix 4.

We recognise that this is a changing picture, and as the Report is presented to the various Groups and individuals, decisions can be made on who is best placed to take the recommendations forward.

5. National research and evidence on the connections between mental health and housing

There is a significant body of research and data on the connections, and Appendix 2 provides a quick overview of some of the most recent reports from leading mental health and housing organisations, for reference.

6. The local context: headlines on need in Bristol

Bristol, like other cities across the UK, has seen a significant rise in homelessness and rough sleeping over the last 10 years. The number found sleeping rough on the last Rough Sleeper Count - just one measure of the most visible form of homelessness – was 86. Bristol has the fourth highest rate of homelessness in the country, and second highest rough sleeper count outside London, with a significant rise in the numbers of women sleeping rough.

Bristol City Council's data highlights mental health as the highest need amongst those using homelessness services.

A recent multi-agency round table event on Health and Housing highlighted mental health and underlined the importance of an integrated joined-up approach.

There is recognition of the huge pressures on resources and the system, across Housing, Health and Social Care, and the challenges this presents.

Within this context, the Mental Health and Housing Group saw both a pressing need, and the opportunity to work together to contribute new thinking, as well as building on existing good practice, and learning from elsewhere.

7. Opportunities to do things differently in Bristol

7.1. The One City Approach

Bristol's emerging One City approach and commitment to be a more fair, sustainable and healthy City, provide the conditions and opportunity to make real headway on the connected issues of mental health and housing.

Sue Milner, Interim Director of Public Health at Bristol City Council, set out the key elements of this approach at the City Gathering event on 8 June, which include:

- Alignment of focus, effort and resources on intractable problems
- Removal of barriers to progress and perverse incentives
- Shared aspirations / obligations / interdependencies.

7.2. Thrive Bristol

A new 10-year programme, launched in early 2018, Thrive Bristol aims to improve the mental health of everyone in Bristol, with a focus on those in the greatest need.

The goal is to reduce stigma, build awareness and resilience, and promote wellbeing, by mobilising wider resources – joining together statutory, voluntary, private and philanthropic.

Thrive Bristol focuses on how a city can keep us all well, in a way that is 'owned' by the city, and considers mental health in its broadest sense, from initiatives to improve the whole population's wellbeing to interventions for people experiencing mental illness.

Safe and secure housing is seen as integral to this and Thrive Bristol has recently initiated a mental health and housing workstream.

7.3. The Bristol North Somerset and South Gloucestershire Sustainability Partnership (BNSSG STP – Healthier Together)

There is a 5-year Forward View for Mental Health plan agreed with NHS, and the STP is in the early stages of developing a Mental Health Strategy. One of the themes is complex needs and homelessness, recognising that this is a key component of the Strategy.

7.4. Homelessness, Housing and Rough Sleeping

New funding to reduce rough sleeping: In July, Bristol was successful in its bid to MHCLG for rough sleeper monies, with £583,202 awarded for a range of services and provision in 2018/9.

Homelessness and Rough Sleeping Strategy: The government is expected to launch its national Homelessness/Rough Sleeping Strategy soon, and Bristol's own Homelessness and Rough Sleeping Strategy is to be produced by December 2018, led by the Homelessness Early Intervention, Prevention and Challenge Group, signed off by the Homes Board.

This is a critical opportunity to put mental health at the top of the agenda, to build on the long-term work and partnerships in the City, and ensure an integrated, multi-agency long-term approach to addressing the connected issues of mental health, housing and homelessness.

The Homelessness Reduction Act (from April 2018) includes a new Prevention duty owed to all eligible applicants threatened with homelessness in the next 56 days; a Relief duty owed to people who are actually homeless; an expanded advice and information duty to all residents designed with vulnerable groups in mind including people leaving hospital and people with mental health issues, and new data collection and reporting requirements. From October 2018 certain public bodies, including statutory Health agencies, will have a new 'Duty to Refer' with consent, their service users who are homeless, or threatened with homelessness, to a local authority of their choice. This is an opportunity for more proactive multi-agency involvement.

Bristol's Housing Strategy 2016 - 2020, 'More Than a Roof', sets out the vision and commitment to build more new housing, including affordable housing. Since the new administration came into post in 2016, this commitment has become 2000 new homes a year by the year 2020, of which 800 will be affordable homes, and recognises the importance of connecting with the Health and Well Being Strategy.

West of England Authority (WECA) is progressing its bid to government for a housing deal, bringing new investment into the region for new homes. This is an opportunity to include affordable housing and environments which promote mental health and wellbeing, and to include provision for vulnerable groups.

The affordable housing should meet the needs of vulnerable people (including young people affected by the Single Room Accommodation rate) through general needs, Housing First, and specific supported housing projects.

The Joint Spatial Plan (which covers all four West of England authorities, unlike the Combined Authority which does not include North Somerset) submitted to government, sets a target of 103,000 new homes, of which 24,500 should be affordable, to be built by 2036.

Overall, Bristol as a City is in a strong position to achieve new ways of working and make more headway on the connected issues of mental health and housing, which will help reduce inequalities, bring better outcomes for the whole City, and change for the long term.

8. Themes and recommendations from the Working Group

8.1. Over-arching themes

From its detailed work, the Group identified a number of important over-arching themes:

- Leadership and influencing are vital to ensure a City-wide approach, cultural change and action;
- People with lived experience and co-production should be at the heart of service delivery and service commissioning, so service design is client-centred;
- There is a lack of range and type of housing for people with mental health needs, including specific issues for young people;
- Housing affordability is critical;
- Prevention - intervening early to avoid mental health and housing problems escalating and becoming crises;
- The need for integrated, joined-up approaches;
- Inequalities and stigma are major factors - equalities approach needs to embed into the commissioning/procurement and design process for housing for people with mental health needs, to help reduce inequalities and promote social inclusion;
- Serious levels of social isolation – One City Plan;
- Protect essential mental health services - CCG to spend more on Mental Health;
- Universal credit presents a major risk to people's housing and mental health– how can that be mitigated?
- Embed financial support services and debt advice in NHS;
- Opportunities through online Wellbeing Hub – one stop shop (BCC leading);
- Need for psychological support embedded in services;
- PIE across the board – PIE principles to inform the design of housing schemes and the physical environment, the way we engage and work with people, and the creation of safe spaces city-wide;
- Protocols and systems within housing sectors need to change to stop punitive actions when people find themselves in mental health crisis.

Recommendation: these themes should be taken forward by the leads of the relevant strategic working groups as part of an integrated approach

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8.2 Recommendations

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

Recommendations	Rationale	Group(s) with responsibility
A1. Expand Housing First - include mental health (MH) specific element. Learn from Thrive West Midlands.	Offers long term sustainable housing solution with intensive support for people with rough sleeping/ homelessness histories with specific MH needs, for whom existing accommodation pathways aren't suitable. Also, for Out of Area Placements. Meets a distinct gap in long term provision for these groups.	Thrive Bristol BCC commissioners for Homelessness and Social Care CCG –Transformation Team (Mental Health)
A2. More dedicated housing provision for people with significant mental health needs, offering a wider range in self-contained and supported housing projects, and with flexible support which is responsive to clients' changing mental health needs.

A particular issue is affordable provision for young people. | Inclusive approach is fundamental to wellbeing of individuals and communities – keeping us safe and well. Reflects One City and Thrive Bristol principles. Helps meet well documented shortfall in truly affordable, good quality, permanent housing.

Support that is personalised and offered flexibly, can prevent individuals having to move when their mental health fluctuates. | CCG – Transformation Team (Mental Health) BCC - Homes Board and Social Care, including reviewing how revenue and capital funds are being invested

WECA Deal for affordable housing |
| A3. Replicate Homeless Discharge Service operating at BRI, at Southmead Hospital. Link to learning from Winter Pressures pilots (St Mungo's and Second Step). | Integrating housing advice and non-medical link services into discharge planning helps prevent homelessness and promotes better health outcomes. | CCG Mental Health Strategy – Link to Enabling Discharge Group, High Impact Users Group |

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

Recommendations	Rationale	Group(s) with responsibility
A4. Create multi-disciplinary teams (MDTs) i.e. introduce CPNs and other professional roles into Golden Key Service Coordinator Team, Homeless Outreach & Homeless Health services	Integrated working brings joined up support and more effective outcomes, promotes skill-sharing and collective solutions. Builds on STP vision for MDTs.	STP integrated care work-stream Golden Key to explore MDTs in next phase
A5. Improve access to service information and signposting skills for frontline staff in knowing where to refer for people in MH crisis (links to B2 below) e.g. through access to a database of services, information on service criteria.	Builds capacity at front line contact points, including generic customer service points, to enable earlier intervention.	BCC BHP Housing Management Group
A6. Address long standing failure of services to deal with dual diagnosis (mental health, drug and alcohol problems) – requires senior leadership	Prevents people 'bouncing round system'. Well documented long standing gap in provision.	CCG Mental Health Strategy BCC Drug and Alcohol Service commissioners AWP review of dual diagnosis strategy.
A7i). Increase support and interventions in homelessness services for high numbers of young people and adults who have experienced ACEs	This supports services to work in a more psychologically informed, effective way with what is becoming an increasingly prevalent problem amongst those entering homelessness services.	BCC Children and Adult Services CCG Mental Health Strategy

Recommendations	Rationale	Group(s) with responsibility

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

Recommendations	Rationale	Group(s) with responsibility
and trauma and have emerging mental health needs. A7ii) The right support is available to vulnerable young people, at an early stage	The right support now will prevent young people coming into adult services with complex trauma that we see amongst a high number of clients in the adult homelessness pathways – most of whom had difficulties at this younger age.	
A8. Improved transitions between CAMHS and Adult services A7 and A8 connect with unmet housing needs for young people, including in the pathways, and in relation to affordable move on (see D3 below).	Improved transitions and coordinated work with housing support agencies ensures there is not a drop off in support at a critical time in young people's lives, thereby helping to prevent homelessness, and promoting mental health and wellbeing.	BCC Children and Adult Services CCG Mental Health Strategy

B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

Recommendations	Rationale	Who has responsibility/who can influence
B1. Protect Mental Health floating support services to reduce risk of homelessness (also covered in A2 above and connects with D6 below).	Specialist mental health tenancy support is proven essential support for preventing homelessness - early intervention prevents tenancy breakdown/loss of home/homelessness/mental health crisis, and costly interventions across the system. Saves public money. Helps prevent isolation and stigma, including for minority groups.	CCG and BCC Social Care
B2. Develop vulnerable tenants' resilience.	Tenants with serious mental health problems are vulnerable to having their homes taken over by drug dealers (referred to as 'cuckooing').	BCC Social Care to look at how this could be supported across the system.
B2. More sustainable, integrated social care provision (see also D7 below).	Current commissioning approach is fragmented and doesn't address complex mental health needs, where there is a social care need. Joined up approach with interventions at the right level and stage can achieve more sustainable, cost-effective solution.	BCC Social Care Market Development review work, and CCG
B3. Upskill staff in Mental Health Crisis Service to be able to respond effectively to housing crisis and risk of homelessness. This could include training delivered by voluntary sector agencies with the	Builds capacity in frontline mental health services, to pick up housing problems and crisis issues early, and help prevent homelessness and further MH deterioration. This could make good use of expertise in voluntary sector agencies and help promote 2-way learning.	AWP Operational Management Team.

B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

Recommendations	Rationale	Who has responsibility/who can influence
expertise in this area.		
B4. Improve planning and handover when people are discharged from hospital, including involvement of social workers (see also A4 and B2 above)	Multi-agency integrated whole person approach helps prevent homelessness.	AWP & BCC Social Care
B5. General needs housing providers strengthen their role in resettlement and tenancy sustainment work and have access to specialist mental heath staff e.g. learn from LiveWest model.	Builds capacity in frontline general needs housing staff, provides better tenancy support, connecting people into their communities and reducing evictions.	BHP Management Group
B6. Strengthen info/support to landlords and tenants for where to go when a tenant is in mental health crisis, for example this could include training workshops tailored for landlords.	People with severe mental health issues may not be in touch with services and are very vulnerable to MH crisis when their MH fluctuates. Landlords are in a good position to pick up signs, but generally feel ill-equipped and lack info on what to do.	BCC Homelessness Early Intervention, Prevention and Challenge Group.
B7. Based on Making Every Contact Count, train staff across all frontline teams to pick up issues early and make the right interventions/referrals.	Builds capacity and effectiveness across the system, with opportunity to prevent problems escalating and thereby make savings.	BCC Social Care and CCG

C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.

Recommendations	Rationale	Who has responsibility/who can influence
C1. Inform spec for new IAPT so inclusive for people in housing crisis or in homelessness services.	Current IAPT model not accessible for people who are homeless including those sleeping rough – need for more flexible, inclusive psychological/therapeutic support available to people in homelessness settings.	CCG Transformation Team (Mental Health)
C2. Increase knowledge of MH & Housing staff to navigate system. Promote better information-sharing, including through use of IT, and trust between agencies. Link to Homelessness Reduction Act. Also, amongst employers, GPs, schools, welfare providers. This links with A5 and new Homelessness website.	System is difficult to navigate. Lack of knowledge and confidence at frontline and lack of info-sharing between agencies means there are missed opportunities across the system to intervene early and help prevent mental health deterioration and crisis. Intervening upstream helps prevent costly interventions later – saving public money.	BCC
C3. MH 1st aid training roll out	Builds capacity and awareness within mainstream services and across the system. Part of whole city/whole system approach under Thrive Bristol.	Thrive Bristol - Mental Health Literacy work-stream
C4. Embed debt advice into MH services, including information and training in knowing who to refer to, when.	Helps to prevent rent arrears and eviction, leading to homelessness.	Thrive Bristol - debt work-stream. Also See CASS & BIMHN report from the second Mental Health Conversations event, on welfare/debt and mental health

C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.

Recommendations	Rationale	Who has responsibility/who can influence
C5. Increase psychological support tailored for homeless people	Integration within homelessness services helps prevent deterioration in mental health and supports frontline staff in client engagement and achieving positive outcomes. Part of PIE approach.	BCC Homelessness Commissioners CCG Transformation Team (Mental Health)

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

D1. Reduce social isolation	Major cause of mental ill-health and risk of housing and mental health problems become housing and MH crisis, across communities.	Thrive Bristol
D2. Improve standards and practice amongst private landlords.	Significant opportunities to improve poor practice through local levers e.g. train landlords in mental health awareness and how to access help, promotion and adoption of mental health charter.	BCC Acorn to work with BCC to consider how mental health can be incorporated into existing standards/charter.
D3. Address limited access to private rented sector (PRS) accommodation for young people	There is no PRS move on accommodation for young people at LHA rate – a serious block in the system which holds back their recovery.	BCC Homes Board
D4. Social landlords to promote wellbeing as part of their Registered Provider role e.g. United Communities model in North Bristol providing wellbeing activities for tenants as part of their wellbeing strategy; also, frontline staff training in Make Every Contact Count.	Part of preventative approach, and integration into mainstream housing - becomes 'business as usual'.	BCC THRIVE Health & Housing Group (part of forthcoming Report). NHF
D5. Expand housing options when MH is at risk	Lack of options and pathways result in costlier interventions later – costlier to individuals and the	BCC Social Care Market Development, and Homelessness

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

and offer earlier, integrated preventative advice and support, to avoid MH deterioration.	system. Evidence of increasing numbers of callers at CHAS advice service whose mental health is being adversely affected by their housing.	Reduction Act work. Also, opportunity under BCC's review of HomeChoice and housing allocations. Includes opportunity in next round of advice service commissioning
D6. Reduce waiting lists in Mental Health floating support services to prevent homelessness and more complex mental health problems	Proven essential support for preventing homelessness. There are increasing numbers on the waiting list with lower support needs. Early intervention will prevent tenancy breakdown/loss of home/homelessness/mental health crisis, and costly interventions across the system. Saves public money. Helps prevent isolation and stigma, including for minority groups.	CCG Transformation Team (Mental Health) BCC Social Care Market Development work
D7. More sustainable integrated social care provision, available to people with lower support needs	Joined up approach with interventions at the right level and stage for people lower with support needs will help achieve more sustainable, cost-effective solution, as part of a more preventative approach.	BCC Social Care review (Better Lives at Home) and CCG Housing Review
D8. Provide access to housing support in primary care settings as part of integrated approach e.g. Recovery Navigator role to access relevant housing advice services.	Where people present at their GP with a mental health problem linked to problems with housing, GPs do not know where to refer for advice and support for the housing issue. Early intervention can prevent homelessness and escalation in mental health problems. Links to Homelessness Reduction Act.	CCG Transformation Team (Mental Health)

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.		
D9. Strengthen early intervention work with children and young people, taking a joined-up approach to mental health and housing issues.	Risk factors for homelessness and mental health problems amongst children and young people are well-established. Early intervention can help prevent problems and make savings.	BCC CAMHS and CCG

9.   What happens next

We recognise the importance of holding each other to account and keeping the momentum.

The short life Working Group will reconvene in 3 months' time to check in on progress and review the feedback from the Strategic Groups and individuals who have a responsibility to address the issues and recommendations. It is proposed that the Group contributes to Thrive Bristol to help with connections and embedding.

We also propose a follow up event is held in 2019, as part of the Thrive Bristol programme.

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Glossary of terms

AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BCC	Bristol City Council
BHP	Bristol Housing Partnership
BIMHN	Bristol Independent Mental Health Network
BNSSG CCG	Bristol North Somerset and South Gloucestershire Clinical Commissioning Group
BNSSG STP	Bristol North Somerset and South Gloucestershire Sustainability and Transformation Partnership
CAMHS	Child and Adolescent Mental Health Services
CASS	Community Access Support Service
IF Group	Independent Futures – a group of people with lived experience of homelessness, mental health, drug and alcohol problems, and offending histories, who are at the heart of Bristol's Golden Key programme and service transformation.
MDT	Multi-Disciplinary Team
NHF	National Housing Federation
MHCLG	Ministry of Housing, Communities and Local Government
PIE	Psychologically Informed Environments
WECA	West of England Combined Authority