

Over A Brew Session

24 November 2023

Housing and the NHS



**CURATORS
OF CHANGE**

directors of
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adult social services
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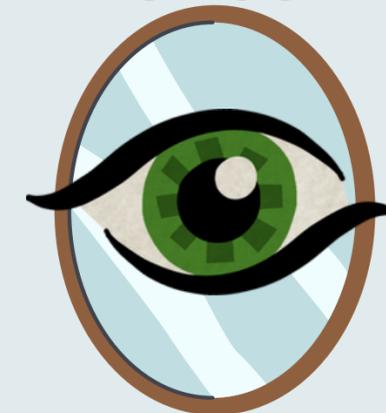
Guide

Grab a brew



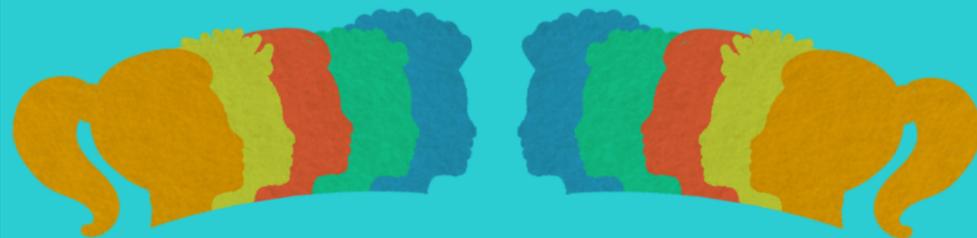
Once you have your brew,
ask someone to be the timer

Reflect



Each person has time to think
about the questions for ONE
minute

Have your say



Each take it in turns to say
your response
(TWO mins each)



Use the rest of the time to
reflect on what's been said
(no fixing)

Still got some time?



Talk about:
What's not been said?
What are your lasting thoughts?

INFUSED WITH THE CAMERADOS PRINCIPLES

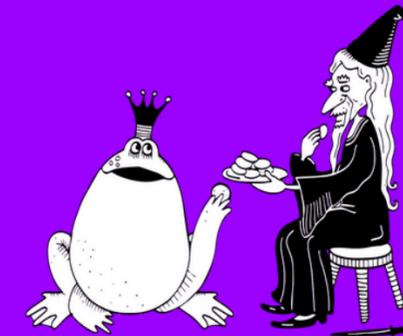
MIX WITH PEOPLE WHO
ARE NOT LIKE YOU



ASK SOMEONE WHO IS
STRUGGLING TO HELP YOU



NO FIXING - JUST BE
ALONGSIDE ONE ANOTHER



IT'S OK TO DISAGREE
RESPECTFULLY



IT'S OKAY TO BE A BIT
RUBBISH SOMETIMES



TO BE SILLY IS TO
BE HUMAN



THE EXPERIENCES SHARED IN THE DISCUSSION FOCUSED ON:

29 people attended the session to share ideas, insights and views... Over a Brew



1

Who we speak to in the NHS and in what circumstances

2

Empathy and care can be underestimated

3

The need for advocacy, knowledge and information

4

Relationships and networks are crucial

5

Staff training can make all the difference

6

Staff and people can face a sense of overwhelm

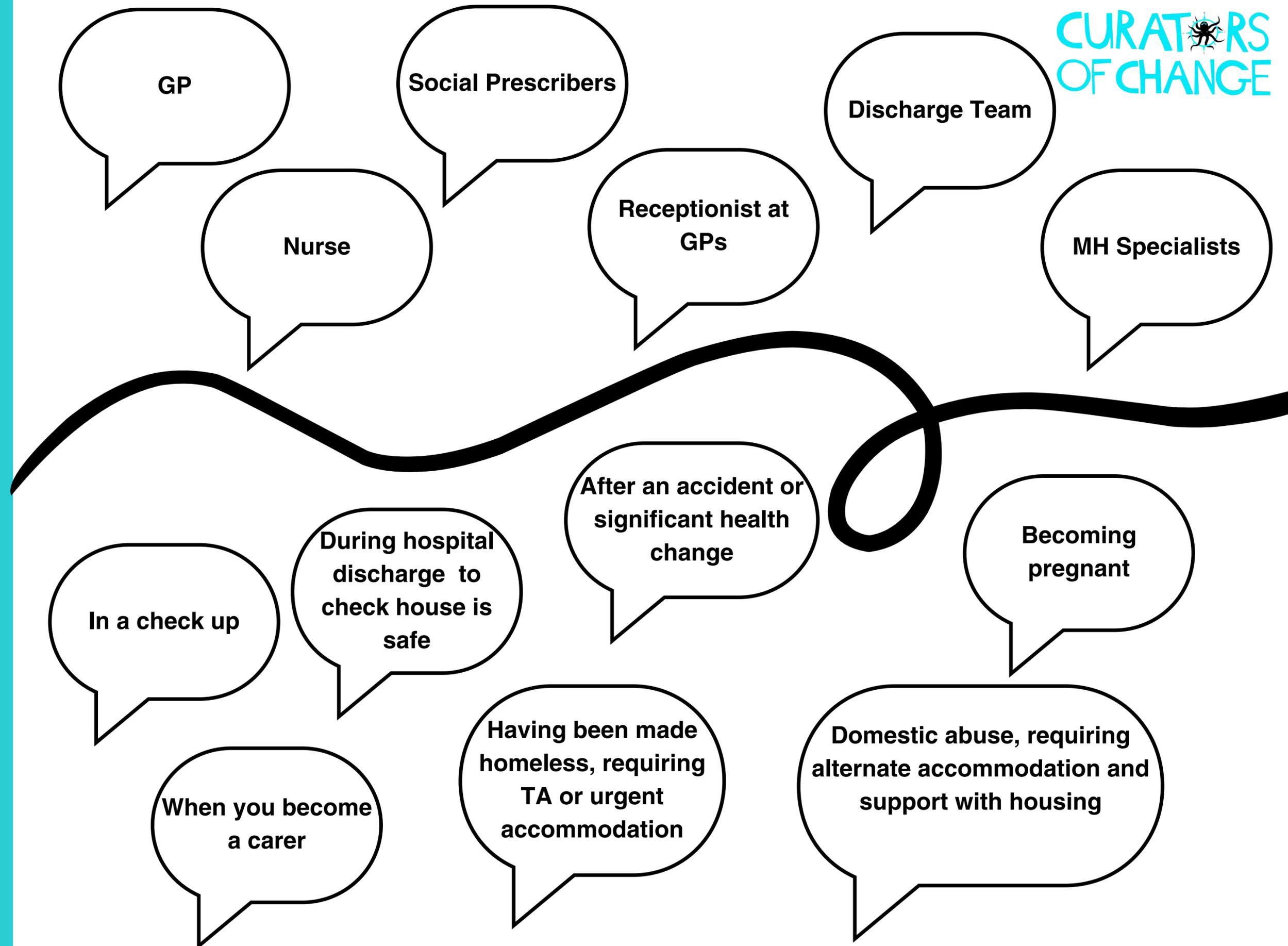


Who we speak to...

- Appears to be a vastly diverse group & it might not be so obvious who is working for 'NHS'

And why...

- There are very different scenarios, but are usually opportunistic (during an appointment for something else) and connected to a significant life change or arrival at a crossroads.



2

Empathy and care can be underestimated

- Sometimes people received an empathic response from 'health' and felt understood.
- Sometimes people felt staff had no interest, time or skills to listen.

People in the NHS (and even in Housing and Social Care) don't always know what accommodation is available (especially specialists.)

Generally good - the situation was very difficult and I felt understood

GP sympathetic but felt at a loss, was not their priority

We have a specific Social Worker/AMHP who has excellent relationships with local MH Services to support local residents with housing

I have spoken to my GP and they have not been able to support me to move house or improve my situation

People were generally helpful but the system was problematic



3

Advocacy, knowledge and information

- People suggested dedicated, consistent advocacy inside health (around housing needs) would be helpful.
- Suggestion that the discharge teams and Occupational Therapists are often best placed to be in a housing connector role. There seems to be a lack of information or knowledge about how to help & where to go next by health staff.
- It is crucial to have more multi-disciplinary teams working (with person involved) to share information and explore options.

Reablement officers do a lot but you can't accept the ward staff to carry all the info

Discharge team should have the best info on housing options - esp OT good link

People who can advocate and link are so useful but can be patchy and exist through luck not design

Specific staff/advocacy seems to be a theme...

If there are specific staff with helpful and enough information in teams such as OTs or discharge that would be a good step.

There isn't much in terms of housing advocacy in the NHS - that would be something that was really helpful!

Imagine if this was someone who was homeless or dealing with complex disabilities etc that would have an impact on their physical or mental health... Housing advocacy would help.

Not sure we're asking health staff to give advice, just to know the right housing specialist to approach to give the right advice.

When I was looking for housing for my son, the Community Team were happy for their OT to look at the suitability of properties for my son's needs

Multi-Disciplinary approach would help



4

Relationships and Networks

- Specific roles work well when there are established positive relationships between health & housing (eg., in a mental health setting)
- Networks of support are varied but helping people find routes through is useful (more than signposting).
- Peer support from people who have already been through the obstacle course can provide much needed support and advice.

I got lots of valuable advice from other families who had been through similar experiences, otherwise I wouldn't have known about who to ask for what!

Talked about getting on the priority list for housing - and having to talk to GPs - it's the personal relationships and advocacy that makes the difference - it takes time

Knowing the right people to ask/talk to is helpful!

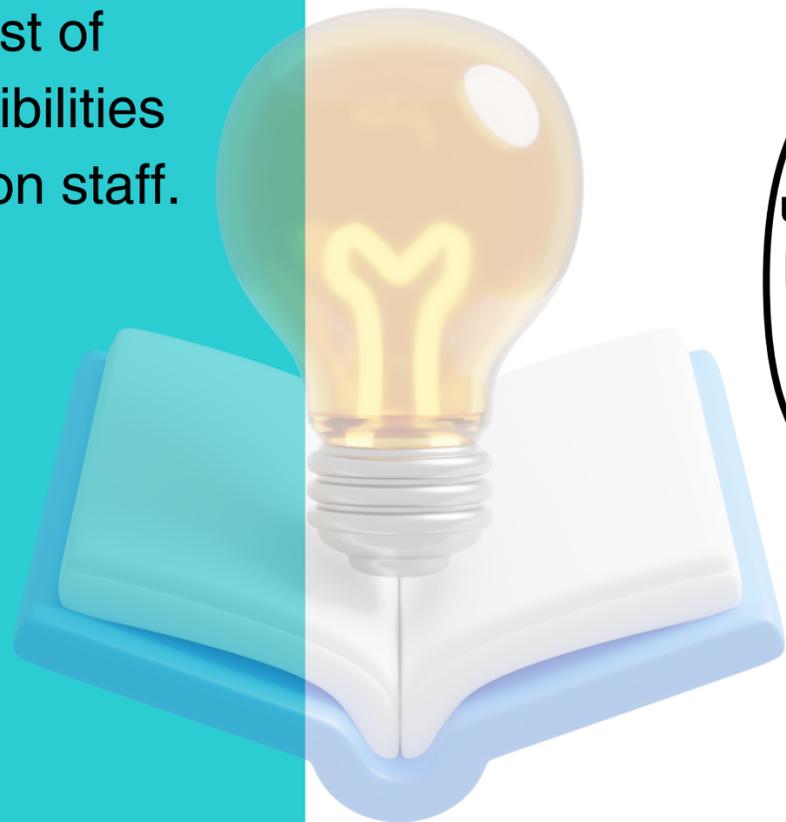
Hand holding - someone alongside is what is needed by many people... Holding hand is helpful - as it is guiding people through!

Listening to lived experience was interesting - and lots of learning from people's poorer experiences. Issues around moving from one to another - when I relocated the original local authority stopped payments - which they shouldn't have done! Made moving home stressful.

5

Staff Training

- Staff need to have balanced training, resources and relationships that enable them to support people around housing needs.
- Training and resources should avoid creating more complexity or a host of additional responsibilities and expectations on staff.



Would we expect housing staff to know all about health ?

We need to think about the ask on staff especially as this is changing all the time

Training of staff is becoming so complex - but should have NHS staff to have specialist housing officers attached?

How to unpick how practical this idea is in relation to the NHS - how it relates to property waiting lists and training of staff and the fear of circular signposting that can happen.

Having a designated person(s) in a hospital who understands all the local authorities' differences is likely to be more helpful. Having a housing professional(s) attend a hospital to provide an advice workshop say once or twice a week could be beneficial...

Could NHS staff have a single point of contact for housing?

6



A Sense of Overwhelm

- Information sharing, GP registration, different rules in different areas and demand versus supply are examples of system-level issues that can lead to a sense of helplessness and/or hopelessness.

Lots of touch points for people dealing with staff in the NHS - individuals often helpful but the system gets in the way! Specific shared posts - ie social worker to work with landlords.

Often signposting is just a circular corridor of despair

Hospitals serve multiple districts with so many different rules that makes this feel like a completely impossible task

NHS staff will write letters of support but system issue as nothing changes (feedback loop isn't there)

In ASC when working alongside Housing Related Support services - people find it difficult when they have to have the conversations more than once about their housing. The systems are not joined up - we need to come out of our silos!

If the problem is lack of accommodation - what is the point of getting the NHS to understand the housing issues better?

There is the barrier of cost through GP having to pay for letters etc.

The feelings and panic that people have when things are uncertain - around things like housing etc... Some basic stuff we can go to that is our foundation is so helpful!

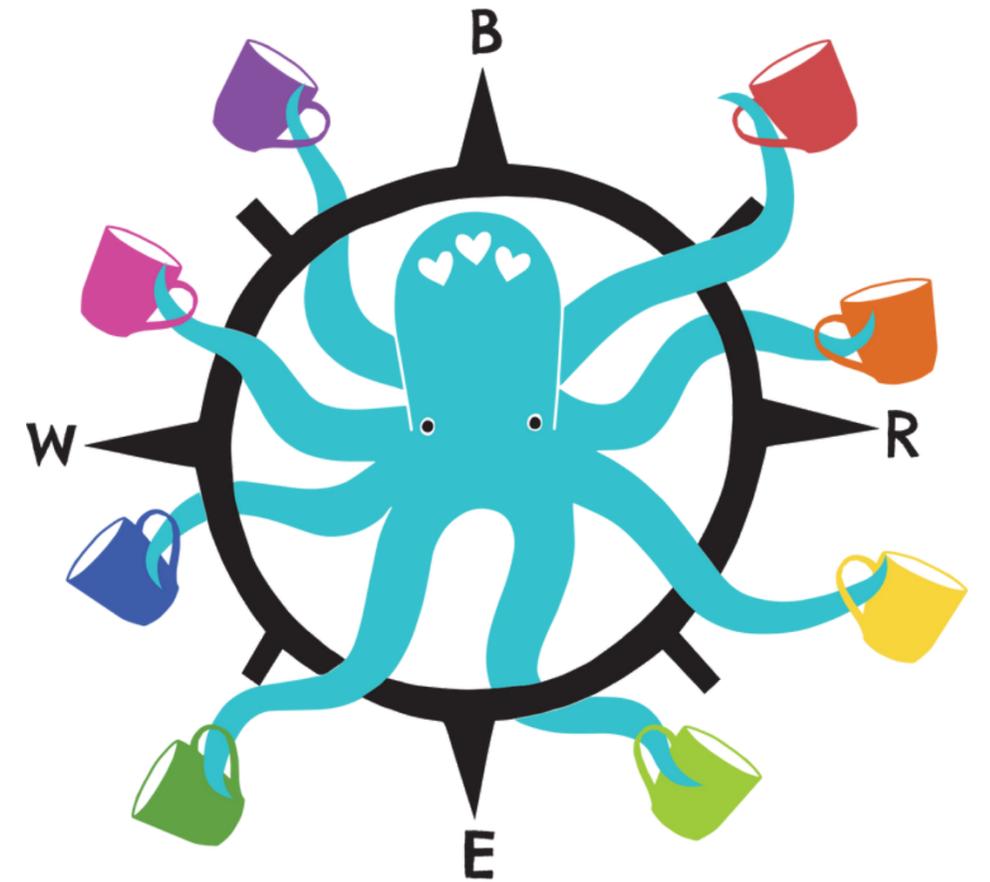
FINAL REFLECTIONS

Zero ground breaking new truths discovered !

This session revealed a sense of pragmatism; people are realistic about the current situation for staff and housing supply.

Positively, people could still describe things that will help, even in the face of obvious challenges.

There is space to make things better and pitfalls (like yet more circular signposting or overloading staff) that can be avoided if the way forward is coproduced with sensitivity and care.



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**Thank
You!**

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**Please join us for the next session on
Friday 26th January to discuss helping
regional colleagues to shape/coproduce
some top tips in relation to housing for
NHS staff ...Over a Brew!**