



Public Services Committee

Uncorrected oral evidence: One-off public evidence session with service users on the government response to the committee's first report, *A Critical Juncture for Public Services: Lessons from COVID-19*

Thursday 10 June 2021

11 am

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 3

Virtual Proceeding

Questions 12 - 17

Witnesses

I: Shay Flaherty; Jackie Topping.

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Examination of Witnesses

Shay Flaherty and Jackie Topping.

The Chair: Good morning, Shay and Jackie. It is great to see you both again. Thank you for taking the time to speak with us. We are meeting with a range of people we met in the first inquiry, just to follow things up and to see what has been going on in the meantime. My colleague who is going to lead this part of the session is Laura Wyld.

Q12 **Baroness Wyld:** Shay and Jackie, it is good to see you again. Thanks very much for coming and giving us your time and experiences. I want to kick off the way we kicked off the other panels. Simply, tell us about your year, please, and your experience of the services and the support you have had or not had. If there is anything you do not want to answer as we go through, feel free not to. It is your experience that we want, as authentically as possible.

Shay Flaherty: It was a brilliant start to last year with the Everybody In initiative, which worked great; services adapted to the users coming into the premises, engaging, form filling and all that. As that Everybody In initiative trailed off and the hotels went back to normal, people moved back into society. Some people still had a roof over their head, but not necessarily a stable roof. It was a chaotic hostel or supported housing. Support staff were not going into those buildings because of the virus. The connection, which was brilliant to start with, was lost. It is so sad to see that disappearing. Services had proved that they could do it, and I was so hoping that they would continue. That was housing.

In my experience of other services, mental health has been a nightmare to engage with. Someone I have been advocating on behalf of has been trying to get a diagnosis and medication with a psychologist they have never met before, having 20-minute conversations after a three-month waiting period, and being given a whole new diagnosis after 30 years of personality disorder. How can you have a diagnosis over the phone without even seeing the person face to face? That is a tough one.

On connecting with mental health services, getting call-backs and the move to tech, if you do not have that tech you are struggling big time. People do not necessarily know how to use tech. Even if they have a smartphone, smartphones do not all come with internet. You have to pay for that.

Then we come to addiction services. Nearly everyone is working from home. People who were engaging and reducing off methadone before the virus became stagnated on methadone, and actually ended up moving back up because of being shut down. Then you have people relapsing left, right and centre. The addiction rates climbed through the roof, with no one to turn to and no services. I do not have very positive feedback on services at all.

Q13 **Baroness Wyld:** Thank you. There was a huge amount in there, and it is quite dispiriting to hear some of your experiences. There is so much we

could talk about. First, you talked about this huge effort at the very beginning, which then trailed off. If you can, it would be interesting to see why you think that might have happened. Do you think it was a loss of energy? Do you think there was a lack of understanding as things moved on?

Secondly, your points on mental health were particularly well made, and something that we have heard a lot of. Do you think that service providers understand the importance of face-to-face interaction in mental health treatment?

Shay Flaherty: On mental health, Debra and Dawn mentioned the importance of interaction, being face to face and building a rapport with the patient before you can even make a diagnosis. These are serious mental health problems. All mental health problems are serious, but this is not anxiety or depression; this is personality disorder, psychosis. I do not believe you can make those diagnoses over the phone, but that is what is actually happening at the moment over a 20-minute consultation. It is mind-boggling to me. That is if you can get the 20-minute consultation in the first place. Sorry, I forgot your other question.

Baroness Wyld: My other question was about your first point on the huge effort to house people and give people rooms at the very beginning, and how that trailed off and fell away, and you then felt very dispirited. I wondered whether you had a personal view on why that might be. It is a big question to ask, so you might not have a view. Have you any views on why that might have happened or how it happened?

Shay Flaherty: You mentioned yourself a lack of energy and the support workers. Once people had moved out of the hotels, their point of contact was lost. Everyone was in that hotel. You might have 100 people in the hotel, so we can engage with 100 people in one place. Once people start dispersing into supported housing or hostels—chaotic hostels at that—the support workers do not want to go into those places. There are health and safety issues. There might be 80 support workers but there will only be four in the building. To access those support workers, it is a phone call, an answer machine, “Please email”—this is assuming you have tech—“and we’ll get back to you”.

I am talking about people who are in the system already. Say I have a newcomer to the system and I want them to come off alcohol, drugs, gambling or whatever. To engage as a new client is nigh-on impossible at the moment, because you have to start from scratch. Home detoxes, which were really important, have stopped. In-house detoxes and rehabs are next to non-existent. I am not impressed with services.

Q14 **Baroness Wyld:** I feel like we need a much longer session, because you are bringing up so many important issues. Jackie, could you please tell us about your year?

Jackie Topping: We were looking at the beginning and thinking that this would be great for drug and alcohol services and homeless services, because people were getting checked in once a week. People were being

rehabbed. People were being taken off the streets and put into hotels and hostels. As I live in a holiday destination, Blackpool, a lot of the hotels were taking in, because they were getting funding from the local council. But once restrictions were eased that all went by the wayside, because obviously they wanted to get back to having holidaymakers in their premises, not the homeless.

We have struggled to get people back into hostels. You will find that a lot of homeless people have a pet, because it is their only constant companion. If you are given a hostel place you have to give up that pet, that dog that has been with you through your highs, your lows, your worst days ever. We had one that made it on to the news: somebody in Blackpool had taken their dog to the local Catholic church, put it inside the church and tied it up with a little note explaining that they could no longer look after it because they had been given somewhere, they had to go and they could not take the dog with them. "Please look after him until I can come back and get him". So we have those issues.

You then have the mental health sector, which is basically non-existent. As Shay said, people are waiting months and months for appointments. The patient will get a 15-minute triage appointment and then be asked, "Well, what do you want us to do for you?" It is disheartening to hear that. With the drug services and getting on a scrip, we have had people who started off on 70 millilitres of methadone in the hope they would be reduced while they were at home during lockdown. They ended up being put up another 20 millilitres; they were on 90 millilitres of methadone because there was just no support there and no infrastructure to help them reduce it. Putting them up was the only option. It was absolutely horrendous for them to have to go up when they did not want to. We are in a worse position than we were.

You can give people all the tech in the world. You can loan them a computer, but they might not have the funds to get wi-fi broadband fitted, or pay to get data put on. If they are not used to using tech, they need somebody to sit down with them, show them how to set it all up and take that time, because people have lived a chaotic lifestyle and are being thrown things. It is all well and good saying, "We can do digital meetings and assessments". People are being told by the voluntary sector, "Try this well-being app"; "Try this or try that", but you have to pay for a lot of them. You have to give them debit and credit card details, and not everybody has that access and can afford to do it.

If this is going to be the new norm, we need to work out how it is going to work for everybody, not just the few. In my opinion, working in the voluntary sector as an experienced team member, helping people with the same thing that I have gone through in the past, we need to have that.

Q15 **Baroness Wyld:** Thanks, Jackie. Given your lived experience, which you have just referred to, and your expertise, the Government say they want people with lived experience and those with specific expertise to be strongly involved in the development of public services. How far have you

felt consulted and involved in the last year, given that you have all this?

Jackie Topping: That is the exact word: consultation. We want to be a part of the co-production, not a consultation, which is a totally different thing. We want to be involved in co-ordinating, helping services by co-production and saying, "We're not the enemy. We're not there to tell you that you're completely wrong and you're doing it all wrong. We want to point out where the failings may be or how you could improve. Maybe it's not even a failing. It's just where you could improve on what you are doing to get more out of your service".

We also get it thrown out there that we have a conflict of interest, and, if we try to help, confidentiality gets thrown at us. We feel a lot of the time like our hands are tied. We are asked to sit on panels for the new Changing Futures initiative which the Government are bringing in as a co-productive effort. I sat on panels day in, day out, for two weeks. It was about six panels a week, and I was not asked one single question. I was not involved in any of the decision-making. I was not asked for any ideas. It was all about financing and buying in services from other areas. It was nothing to do with lived experience.

We felt like we were tokenistic, there to make up the numbers and to tick a box. We are not there as a tick-box exercise; we are there with our experience that you could draw upon.

Baroness Wyld: I know I am running out of time and I can see that colleagues want to come in, so I will ask one last question. You say that you were on these panels, but you were not involved and they did not make use of your expertise. What would you like to have said on these panels? What would have been your big ask?

Jackie Topping: I would like to have asked exactly what the service would be providing, rather than just saying, "We're going to buy in this initiative from this area" and so forth. I do not understand those sorts of things. I have never been in that arena before. I would have liked them to sit down and say to me, and the other lived experience team members on the panel, "This is what this is. This is how we think it should work. Do you think it will work in our area?"

Baroness Wyld: Yes, and what is it going to look like?

Jackie Topping: "What would you like it to look like?" We were never asked that. We were asked to be on the forum panel but not on the actual big panels. It was a bit like we were there to make up the numbers, and for it to go back to the Ministry and say, "Yes, we have lived experience on the panel".

Shay Flaherty: I had a different experience from Jackie. I was on a panel for the rollout of a new fund for agencies across the country. I was with the MHCLG. On the panel I was on, I felt valued, and my contribution was from a lived experience point of view. I let the rest of the panel deal with the facts and figures, and just shared my experiences of how the new services could work.

Baroness Wyld: Has that translated into any services, or is it too soon?

Shay Flaherty: The bids are not even done.

Baroness Wyld: But you felt valued on the panel.

Shay Flaherty: Yes, purely from the lived experience point of view. My lead on that was Shane, and he valued my experience and kept me involved and up to speed.

Baroness Wyld: That is good to hear.

Q16 **Lord Hogan-Howe:** Two questions suggest themselves to me, one for Shay and one for Jackie. Shay, you made the point about how good the service was at the beginning of the lockdown, the hotels and how well it was all working, but then people left the hotels and went to chaotic hostels, as you described it. It made me wonder what made the hotels so good. Why was it that the hotels were well run? What was helping?

Jackie, you mentioned animals, and as an animal lover that really chimed with me: the risk that you would lose an animal. You see a lot of people who do not have a home who have an animal. It made me wonder whether hostels and others allow you to keep an animal. The UK seems a bit daft about this. The French seem to put them into restaurants and hotels, but we seem to have trouble with this. That really worries me.

I hope that has not confused it. Shay, what made the hotels work?

Shay Flaherty: In my opinion, it was the environment. People are in a stable, clean, structured environment. I know from experience that you will react to your environment. If you put me in a drug den, for want of a better word, I will behave like a drug addict. If you put me in a nice hotel or apartment, I will adapt to that culture. I will keep it nice.

People were on regular prescriptions, so instead of going to the chemist every day they would get a week's worth of stabilising methadone. They did not have to keep going out, queuing up and bumping into old pals. Services were going into those places. It was a get-to point: "This is where they're at. We have an appointment for them next week, so we'll disengage". We were giving them tech at the time, and showing them how to use it and access internet from the hotel. It was all the little things like that. Once you go into a chaotic hostel or supported housing, which leave a lot to be desired in many cases, it is a whole new ball game.

Lord Hogan-Howe: What you described is something that is really well run, with high standards and helping everybody to maintain them. Jackie, what about the pets or animals?

Jackie Topping: We have a lot of homeless people. You can walk the streets of Blackpool and you can see them. They sit there; they have their dog; and they are taking better care of their animal than they are of themselves. At some point someone will come along; they will access the service, go through the service and be signposted to somewhere else

about homelessness. They will go to the local housing for their initial assessment. They cannot take their dog in with them, so they have to tie it up or trust another person to watch that dog while they go for that appointment. Then they will then get told, "We can put you on a list" or "You've got to put bids in"—because of the new way things work, we put bids in on properties—"but in the meanwhile we can give you a hostel. Oh, you can't take that. Sorry, no pets are allowed. You'll have to rehome it. You'll have to rehome your dog". I even know people who have cats on leads who have been homeless, and you have to rehome your cats.

That can be more detrimental to that individual than anything else. Since they have lost their home or been torn apart from their family and been made homeless, that is probably the one thing that has kept them going on a daily basis: walking that dog, feeding it, making sure that they do not spend all their money on drugs or whatever, because they have another mouth to feed. It keeps them on a level. Then they are suddenly told, "We can get a roof over your head, but we're sorry; little Jack can't come with you". I know people who have said, "Sorry, I'd rather sleep in a doorway. If I can't take my dog, I will sleep in a doorway". They might try to find so-called helpful friends, who are possibly not as helpful as they could be, who will say, "Oh, you can bring the dog and sofa surf", but then they want something in return for that favour.

It is that vicious cycle. You are trying to get out of the situation you are in, but you cannot do it because you do not want to give up your pet. You would not be offered a hostel place and be told to give a child up if there were enough hostel spaces for people with children, so why should you be expected to do the same with a pet that you have had and looked after? It is your family on the streets. Why would you be expected to do that?

It is the same if you get offered a rehab place. Obviously we know you cannot take a dog into rehab, but you are expected to find ways, either paying someone to look after that dog, kennelling it or signing it over to an animal charity such as the RSPCA, the PDSA or the local shelters. That puts you in a position where you are not mentally ready to go into rehab.

Lord Hogan-Howe: You have persuaded me. It makes a huge amount of sense, particularly for rehab, I would argue.

Q17 The Chair: I wanted to follow up what you were saying about rehab. It is much more difficult to access rehab at the moment, is it not? What has been your direct experience of people who have wanted to go into rehab or been ready to go in, and it just not being available?

Jackie Topping: We have found that there are people who have been begging and literally desperate to get into a rehab facility. Because of the lockdowns and the restrictions on accessing services and facilities, we are finding that there are just not the spaces available, and the funding is not there. A lot of it has to be publicly funded because not everybody can afford to go to the Priory or wherever privately. That is a problem. Since the pandemic hit, rehab places have been very few and far between,

unless they are urgent cases on a life-threatening level, where if you did not get the rehab you would probably end up dead within six weeks. That is a big issue.

The Chair: What is the position in Birmingham, Shay?

Shay Flaherty: I echo what Jackie said. Places in rehab were scarce anyway before the pandemic. Since the pandemic, you are not even having an assessment to go into rehab, because rehabs have pretty much been closed down because of the pandemic. It is not seen as a life and death situation. It would be like going to hospital with a broken leg. I am not going to be sent to rehab for three months, with all the restrictions and the potential for picking up the virus, when it is not seen as a life or death situation.

The Chair: Yes, I have heard it is getting very difficult for drug and alcohol services generally. I am really sorry; again, there are lots of things that I want to continue to talk to you about, but I am afraid we are out of time. I hope that you feel you can keep in contact with us, and that we can keep following things up. What you tell us is really important, as experts by experience. I really want to thank you on behalf of all of my colleagues for coming to talk with us again today. We wish you all the best and we will continue to look at these issues as time goes on. Thank you very much indeed.