

Homelessness Prevention and Hospital Discharge Protocol

Corporate policy

31 May 2016

London Borough of Richmond upon Thames Homelessness Prevention and Hospital Discharge (Mental Health) Protocol

1. Introduction
2. Who is signed up to the Protocol
3. Rationale and underpinning principles
4. Monitoring of the Protocol
5. Information Sharing
6. The Protocol
 - 6.1 The Admission Process
 - 6.2 Contacting other agencies
 - 6.3 If not owed a duty by the local authority
 - 6.4 Discharge process
 - 6.5 DToC clients
7. Escalation

Appendices:

1. Flowchart of process
2. Consent form to share information
3. Sample letter to Housing Benefit
4. Organisational Contacts

1. Introduction

This protocol is intended to improve joint working between housing and mental health services around the discharge process from inpatient wards, with a particular focus on preventing homelessness and minimising delayed discharge. The protocol sets out the process to follow when a person is admitted to a ward at risk of homelessness.

2. Who is signed up to the Protocol

This protocol has been developed with the input of all key agencies within the London Borough of Richmond upon Thames who work with people with mental health needs.

The signatories to this protocol are:

- The London Borough of Richmond upon Thames
- South West London and St George's Mental Health NHS Trust
- Richmond Wellbeing Service (East London NHS Trust)
- Richmond Integrated Recovery Service (Substance Misuse)
- Richmond Housing Partnership
- Paragon
- Thames Valley Housing Association
- London & Quadrant Housing
- Metropolitan Housing
- SPEAR
- The Tenants' Champion

3. Rationale and underpinning principles

The need for this protocol has been identified in part through the work of the Tenants' Champion, who highlighted the need for *'better communication between Hospital Consultants, Ward staff, Community Mental Health Teams and Housing Association staff so that movement between hospital and home can be better managed and supported by all agencies.'*¹

Prevention of homelessness under the Homelessness Act 2002 is also a key driver in the development of this protocol. Service users leaving mental health inpatient wards may be at risk of homelessness for a number of reasons:

- They were homeless prior to admission
- Their previous accommodation was insecure and is no longer available (e.g. friends or family who are no longer willing or able to support them)
- Their previous accommodation is no longer suitable due to their needs

¹London Borough of Richmond upon Thames, 'Tenants' Champion Annual Report 2013-14' (2014) <http://www.richmond.gov.uk/tenants_champion_annual_report_1314>.pdf, p5.

A delay in discharging a patient is very costly to mental health services and may delay the admission and care of another patient. Furthermore, once fit for discharge, an inpatient mental health ward may not be the most suitable environment for the recovery of that patient. However, it is extremely difficult for housing services to find suitable accommodation for that person at short notice. It is in the best interests of both patients and all agencies to have clear procedures, roles and communication channels between agencies, as well as early identification of the type of housing they are likely to require. If not suitably housed, the patient will be more likely to be readmitted to the ward.

Signatories to this protocol will work towards the following aims:

- People leaving inpatient mental health wards will have had their housing needs assessed in time to make appropriate referrals in advance of discharge
- People should not be discharged from wards unless they have accommodation to go to, no patient should become homeless during their hospital stay, and no patient should leave without appropriate options being identified
- Staff working in mental health inpatient wards will have sufficient information and training to be able to make appropriate and timely referrals to housing and support agencies
- Staff working in all agencies will know who to contact to help to resolve any problems which arise in the process
- Ward staff will communicate and work with Registered Providers to ensure accommodation is suitable for discharge, particularly where there are historic issues with ASB

4. Monitoring of the Protocol

This protocol will be monitored by the Tenants' Champion partnership meeting. The effectiveness of the protocol will be reviewed by this group, which meets twice a year.

The review will also ensure contact details and named escalation contacts are up to date. In addition, where organisations have significant changes to their structure or staffing, revised lists of contacts should be circulated as soon as possible.

The effectiveness of the protocol will be monitored through use of the following:

- Numbers of people leaving inpatient mental health wards who seek help as homeless (Housing Options Team and SPEAR)
- Monitoring information from Delayed Transfer of Care meetings (DTC) which identifies reasons for delay

5. Information Sharing

Sharing information between agencies for the purposes of this protocol should wherever possible be done with the consent of the patient. Ward staff are expected to use the agreed consent form to share information (Appendix Two). Wherever possible ward staff should discuss with a patient the reasons why they wish to share information with other agencies and what information will be shared.

The Mental Health and Housing Joint Working Protocol should be used as guidance in this area, in particular section 4.2 on consent and 4.3 on capacity.

Where consent is refused, it is **very** important to refer to the Joint Working Protocol for guidance around making a decision to share information.

The 1997 Caldicott Review set out six principles to support confidentiality and security controls on using patient information. The principles should be used as part of the decision making process – especially when considering sharing information with other organisations. The recent Caldicott2 Review of 2012/13 added a seventh principle. They are:

1. **Justify the purpose for using confidential information**
2. **Only use it when absolutely necessary**
3. **Use the minimum required**
4. **Access should be on a need to know basis**
5. **Everyone must understand their responsibilities**
6. **Everyone must understand and comply with the law**
7. **The duty to share information can be as important as the duty to protect patient confidentiality.**

6. The Protocol

6.1 The Admission Process

Identifying housing status on admission is extremely important in preventing homelessness.

During the initial assessment with the person their housing status should be identified and appropriate action taken. Broadly their housing status should fall into one of these groups:

- Rough sleeping
- Sofa surfing/insecure accommodation (including friends or family and risk that they cannot return)
- Social Housing (Registered Provider)
- Supported accommodation
- Private rented housing
- Private home ownership

Rough sleeping

- The Discharge Coordinator and where allocated their Care Coordinator should be notified of their admission
- Contact Housing Options to alert to situation. Request a housing options approach, which looks at all options for the patient
- If discharge will be within 7 days, this contact should be made by telephone, with any requested information faxed over or sent via secure email (Egress Switch/Ironport) within 1 hour. Housing Options should be asked to confirm the information they will need.
- If discharge will be sometime after 7 days initial telephone contact should still be made, with information sent by post or secure email (Egress Switch/Ironport) within 5 working days
- A Housing Options Officer can offer advice over the phone **and** an appointment will be made for the patient to visit the Housing Options team whilst on day release
- Check if patient is known to SPEAR and whether they are a verified rough sleeper

Sofa surfing or insecure accommodation

- The Care Coordinator and Discharge Coordinator should be notified of their admission
- Contact Housing Options to alert to situation. Request a housing options approach, which looks at all options for the patient
- If discharge will be within 7 days, this contact should be made by telephone, with any requested information faxed over or sent via secure email (Egress Switch/Ironport) within 1 hour. Housing Options should be asked to confirm the information they will need.
- If discharge will be sometime after 7 days initial telephone contact should still be made, with information sent by post or secure email (Egress Switch/Ironport) within 5 working days
- A Housing Options Officer can offer advice over the phone **and** an appointment will be made for the patient to visit the Housing Options team whilst on day release

Social Housing

- It should be established which Registered Provider they have their tenancy with so that joint working can begin (subject to a decision around consent).
- The suitability of the property should be considered:
 - 1) The patient should be asked whether there is any reason they cannot return to the property (e.g. there has been historic ASB)
 - 2) Consider whether they may have specific needs with regard to their housing and why the property may be unsuitable
 - 3) The housing provider should be contacted to ensure the property can be returned to – as there may have been a forced entry or the property may have been damaged in the absence of the tenant. Strongly consider involving the housing provider to discuss the suitability of the property and any options around the patient's housing.
 - 4) Ask for consent to work with the housing provider.
- Where there is historic ASB it is particularly important that Registered Providers are invited to discharge planning meetings and kept informed of plans around discharge. This **includes short periods of leave** from hospital, as the patient may return to the property where historic ASB has occurred, with potential effects on them or their neighbour.
- Consideration should be given to informing the Registered Provider that the individual will not be present at the property. Consent should be sought for this purpose wherever possible. Information shared should only be the minimum required to protect the tenancy and should be decided on a case by case basis. This should be considered where the patient is likely to be on the ward for a significant period (>14 days)
- It should be established whether they are in receipt of housing benefit. If they are, a letter (Appendix 3) should be sent to the local authority to inform them of the admission. Where it is not expected that the admission will last for more than 52 weeks, housing benefit should continue to be paid. **Please note that where they have a partner remaining in the property this does not apply, please contact Housing Benefit to discuss on 020 8891 1411**
- Consideration should also be given to whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.
- The patient should be asked whether their tenancy is likely to be at risk (e.g. they are not working and do not currently receive housing benefit). Where this is the case, they may need to make an application for housing benefit

Supported accommodation

- It should be established which registered provider they have their tenancy with and who provides the support (in borough the support will be provided by Metropolitan Housing) so that joint working can begin (subject to a decision around consent).
- Strong consideration should be given to informing the Registered Provider/Metropolitan that the individual will not be present at the property, as Metropolitan may continue to try and provide support and may become concerned about the person's welfare. Consent should be sought for this purpose wherever possible. Information shared should only be the minimum required to protect the tenancy and should be decided on a case by case basis
- The suitability of the property should be considered:
 - 1) The patient should be asked whether there is any reason they cannot return to the property (e.g. there has been historic ASB)
 - 2) Consider whether they may have specific needs with regard to their housing and why the property may be unsuitable
 - 3) Strongly consider involving the housing provider to discuss the suitability of the property and any options around the patient's housing
 - 4) Ask for consent to work with the housing provider.
- Where there is historic ASB it is particularly important that Registered Providers are invited to discharge planning meetings and kept informed of plans around discharge. This **includes short periods of leave** from hospital, as the patient may return to the property where historic ASB has occurred, with potential effects on them or their neighbour.
- It should be established whether they are in receipt of housing benefit. If they are, a letter (Appendix 3) should be sent to the local authority to inform them of the admission. Where it is not expected that the admission will last for more than 52 weeks, housing benefit should continue to be paid. **Please note that where they have a partner remaining in the property this does not apply, please contact Housing Benefit to discuss on 020 8891 1411.**
- Consideration should also be given to whether the patient is responsible to pay Council Tax. If so, their circumstances may have changed, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.

Private Rented

- It should be established whether they are in receipt of housing benefit. If they are, a letter (Appendix 3) should be sent to the local authority to inform them of the admission. Where it is not expected that the admission will last for more than 52 weeks, housing benefit should continue to be paid. **Please note that where they have a**

partner remaining in the property this does not apply, please contact Housing Benefit to discuss on 020 8891 1411.

- Consideration should also be given to whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.
- The patient should be asked whether there is any reason they cannot return to the property (e.g. it is not suitable for their needs). Where this is the case, contact Housing Options to discuss
- The patient should be asked whether their tenancy is likely to be at risk (e.g. they are not working). Where this is the case, they may need to make an application for housing benefit

Owner occupier

- The patient should be asked whether there is any reason they cannot return to the property (e.g. it is not suitable for their needs). Where this is the case, the appropriate agency to contact will depend on their needs. This could include a referral for floating support.
- Consideration should also be given to whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.

6.2 Contacting other agencies

When contacting other agencies the following guidelines should be adhered to:

- Ensure that where held, clients consent to sharing information with other agencies is in writing
- Where housing support workers are identified (e.g. patient is a Registered Provider tenant), the Registered Provider should be invited to care planning meetings
- Ensure all housing related communications are clearly recorded in progress notes

6.3 Clients not owed a duty by the local authority

- A patient may have had a housing options approach and/or made a homelessness application, but not be owed a duty by LBRuT to provide accommodation. This may be because they are not in priority need, are not homeless or do not have a local connection
- In this situation the patient can still access advice from Housing Options, where a referral to another agency may be appropriate

6.4 Discharge process

- Prior to discharge, it must be established that a patient has access to a habitable home. Housing status and suitability should be considered prior to discharge

- The medical discharge summary must include the housing status on discharge
- Housing professionals **should be invited to discharge planning meetings** and kept updated of outcomes
- Where a CTO to be put in place, a requirement to engage with housing services should be considered.

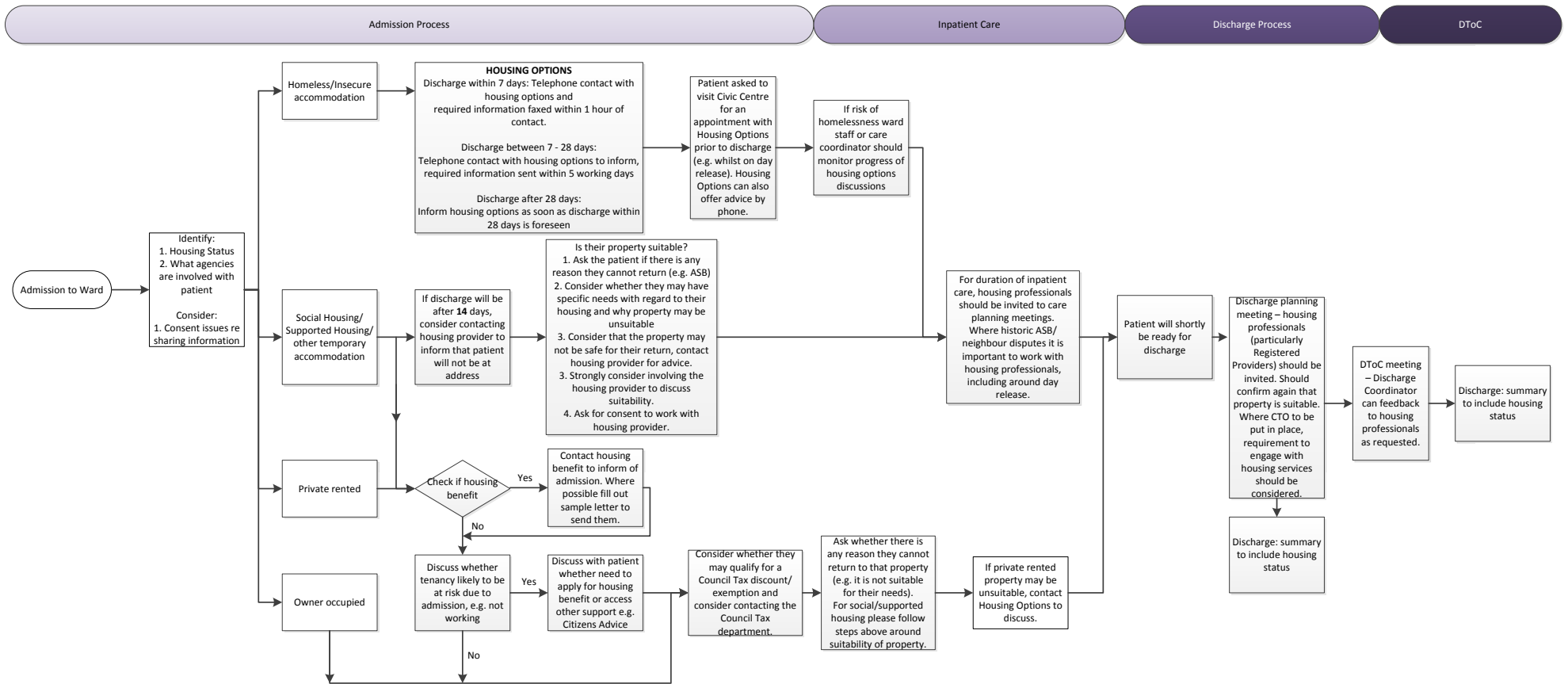
6.5 DToC clients

- People who are medically fit for discharge but are delayed on the ward for social or accommodation reasons are classified as Delayed Transfer of Care (DToC). It is a Department of Health requirement that all DToC's are prioritised. For this reason, housing professionals may liaise with the Discharge Coordinator from South West London and St George's Mental Health NHS Trust who may provide feedback as requested.

7. Escalation

There may be situations where a request can be escalated to a named individual in each agency. Escalations **should not** be routine, and where agencies find they routinely have to escalate, this will need to be discussed at a senior management level. Where timescales for joint working under the Joint Working Protocol have not been met, the person seeking a response should initially follow up with the other person by telephone. If they still fail to receive a response they should contact the named individual from the other agency. Named individuals can be found at Appendix Four.

Appendix 1: Flowchart of Process



Appendix 2: Consent Form²

Why do we need to share information?

In order to offer the most appropriate care and support it helps us to have the fullest picture of your needs. We share information in order to provide the best support we can. We will always share the minimum necessary to achieve this.

What are my rights?

Your information is protected by the Data Protection Act 1998. This means that the information will only be used for the reasons we have given. It will be kept safe and secure and you have the right to see what information is being kept about you - if you want more information about this please ask the relevant service. You may withdraw your consent if you change your mind and you may amend the list of agencies that we can share with.

Under the Human Rights Act 1998 you have a right to privacy. We have a duty not to tell anyone. This means we will not give out any information about you to other people without your consent unless the law allows us to.

Who will you share information with?

We will only share your information with professionals who have reason to see it. This may be professionals from other partner organisations. Information shared will be the minimum necessary in the circumstances.

What will happen if I don't give my consent?

You do not have to give your consent. You should be aware that the support you receive from us or other agencies may be limited by this. Please ask us if you would like further information on this.

There are circumstances in which we may have to share information without your consent, such as where we are required by court order or where there is a risk of serious harm to your or to somebody else and sharing information would reduce that risk.

Where will the information be kept?

Your information will be stored safely and securely in line with the Data Protection Act 1998.

² This consent form references: Buckinghamshire Children and Young People's Information Sharing and Assessment Project Board, 'Buckinghamshire Multi-Agency Data and Information Sharing Protocol' (2007) < <http://www.thamesvalley.police.uk/isa-bucks-children.pdf>>.

Consent form for service users

As a service which provides support to people, we regularly have to work with other services.

We are asking you to sign this form to give us permission to share information with other services that are also supporting you. This could include information about your needs, any conditions you may have and information about your housing.

Information shared will always be strictly on a need to know basis, and we will never share more than the minimum necessary to support you.

We are also asking you to give permission for us to ask other services for information they might have about you, where we feel this information could better help us to support you.

I, _____
hereby give permission for _____
to contact the following professionals to give and obtain information in relation to my wellbeing as necessary in order to assist in my support or to safe guard me and others.

Service Name
Housing (Local Authority)
Housing (Housing Association)
Mental Health Services (Richmond Wellbeing Service and/or South West London and St Georges Mental Health NHS Trust)
Substance Misuse Services
Social Services
My GP
SPEAR
Tenants' Champion
Revenues and Benefits (Local Authority)

Please delete agencies that you do not wish us to share any information with. You can delete any agency from this list but please be aware that the support we or other agencies are able to give you may be limited by this.

Your name:
Your signature:
Date:

Workers name and job title:
Workers signature:
Date:

Full information sharing request

This information is requested under the London Borough of Richmond upon Thames Mental Health and Housing Joint Working Protocol 2015.

Date of request		Date response required by (3 working days or 1 working day if agreed urgent)	
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Service user details

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

What information is being requested?

--

Why do you need this information? For what purpose will this information be used if shared?

--

Has explicit consent been given and recorded? (If yes, please attach signed consent form)

--

What is the basis for sharing if consent has not been given?

--

If consent has not been given, is the person aware that their information will be shared?

--

How will this information be transferred?

Secure email (Egress Switch/Ironport)	Telephone	Fax
Face to face	Recorded Post	

Signed:

Dated:

Information sharing request decision

This is a decision on a request to share information under the London Borough of Richmond upon Thames Mental Health and Housing Information Sharing Protocol 2015.

Date of request		Date response required by (3 working days or 1 working day if agreed urgent)	
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Service user details

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Decision

Share	Part share	Not share
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Reason(s) for decision

--

Has explicit consent been given and recorded? (If yes, please attach signed consent form)

--

What is the basis for sharing if consent has not been given and is the person aware that their information will be shared?

--

Who has taken this decision? (If not the information holder)

--

What information was shared?

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Date of disclosure	
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Signed:

Dated:

Appendix 3: Sample letter to housing benefit

Housing Benefit Section
London Borough of Richmond upon Thames
Civic Centre
44 York Street,
Twickenham
TW1 3BZ

Dear Sir/Madam,

My name is:
My National Insurance Number is:
My home address is:

My care coordinator is:
They can be contacted on:
They can be written to at:

I was admitted into _____ hospital as an inpatient on _____.

It is unlikely my stay in hospital will be longer than 52 weeks.

This letter is to confirm my intention to return home and to request that Housing Benefit continue to be paid for the duration of my stay in hospital.

Please delete as appropriate:

Please continue to pay my Housing Benefit as you do currently/Please make payment directly to my Landlord until I advise further.

I will inform you of any change in my circumstances as and when they occur and when I return home.

Yours faithfully,

Landlord's name and contact details:

*Please note a cover letter by my Care Coordinator or other Mental Health professional has/has not been provided.

Appendix 4: Organisational Contacts

Initial Contact:

Where a professional already knows the appropriate person to contact in the other organisation, they can do so. However, should they experience difficulty in contacting this person, or not know who to contact, each agency has agreed an initial contact point for requests to share information.

Agency	Telephone number
LBRuT Housing Options	0208 891 7409
LBRuT Housing Provision	0208 487 5454
LBRuT Community Safety	0208 891 7777
LBRuT Revenue and Benefits	020 8891 7621
LBRuT Residential Environmental Health	020 8891 7737
Richmond Wellbeing Service	0208 548 5550
SPEAR	0208 288 6506
South West London and St George's Mental Health NHS Trust	0203 513 3200
Thames Valley Housing Association	0300 456 2914 (Housing Officer for Richmond)
Richmond Housing Partnership	0800 032 2433
Paragon	0300 123 2221
L & Q	0800 015 6536
Metropolitan	0203 535 4609
Richmond Integrated Recovery Service	0208 891 0161
Social Care Support (Access Team)	0208 891 7971
Tenants' Champion	0208 831 6103

Out of Office:

Outside of working hours, please contact the following numbers:

LBRuT - 020 8891 1411 or in an emergency 020 8744 2442

SWLStG MHT: The Crisis Line 0800 028 8000, which also operates for service users and carers

Escalation:

Where a response to share information has not received a response within agreed timescales, or the person seeking the information does not agree with the response and has not been able to resolve this with the information holder, then the request can be escalated to a named individual in each agency.

Agency	Job title	Post holder	Email address	Phone number
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LBRuT Housing	Assistant Director Community Service Operations	Brian Castle	b.castle@richmond.gov.uk	020 8891 7482
LBRuT Community Safety Partnership	Anti-social Behaviour Officer	Colin Lucas	Colin.Lucas@richmond.gov.uk	020 8487 5138
Richmond Wellbeing Service	RWS Service Manager	Debbie Davies	Debbie.Davies@elft.nhs.uk	020 8548 5550
SPEAR	Director of Operations	Lesleigh Bounds	lesleigh@spearlondon.org	0207 036 9762
Thames Valley Housing Association	Area Manager	Asif Rashid	Asif_Rashid@tvha.co.uk	0208 607 0772
Paragon	Housing Manager	Rachael Smart	rsmart@paragonchq.co.uk	01932 235795
L&Q	Neighbourhood Services Team Leader	Lindsay Mortimer	LMortimer@lqgroup.org.uk	0844 406 9000 ext. 6703
Richmond Housing Partnership	Head of Community Services	Caroline Hand	Caroline.Hand@rhp.org.uk	0800 032 2433
South West London and St George's Mental Health NHS Trust	Operational Manager	Shurland Wilson	shurland.wilson@swlstg-tr.nhs.uk	0203 513 5149
Metropolitan Support Trust	Care and Support Team Manager	Stephanie Vokes	stephanie.vokes@metropolitan.org.uk	0208 892 3545
Change grow live (previously CRI)	Project Manager	Michelle Chand	Michelle.Chand@cri.org.uk	07834 480 710
Tenants' Champion	Planning & Policy Manager (Housing)	Nicky Simpson	n.simpson@richmond.gov.uk	020 88 316221
LBRuT Housing Benefit &	Benefits Policy Officer, Revenues &	Joseph Hixon	j.hixon@richmond.gov.uk	020 8891 7621

Council Tax	Benefits			
LBRuT Residential Environmental Health	Senior Neighbour Nuisance Officer	Jane Edmondson	j.edmondson@richmond.gov.uk	020 8891 7737