Combining Health and Housing for Recovery:

Joint Protocol between Leeds City Council and Leeds Partnerships NHS Foundation Trust to provide housing options and housing related support to people in mental health inpatient settings

Developed in collaboration with NHS Leeds, Volition and housing related support services.

June 2010

Leeds City Council

Leeds Partnerships NHS Foundation Trust

NHS Leeds

volition
The voice of Leeds mental health voluntary sector

"Inpatient services should have clear working arrangements with local accommodation providers and community organisations to help keep service users connected to their social networks which will promote recovery."

A Positive Outlook.
Care Services Improvement Partnership 2007. (1)

Contents

1. Introduction

The relationship between housing and mental wellbeing is well documented. In many instances poor housing will be a contributory factor to mental ill health, in others mental ill health will affect an individual's ability to acquire and manage their housing effectively.

Improved access to settled accommodation for individuals with mental health problems is also a key government priority (2,3) and according to the Department of Health and Care Services Improvement Partnership report on homelessness and mental health in 2008 (4) this includes ensuring the existence of hospital admission and discharge policies to ensure that no one is discharged to the streets or other unsatisfactory accommodation.

Between 30-40% of people admitted into acute mental health inpatient services in Leeds Partnerships NHS Foundation Trust have a housing need in addition to their mental health problems (5).

2. Who is this protocol for?

The arrangements set out in this protocol are to assist those people admitted to mental health inpatient services who either do not have any accommodation which they can return to, or have accommodation which they can only return to once additional housing assistance and support have been put in place. It has been developed and agreed jointly by Leeds Partnerships NHS Foundation Trust and Leeds City Council Housing Services with the support of NHS Leeds, Volition (the infrastructure organisation which supports and represents voluntary sector providers of mental health services in Leeds) and the housing related support sector. It is intended as a guide for staff working in these services and a separate information leaflet for service users will be developed. The protocol will be reviewed after 6 months.

3. Aim of the protocol

The aim is to ensure timely access to a range of housing options for people admitted to mental health inpatient services so that a suitable housing outcome can be secured on discharge. This will be achieved by effective joint working between health and housing professionals. The outcomes will be:

- better housing outcomes for service users.
- earlier identification and assessment of housing need (on admission rather than discharge) and timely advice and assistance with housing options.
- effective joint working between ward staff, housing options staff, the Care Programme Approach (CPA) co-ordinator and housing related support providers.
- reduced number of delayed discharges caused by housing related issues.
- improved access to commissioned housing related support services.
- integration of housing options and housing related support into the Care Programme Approach (CPA) and discharge planning process.

4. Working in Partnership

The Care Programme Approach (CPA)

The term Care Programme Approach (CPA) describes the approach used in secondary mental health care to assess, plan, review and coordinate the range of treatment, care and support for individuals with complex mental health needs. The service user and their carer(s) are central to CPA with a focus on collaborative work with all other agencies involved.

Care planning includes referral to appropriate agencies in preparation for discharge to the community. A review is where all involved in the individual's care convene to confirm plans following discharge. If the service user does not already have a CPA care co-ordinator then a referral for allocation is made within two days of admission. There is a statutory requirement to ensure that arrangements have been made for patients discharged from hospital to return to suitable accommodation.

The CPA is central to the process outlined in this document for planning and co-ordinating the discharge of inpatients with a housing need.

4.2 Key partners and their roles

There are a number of professionals from different agencies who are responsible for working in collaboration as part of the CPA process to assess, plan and deliver housing related support. These roles are listed below with a brief summary of their role in the pathway.

The CPA Co-ordinator

CPA co-ordinators are usually clinical staff from the Community Mental Health service of Leeds Partnerships NHS Foundation Trust. For example nurses, community occupational therapists or social workers. In some circumstances other community workers from the voluntary or social care sectors take on this role. CPA co-ordinators should be allocated within two days of referral from the inpatient service. For more information about the role of the CPA co-ordinator please refer to the city wide care programme approach policy (April 2010). (6)

The CPA co-ordinator manages the care of vulnerable people with complex mental health problems in partnership with the service user and their carer(s). The CPA co-ordinator takes the lead role in discharge planning and helps guide service users into appropriate health and social care services.

The Inpatient Ward Team

While the service user is an inpatient with Leeds Partnerships NHS Foundation Trust they will have a ward based care team responsible for their day to day care and treatment. This team works closely with the CPA co-ordinator to ensure plans are in place for discharge. The ward team includes:

- **Primary Worker:** This role can be taken by either a ward based nurse or Occupational Therapist. Primary and associate workers are assigned to each service user on admission. They are responsible for co-ordinating the service user's care on the ward, monitoring progress and communicating with the wider care team (including the CPA Co-ordinator). The primary worker is the member of staff on the ward who will know the service user best and have the most in-depth knowledge of their care.
- **Occupational Therapist (OT):** OTs assess the occupational functioning of all service users on admission. OT assessments can inform discharge planning by identifying what level of support a person may require when they leave hospital. This might include assistance with cooking and budgeting, more intensive support due to low motivation, or adaptations required due to their physical heath needs. Occupational Therapists can also help to identify the type of physical environment that would best suit an individual's needs and work with housing support services to plan this.
- **Consultant Psychiatrist:** Responsible for all aspects of the medical care of the service user and, where a person is detained under the Mental Health Act, the Consultant will also act as the Responsible Clinician. The Consultant is responsible for deciding that a person is clinically fit for discharge and, together with the ward team, advises on the level of support an individual may require on discharge as a result of their mental health needs.

Leeds Housing Options Service

Leeds Housing Options is the principal local authority service offering housing advice to people who are homeless, threatened with homelessness or in some form of housing need. The service is geared towards helping prevent homelessness, wherever possible, by offering people a range of housing options to address their needs.

Leeds Housing Options will visit service users whilst they are in hospital. A Personal Housing Plan will be completed and the officer will discuss the range of housing options available to address their housing need. This will identify whether the service user can return to their previous accommodation or whether they will need to make a planned move to alternative accommodation. Where appropriate a priority award will be made to the service user's housing application.

The service can also assist service users to obtain a good quality Assured Shorthold Tenancy with an accredited landlord, and where necessary paying or guaranteeing the bond needed to secure the tenancy. The service can also access funds which can be used in a variety of ways to achieve a homelessness prevention outcome / planned move for those being discharged from hospital. Examples include arranging and paying for a property to be cleaned to enable an individual to return; covering the cost of a bond for an AST; paying for a flight to enable an individual to return to their country of origin; or buying furniture to allow a timely move out of hospital.

Commissioned housing related support services (formerly called Supporting People Services):

Leeds City Council commissions housing related support services for people with mental health problems. These are provided by a range of voluntary and statutory sector organisations and consist of a variety of service models:

- Step down hostels / transitional housing units with on site 24/7 staffing. These are jointly commissioned with NHS Leeds and provide a therapeutic environment for individuals with more complex needs. They provide a transition towards living independently in the community and individuals can remain in these services for 6-8 months.
- A variety of small group homes / shared living arrangements with staff either on site during week days or visiting. Some services have staff cover at weekends and evenings and on call cover at night. These services provide more sheltered living environments, although service users will need to be able to manage in a shared living environment.

- Self-contained supported accommodation with a range of on site or visiting support.
- Floating support services which support people in a variety of settings including in their own homes.

The aim of housing related support is to enable service users to make a planned move from hospital in order to achieve and sustain an independent living outcome. The housing support service can support service users with the following:

- assistance in securing accommodation whilst they are in hospital
- assistance with claiming and maximising income through benefits
- provision of information on community facilities and services available to service users once they leave inpatient services
- liaison with other agencies in relation to the service user's welfare to ensure that they receive the services necessary to maintain them in their accommodation
- assistance with overcoming social isolation and developing social networks
- advice and guidance on how to manage in independent accommodation, including budgeting, cooking, diet and management of the property
- mediation in disputes between the service user and their neighbours
- advice and assistance in relation to organising repairs or improvements to their home (property or contents).

Once a housing support service has accepted a referral they will take the housing lead within the CPA process.

4.3 Information sharing between agencies

Achieving the most appropriate housing solution on discharge involves a significant amount of information sharing across a diverse range of agencies and individuals. This information needs to be shared appropriately and all agencies signed up to this protocol agree that:

- All information will be held in strict accordance with the Data Protection Act 1998 and other relevant information sharing legislation.
- Information will not be used for any purposes other than those explained to service users and will not be disclosed to any person who is not entitled to have such information or who does not intend to use it in the best interests of the service user.
- Service users will be asked to give their consent to information about them being shared and a record will be kept. The service user's consent can up to three forms, in accordance with the individual's housing needs:
  - The ward staff will seek consent to share information and make a referral to Leeds Housing Options (see flowchart on page 9).
  - The service user will be asked to give their written consent to information being requested, stored and shared about their housing needs by the Leeds Housing Options service as part of the completion of the Personal Housing Plan (see flowchart on page 9) This will include consent to share information with other housing providers and supported housing services.
  - Where a referral is made to housing related support services, the service user will be asked to give their written consent to the gathering of information from other sources which may be required to process the referral and for information to be shared
- Ideally relevant information about risks should only be shared with the service user's consent as outlined above. This information should not be used to exclude someone from a service but to allow the service to work constructively with the individual to manage the risks through an agreed housing support plan.
- Where the service user does not consent to information about risk being shared but still wishes to take up housing related support the care team must decide on a case by case basis if it they should breach that individual's confidentiality in the interest of safety. The NHS Code of Practice for confidentiality states that:

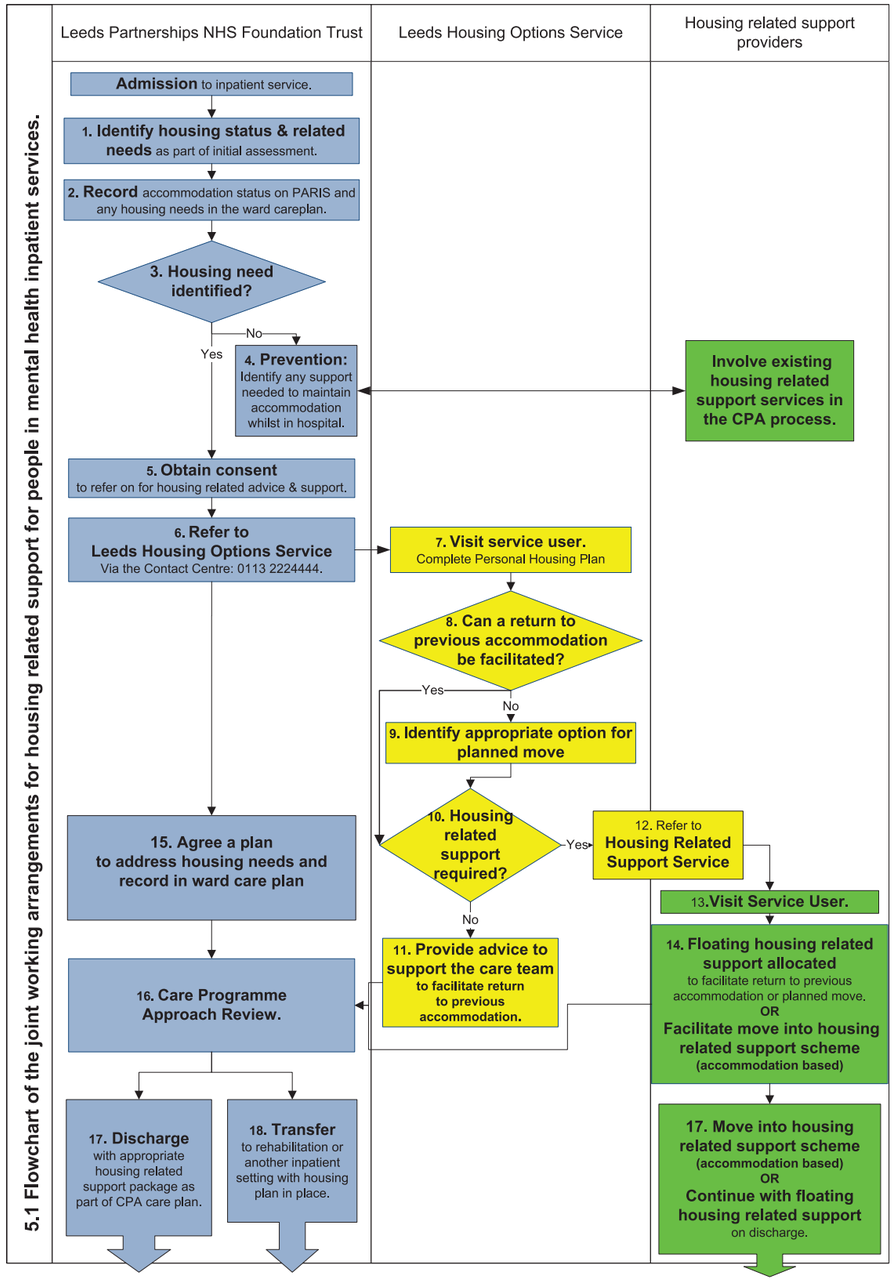
> ***"...staff are permitted to disclose information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge on a case by case basis that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service."*** *(7)*

Situations where this type of decision will need to be considered include those where an individual poses a risk to themselves or others (including staff and members of the wider community).

4.4 Support and advice for staff delivering the protocol

Leeds Partnerships NHS Foundation Trust, Leeds City Council (Housing Strategies and Solutions) and Volition have identified a lead individual within each organisation who will be available for staff to flag up any issues regarding the implementation of this protocol or to contact for advice. This information will also help with reviewing the protocol. The contact details for these people are in the appendix.

5. Joint Working Arrangements



5.2 Table of steps describing the joint working arrangements for provision of housing related support for people in mental health inpatient settings

Flow chart ref	What?	How?	Who?	When?
1	Identify housing status and any housing related support needs.	The following information should be collected as part of the initial assessment process on the ward: • Does the service user have accommodation? • If yes, are they: owner occupier; council tenant; housing association tenant; private tenant; staying with friends or family; living in supported housing or a hostel? • Is the service user already in receipt of a housing related support service, if so which one? • Who do they live with? • Are they in receipt of a housing related support service e.g. Housing Support Worker? • Are there any other issues related to their accommodation that impact on the individual's mental health such as the security of the accommodation; issues with neighbours; arrears or the state of the property? • Can they return? • Are they in receipt of housing benefit? • Has the service user been homeless or sleeping rough prior to admission? It may be that the service user is not well enough to provide some of this information or it may be a very complex situation, therefore it is important for ward staff to make contact with the service users community support including existing housing support workers/ hostel staff to investigate their accommodation situation and identify any housing needs as soon as possible. The outcome of the above assessment should be recorded in the following places: • On the PARIS IT system under 'tenure' • In the ward care plan * Where there are housing issues, this is the information that will be shared with the individuals consent (see step 5) with Leeds Housing Options to inform the housing assessment.	Ward staff (Primary worker and / or OT).	Within the first 2 days of admission.
2	Record accommodation status on PARIS and any housing needs in the ward care plan*	The outcome of the above assessment should be recorded in the following places: • On the PARIS IT system under 'tenure' • In the ward care plan * Where there are housing issues, this is the information that will be shared with the individuals consent (see step 5) with Leeds Housing Options to inform the housing assessment.	Ward staff.	As soon as identified.

Flow chart ref	What?	How?	Who?	When?
3	Does the service user have any housing related needs?	Using the information collected identify any potential housing related needs with the service user. Examples include: • Are they homeless, staying in insecure accommodation or sleeping rough? • Are they at risk of losing their tenancy/ current accommodation whilst in hospital? • Are they unable to return to their existing accommodation? This could be due to a range of factors including the physical condition of the property; relationship breakdown; harassment or violence; they are being evicted or there are other problems such as anti-social behaviour. • Are they able to return to their accommodation if they were in receipt of a package of housing related support? If yes and housing related needs are identified, the ward staff should refer the service user consent to Leeds Housing Options service (steps 5 & 6). If unsure the ward staff can seek advice and discuss the case with Housing Options Officers before the decision whether to refer is made. If no the focus should be on preventing loss of existing accommodation (step 4).	Primary Working team.	As part of the initial assessment.
4	Prevention: Identify any support needed to maintain accommodation whilst in hospital.	If the support needed to maintain the service user's existing accommodation is relatively simple, for instance arranging for housing benefit to cover the rent whilst the service user is in hospital or advising the landlord, this can be done by the ward staff or the CPA co-ordinator. Some service users may already be in receipt of housing related support (either floating or accommodation based) and it is important that the CPA co-ordinator and ward team liaise with the housing support providers throughout the admission to prevent loss of accommodation and ensure appropriate support on discharge. If there is a risk that the service user may lose their accommodation whilst they are in hospital or there are complex issues related to their housing the ward staff can with the individual's consent refer them to Leeds Housing Options service (steps 5 and 6). If unsure the ward staff can seek advice and discuss the case with Housing Options Officers before the decision whether to refer is made. Any actions agreed to prevent loss of accommodation should be recorded in the care plan (and reviewed via the CPA process).	Ward based Primary Worker with the CPA co-ordinator and any relevant housing related support workers.	Following initial assessment and throughout admission.
5	Obtain consent for referral to Housing Options.	Ward staff should discuss with the service user the reasons why a referral to Leeds Housing Options would be beneficial and explain what information will be shared. This will then be recorded in the clinical notes. Where the service user does not consent to information about risk being shared but still wishes to take up housing related support the care team must decide on a case by case basis what information should be shared in the interests of safety as described in the information sharing section of this protocol.	Ward based Primary Worker (or another member of primary working team).	On completion of initial assessment.
6	Refer to Housing Service.	A referral can be made to the Leeds Housing Service on 0113 2476383. The ward staff should provide the Housing Services with basic background information about the individual's circumstances and details of housing issues identified to date. This can either be faxed to Leeds Housing Service or given in person when the Housing Officer visits the ward. The CPA co-ordinator should also be kept informed of the referral by the ward staff.	Ward based Primary Worker (or another member of primary working team).	As soon as need identified.
7	Assess service user.	The Housing Options Officer will complete a housing assessment with the individual. This will usually involve meeting with the service user in the inpatient setting and may be in conjunction with ward staff and CPA coordinator where this is deemed appropriate. Detailed information will be gathered about the individual's housing situation and areas where they require assistance and a Personal Housing Plan (PHP) will be completed. The outcome of this visit will be fed back to the ward team and the CPA co-ordinator in order to agree a plan for addressing the individual's housing needs (Step 14).	Housing Options Officer.	Within 5 days of referral being received.
8	Can a return to previous accommodation be facilitated?	The Housing Options Officer will ascertain whether it is feasible for the individual to return to their previous accommodation. This may be achieved in a variety of ways e.g.: • By negotiating with a landlord • Arranging repairs • Giving advice on (re)possession action • Arranging for Housing Benefit to cover the rent during the period in hospital • Accessing the prevention fund to pay for a deep clean or assisting with payment of arrears • Arranging for an individual to receive a package of housing related support to assist with the practicalities of managing their housing Advice and assistance will be provided around the options described above and discussion will take place about what action can be taken to facilitate return. If it is possible to facilitate a return to previous accommodation, the service user will be encouraged to take up a floating housing related support service and Housing Options will make referral (see step 12). On acceptance of the referral, the housing related support services will engage with the individual to address any outstanding housing issues and facilitate their return home as part of CPA and the Housing Options Officer will close the case. If the service user does not require or does not wish to receive housing related support the Housing Options Officer will continue to provide housing related advice or support (see step 11).	Housing Options Officer.	On completion of the PHP.

Flow chart ref	What?	How?	Who?	When?
9	Identify appropriate option for planned move.	If it is not possible to facilitate a return to their previous accommodation or the service user has no accommodation, the Housing Options Officer will discuss the range of housing options available to identify an appropriate housing solution on leaving hospital. Options for a planned moved may include one or more of the following: • A move into a short or medium term accommodation based supported housing service such as a group home or transitional housing unit • A private sector tenancy arranged through the private sector lettings scheme managed by Leeds Housing Options • Private tenancy identified by the individual and / or housing support service • Accessing the prevention fund to secure a bond to assist take up of private rented accommodation • Accessing the prevention fund to meet the travel costs where the service user does not have recourse to public funds and wishes to return to their country of origin. • Move directly into a social letting where the individual has been on the waiting list for some time and has been bidding through Choice Based Lettings. • In some instances the individual may prefer to make interim arrangements to stay with family or friends until longer term housing is secured • Floating housing support can be provided to anyone moving into independent accommodation even where they move into a group home or hostel in the first instance • Housing Options will complete an assessment and make a housing need priority award as appropriate to each case.	Housing Options Officer.	
10	Housing related support required?	The Housing Options Officer will discuss the options and benefits of taking up a housing related support service with the service user and make the referral (see step 12). The Housing Options Officer will advise the CPA co-ordinator of the options looked at and outcome. Once the housing related support package is in place, the Housing Options Officer will close the case.	Housing Options Officer.	
11	If housing related support not required Provide advice to support CPA Co-ordinator and care team to facilitate return to previous accommodation.	On the rare occasion that the housing option identified means the individual does not require housing related support or if they do not wish to be referred to such a service, the Housing Options Officer will remain involved. They will liaise with the individual, the ward team and the CPA co-ordinator and provide advice and sign-posting to other services in order to facilitate a planned move on discharge from hospital.	Housing Options Officer.	If required this will be available until discharge.

Flow chart ref	What?	How?	Who?	When?
12	Referral to a housing related support service.	A completed Personal Housing Plan will be used as the referral form. This will include all the background information and the service users signed consent. As part of the referral the Housing Options Officer will request a copy of the service user's most recent FACE risk assessment and management plan from the ward team. The most appropriate service will be identified based on the individual's need, preference and capacity within housing related support services. The Housing Options Service will have access to information about vacancies in housing related support services to facilitate the allocation of referrals.	Housing Options Officer.	Within 5 working days of Housing Options interview.
13	Visit service user.	The housing related support service (either floating or accommodation based) receiving the referral will arrange to visit the individual and will advise Housing Options, the ward team and the individual of the outcome. The purpose of this assessment is to gather more detail about how the housing related support service might support the service user and to provide information about the service to the individual. If following this visit it is identified that the service is not able to meet the service users needs, another appropriate Housing Related Support service will be identified and the assessment information will be shared to avoid duplication.	Housing Related Support Service.	Within 5 working days of receiving the referral.
14	Floating support allocated to facilitate return to previous accommodation or planned move Or Facilitate move into housing related support accommodation based) on discharge.	Once an individual has been accepted for a housing related support service (floating or accommodation based), a housing related support worker will be allocated and the support worker will case manage any outstanding housing issues in conjunction with the CPA Co-ordinator • The housing support worker will agree a move on plan with the service user and CPA co-ordinator. This will be reviewed after discharge when the service user is living in the community. • The housing support worker will attend CPA review meetings and keep the CPA Co-ordinator appraised of any housing issues.	Housing Support Worker from housing related support service.	For remainder of admission.
15	Agree a plan to address housing needs and record in ward care plan.	Once the Housing Options Officer has visited the service user the care team should agree a plan to address housing needs in collaboration with the service user. The ward care plans have a space in which housing related / accommodation needs should be recorded along with the plan to address them.	Primary Worker.	As soon as possible.

Flow chart ref	What?	How?	Who?	When?
16	Care Programme Approach Review.	In addition to regular ward review meetings each service user should have at least one Care Programme Approach (CPA) Review meeting. As part of this an initial discharge plan should be agreed. Even if the service user is not well enough for discharge at this point there are things that can be put in place early on to prepare for discharge and reduce delays later on. The CPA Co-ordinator should take the lead in discharge planning by co-ordinating effective communication and delivery of support by all agencies involved. Once a housing related support worker or service has been allocated an initial discharge plan should be agreed. They should, with the service user's consent, be included in all CPA review meetings. The Housing Support workers will then work with the service user, CPA Co-ordinator, ward staff and carers to carry out the necessary tasks to prepare for discharge (see step 14 and 17).	CPA Co-ordinator.	At a minimum prior to discharge.
17	Discharge Continue with floating housing related support Or Move into housing related support scheme.	The CPA Co-ordinator is responsible for follow up and ongoing support once an individual is discharged and the CPA process will continue to review and monitor the support package agreed. Housing Support Workers will also continue to support the service user in the community.	CPA Co-ordinator and housing related support worker.	Package should be ready prior to this and not delay discharge.
18	Transfer.	On occasions a service user may be transferred to another inpatient service. For example Rehabilitation & Recovery units. This will be because of their clinical needs and should not be considered a housing solution. Instead any housing related assessments or support plans that have commenced while in acute inpatient care should follow the service user and continue while they are in that service. This should prevent delays later on as a result of housing needs. If a service user develops housing related needs while they are in another inpatient service (e.g. Rehabilitation & Recovery) the flowchart on page 12 should be followed to initiate an assessment by Housing Options.	Primary worker and, where involved, Housing Options Officer or housing related support workers.	

6. References:

(1) A Positive Outlook: A Good Practice Toolkit to improve discharge from inpatient mental health care. Care Services Improvement Partnership and National Institute for Mental Health England. 2007.

(2) PSA16. Public Service Agreement to increase the proportion of people from the four most excluded groups of adults (including people in contact with secondary MH Services) in settled accommodation and employment, education or training. HM Government Oct 2007.

(3) Joint guidelines on the Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation. Department of Health and Communities and Local Government. 2006.

(4) Understanding Homelessness and Mental Health. Housing Learning and Improvement Network Care Services Improvement Partnership and Department of Health 2008.

(5) Accommodation Pathway (Hospital Discharge) Project Report. Leeds PFT, Leeds City Council, Volition and NHS Leeds. April 2009.

(6) City Wide Care Programme Approach Policy. LeedsPFT, Leeds City Council and Volition. April 2010.

(7) Information Sharing and Mental Health: Guidance to support Information Sharing by Mental Health Services. Department of Health. August 2009.

7. Appendix:

Key Contacts:

1. **Leeds Partnerships NHS Foundation Trust:**
   Capacity Manager (Teresa Jack):

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2. **Leeds City Council:**
   Supporting People Manager (Debbie Forward):

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   0113 247 6752

3. **Volition:**
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   0113 274 9585