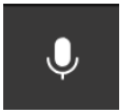


Working in collaboration with Public Health England and the Ministry of Housing, Communities and Local Government

Homelessness and Rough Sleeping webinar: Duty to Refer 3 December 2020

Welcome, we'll start the webinar shortly

Housekeeping



Please mute your line and turn off your video until the Q&A



Raise your hand if you want to ask a question/give feedback



Please share comments/reflections in the Chat box



We will record the **first** part of the webinar to share on the SE Clinical Delivery and Networks website and the FutureNHS website





Agenda – Duty to Refer

11.30	Welcome and introductions	Emma Seria-Walker, PHE
11.35	Homelessness Reduction Act: Duty to Refer	Jane Cook, Health and Homelessness Adviser, MHCLG
11.45	Vulnerable Adult Support Team	Sarah Charters, Consultant Nurse Emergency Care (Vulnerable Adults), University Hospital of Southampton
12.10	MHCLG update	Zsofia Imre, MHCLG
12.15	PHE update	Emma Seria-Walker, PHE
12.20	National NHS update	Debbie Kennedy, NHSE/I
12.25	Q&A, discussion and AOB	All
12.30	Close	





Ministry of Housing,
Communities &
Local Government

Homeless Reduction Act – Duty to Refer

Jane Cook
Health & Homelessness Adviser
M.H.C.L.G.



Definitions:

Homelessness

A person who has is threatened with homelessness where they are likely to become homeless within 56 days, or have been served with a valid notice under Section 21 of the Housing Act 1988 by their landlord which expires within 56 days

- People sleeping rough
- Single homeless people and families living in hostels, temporary accommodation or Bed & Breakfast hotels
- ‘Hidden homeless’ – sofa surfers
- Chronically insecurely housed



Why it is important:

May be vulnerable due to:

- Personal issues
- Systems
- Health needs – both physical and mental health issues



The Homeless Reduction Act 2017 (HRA) reformed England's homelessness legislation creating new statutory duties. Brought in to force on 3rd April 2018 and became effective from 1st October 2018.

Duties placed on local housing authorities to intervene at earlier stages to:

- prevent homelessness in their areas

- relieve homelessness for single homeless people, regardless of priority need, intentional homelessness

To help person or household to get access to homelessness services



The Act introduced a **legal duty** on specified public authorities to refer service users who they think may be homeless or threatened with homelessness within 56 days to local authority homelessness/housing options teams:

- Criminal justice institutions/services
- Jobcentres Plus
- Social services authorities
- Members of the regular armed forces
- **Emergency departments**
- **Urgent treatment centres**
- **Hospitals – providing inpatient services**



What is needed

1. Identify a person's housing status – either disclosed or if you consider a person to be homeless
2. Identify which local housing authority they want to be referred to
3. Obtain their consent to make a referral to housing as they are homeless or at risk of homelessness
4. Complete the referral form or send an email or make a phone call to relevant housing authority

Think – Ask - Refer



Questions for frontline workers to ask - do they have :

1. have somewhere safe to stay when discharged / where are they currently staying
2. experienced domestic abuse or other threats/violence
3. any debt problems
4. problems with a landlord – threatened with eviction
5. a history of being in care, armed forces or prison



What needs to be in a referral (as a minimum):

1. Individual's name
2. Individual contact details
3. Agreed reason for the referral (are homeless or threatened with homelessness)



Process in place:

1. Services work together to design the referral process
2. Have a single point of contact for referrals
3. Make referral as early as possible



Ministry of Housing,
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HRA – DTR

<https://www.e-lfh.org.uk/programmes/tackling-homelessness/>

Jane.Cook@communities.gov.uk

Vulnerable Adult Support Team

Sarah Charters

Consultant Nurse Emergency Care
(Vulnerable Adults)



Background

- Trainee consultant nurse / Entrepreneurial module
- Consultant Nurse post
- Education
- Protocols / guidelines / pathways
- Transient staff
- Complexity
- Frequency of contact
- Lack of time
- Fast-paced environment



Solution



One-year pilot of VAST

Immediate success with clinical team

Positive evaluation from community partners

Increased referrals

Funding



- Commissioner support
- LAA stretch target – innovation fund
- Multiple financial fixed terms
- Mental health Pump Prime fund x 2
- Commissioned service
- UHS financial commitment
- Team sit within ED nursing budget

Team Structure

- Consultant Nurse 1WTE
- Vulnerable adult assistant practitioner 1.6WTE
- Vulnerable adult support worker 3.8WTE
- Supported by operational Band 6/7

- *High Intensity Service User Clinical Lead*
- *High Intensity Service User Coordinator*
- *Mental Health High Intensity Service User Lead*

Ways of Working



- Cover 08.00-22.00 7 days a week.
- Attend ED CDU handover to receive overnight referrals.
- Any ED staff member can refer.
- Monitor triage records to identify potential patients to be seen.
- Intervention whilst patient in ED.
- Telephone follow up, if left before seen.

Service Model

- Motivational interviewing approach
 - identification of psychosocial issues;
 - risk assessment;
 - provision of information;
 - safeguarding interventions;
 - signposting;
 - referral to specialist and community services.

Homeless Pathway

Homeless patients referred to VAST by ED staff.

The VAST practitioner:

- Follows standard VAST approach to screen for issues
- Completes risk assessment
- Submits 'Duty to Refer' Form
- (Gateway Form for Southampton residents)
- Liaises with community homeless services eg Street Homeless Prevention Team
- Agrees a safe management / discharge plan
- Signposts patient to day services if no accommodation available

Training & Development

- Induction Visits to:
 - Cranbury Avenue Homeless Day Centre
 - Street Homeless Prevention Team
 - Homeless Healthcare Team
 - Patrick House (56-room assessment centre)
 - Homeless VAST
 - No Limits Young People's Service
- Presentation/discussion about management of homelessness in ED
- Ongoing CPD with refresher sessions from the above
- Referral pathways & flowcharts



Service Development

- VAST Lead for Homelessness – Gina Lloyd
- Patient Information Leaflets
- Monthly audit
- Team updates
- Liaison with community partners & commissioners



Two Cases During Covid-19



- Well-trained & experienced team members provide complex interventions and facilitate safe discharge plans for vulnerable patients



- Increased health-promoting role of ED – delivery of brief interventions and potentially life saving referrals to specialist services.



- Increased identification of adult and child safeguarding issues, including the identification and reporting of 'Hidden Harm'.
- Improved patient and carer experience of ED - patients feel heard and appreciate the practical support they are given.



- Patients are helped to access community services, facilitating earlier intervention for psychosocial problems
- Transformed communication between the ED & community partners - close working relationships with over 25 community agencies in Southampton & Hampshire.



- Time is released to care for ED & MH clinicians, thereby improving patient flow and efficiency.
- VAST helps ED to meet Government policy eg 'Duty to Refer', national guidelines, and CQC regulation.
- Aiming for reduction in repeat attendance – collaborative approach with patient & other agencies



Summary

- Specialist team who are part of wider ED team
- Time and knowledge to provide intervention for homeless patients
- Understanding of 'Duty to Refer' and ability to undertake referral
- Urgent liaison with homeless services
- Making every contact count





We will switch off the recording now





Ministry of Housing,
Communities &
Local Government

MHCLG Update

Zsofia Imre

Rough Sleeping Adviser | Rough Sleeping Initiative

Ministry of Housing Communities and Local Government



Public Health England Update

Emma Seria-Walker

Public Health Consultant in Health & Wellbeing

PHE South East





National Update

Debbie Kennedy

Head of Clinical Programmes

South East Clinical Delivery and Networks



Referring homeless people: How to use ALERT

Why refer?

Everyone has a duty under the Homelessness Reduction Act (2017) to refer any person who is homeless or threatened with homelessness to their local authority.

How do I refer?

If your patient is currently homeless or will face homelessness upon discharge from hospital, with their consent you can inform Reading Borough Council by making an ALERT referral using this link

live.housingiqsaw.co.uk/alert/duty-to-refer

Follow these steps to complete the ALERT referral:

- > Create an account
- > Enter details of your hospital trust (inc ward/dept)
- > Provide your patient's details
- > Ensure the patient signs a 'consent to share' declaration
- > Choose the local authority that your patient wishes the referral to be sent to
- > Provide further information on nationality, ethnic origin, disability, support needs
- > Submit your referral

What happens next?

The ALERT referral is sent directly to Reading Borough Council's Homelessness Prevention Team who will contact the patient within one working day if they are homeless today or within three working days if they are threatened with homelessness. The team will be able to offer your patient an appointment with a Homelessness Prevention Officer.

Is that my bit done?

Yes! You will receive a receipt to confirm that your referral has been received.

Will I get feedback on the outcome?

No, the Homelessness Prevention Team at Reading Borough Council will make contact and support your patient going forwards.

Who is eligible for assistance from Reading Borough Council?

A homeless person must have a local connection to Reading in the form of:

- > Residence in the borough for 6 of the last 12 months
- > Residence in the borough for 3 of the last 5 years
- > Immediate family who have lived in the borough for the last 5 consecutive years
- > Permanent employment in the borough

What if my patient isn't a Reading resident – does that mean there is no help?

If your patient has no local connection to Reading, you can select an alternative local authority to send your referral to. If that local authority does not have an ALERT referral service, you can find how they receive referrals by visiting: www.gov.uk/homelessness-help-from-council

What should I do if my patient refuses a referral?

Please give them a contact card '*Are you currently rough sleeping?*' which gives guidance on who they can contact for help.

What should I do if I can't make an ALERT referral?

You can make a referral through Reading Borough Council's Homelessness Prevention Team on 0118 937 2165 Mon-Fri 9am-5pm; or out of hours call the Emergency Duty Team on 01344 786 543.

Online Duty to Refer training:

<https://www.e-lfh.org.uk/programmes/tackling-homelessness/>

Guide to the duty to refer:

<https://www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer#contents>



think

Is your patient **homeless?**

ask

Are they:

Sleeping rough?

At risk of being homeless?

Homeless?

and Residing in Reading?

If the answer is YES...

refer

With their consent, by completing an online ALERT referral:
live.housingjigsaw.co.uk/alert/duty-to-refer

Alternatively, contact Reading Borough Council's Homelessness Prevention Team, Mon-Fri 9am-5pm on 0118 937 2165
(Out of hours, contact RBC's Emergency Duty Team on 01344 786543 for advice.)



Have you spotted a rough sleeper?

The best way to report your concerns is
via Streetlink at www.streetlink.org.uk

If you have a further enquiry about somebody rough
sleeping, contact St Mungo's Street Outreach Service
on 0118 958 5002 Mon-Fri 9am-5pm.

Out of hours contact Reading Borough Council's
Emergency Duty Team on 01344 786 543 for advice.



think

- *What is their precise location?*
- *Do you know their name?*
- *Can you provide a physical description?*
- *Can you describe what they are wearing and their belongings?*
- *Do you know what time they bed down and wake up?*
- *Do you know where they store their belongings?*
- *Do you know where they wash and get food?*

Referrals including this information helps the St Mungo's Street Outreach Service
to find a rough sleeper, engage with them and offer support services.



Additional 2020/21 winter funding for post-discharge support for mental health patients

Guidance published on [the website](#) on Monday 30 November: **additional £50m nationally** = c. £6.6m across the South East allocated to each ICS on MH prevalence capitation

Objectives:

- Patient safety, support and suicide prevention
- Improved access to mental health beds
- Reduced pressure on A&E and fewer out of area placements

Timescales – return by Monday 7 December to be part of the December payment to CCGs and to providers

“It is expected that the funding will then be transferred immediately in December from the lead CCG to named providers, as per the agreed allocations. There is flexibility for mental health providers to agree locally where funding **can remain with CCGs or, for example, in joint s.75 pots with LAs**, because they are better placed to commission extra services most effectively (e.g. through variation to existing contracts). In all cases the fund is intended to encourage joint working between mental health providers and other NHS and non-NHS (in particular VCS and LA) partners.”

Monitoring – return expected by 10th of each month January-March

Support that can be bought:

- Discharge packages - specifically mentioned as part of the examples is “temporary B&B or similar accommodation while medium-term housing solutions are found, e.g. for people who may have been rough sleeping or are awaiting home adaptations”
- Step-up care to help avoid admissions.
- flexibility to use the funding on services for all ages and patient cohorts that help patients move through the system
- Suggestion to organise **multi-agency discharge events and embed home-first/ discharge-to-assess principles.**





REMINDER

The *help us help you* campaign is now out and the MH support campaign over winter will be launched soon – both of which include the [urgent MH page on NHS.UK](#) with the postcode finder for local 24/7 mental health crisis helplines.



“I JUST BOTTLED IT ALL UP”

JUST TALKING CAN HELP

NHS talking therapies can help you if you're struggling to cope with feelings of anxiety or depression.

Your GP can refer you or you can refer yourself online
nhs.uk/talk

NHS

Your health matters **help us help you**





Links to previous webinars:

all the previous webinars are available to view at

<https://www.southeastclinicalnetworks.nhs.uk/homelessness-and-rough-sleeping/>





Q&A, discussion and AOB





Future webinars: *fortnightly webinars and discussion/ Q&A sessions*

17 December – National Experts Citizens Group – Andy Williams

14 January – Towards Employment and IPS-AD – Pauls Anders (PHE) and Rob Robinson (service provider Brighton and Hove)

28 January – Fulfilling Lives – Jo Rogers and Nelida Senoran-Martin

11 February – Residential drug and alcohol rehabilitation

Future topics TBC:

- COVID-19 / Flu Vaccination
- Physical activity and homelessness
- Health and housing (Darenth Valley, Swale, Solent)
- Better Care Fund – examples for homeless client group

