

# Public Document Pack

## Housing Select Committee Agenda

Wednesday, 16 November 2016

**7.30 pm,**  
Civic Suite  
Catford  
SE6 4RU

For more information contact: John Bardens (02083149976)

### Part 1

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# Housing Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 16 November 2016.

Barry Quirk, Chief Executive  
Tuesday, 8 November 2016

Councillor Carl Handley (Chair) Councillor Peter Bernards (Vice-Chair) Councillor John Coughlin Councillor Liz Johnston-Franklin Councillor Maja Hilton Councillor Simon Hooks Councillor Olurotimi Ogunbadewa Councillor John Paschoud Councillor Joan Reid Councillor Jonathan Slater Councillor Alan Hall (ex-Officio) Councillor Gareth Siddorn (ex-Officio)	
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## MINUTES OF THE HOUSING SELECT COMMITTEE

**Tuesday 25 October 2016, 7.00pm**

Present: Councillors Carl Handley (Chair), Peter Bernards (Vice Chair), John Coughlin, Maja Hilton, Simon Hooks, Liz Johnston-Franklin, Olurotimi Ogunbadewa, Joan Reid, and Jonathan Slater.

Apologies: Councillor John Paschoud

Also present: Cllrs Bill Brown, James-J Walsh, Eva Stamirowski, Paul Upex, and Liam Curran (Chair of Sustainable Development Select Committee), Kplom Lotsu (SGM Capital Programmes), Emma Talbot (Head of Planning), Kevin Sheehan (Executive Director for Customer Services), Genevieve Macklin (Head of Strategic Housing), Michael Westbrook (Housing Policy and Partnerships Manager), Cllr Alan Hall (Chair of Overview & Scrutiny), Petra Der Man (Principle Lawyer), John Bardens (Scrutiny Manager), Sonia Bernard (Assistant Director Partnership and Support, L&Q), Moira Griffiths (Group Care and Support Director, Family Mosaic), Martin Pearce (Housing Projects Manager, Family Mosaic), Phil James (Gateway local housing manager, Phoenix Community Housing), Annabel Davidson (Gateway local housing manager, Phoenix Community Housing).

### **1. Minutes of the meeting held on 7 September 2016**

Resolved: the Committee agreed the minutes of the last meeting as a true record.

### **2. Declarations of interest**

The following non-prejudicial interests were declared:

- Councillor Slater is a member of the board of Phoenix Community Housing.

### **3. Housing action zones**

Kplom Lotsu (SGM Capital Programmes) introduced the report. The following key points were noted:

- The officers' report is intended to provide an update on the two housing zones in Lewisham (New Bermondsey and Catford) as well as a broad overview of what housing zones are.
- Housing zones are intended to boost housing supply in London by unlocking and accelerating housing delivery through a range of planning and financial measures. The Government and GLA made £400m available for an initial twenty zones. Half of this money was for loans to private sector organisations only. The other half was available in different funding forms, including grants.
- Prospective housing zones must demonstrate how they meet a number of eligibility criteria. This includes that it must have a minimum of 750 housing units;

the majority must be on brownfield land; it must refer to how good design will be achieved; and it must demonstrate an expeditious delivery of housing.

- The New Bermondsey housing zone has been allocated in principle funding of £20m. The GLA has also agreed to make a grant of £12m to fund a new overground station at Surrey Canal Road. The idea is that this would allow any money that was previously going to be spent on the station to be spent on more affordable housing within the scheme. The exact levels of affordable housing are currently being negotiated as part of a revised s106 agreement for the scheme
- The Catford housing zone has been allocated £30m – £27.2m for affordable housing, £1.3m to improve rail station arrival space, and £1.5m for flood alleviation work.
- The next stage for Catford is for the council to enter into an Overarching Borough Agreement with the GLA. This is a formal acceptance of the general principles of the housing zone grant. It does not, however, set out anything on the levels of affordable housing. The stage after that will be for the council and GLA to enter into individual Borough Intervention Agreements on each part of the scheme. These will set out levels of affordable housing, but this could take a while as they are dependent on planning applications going through first.
- In the meantime, the GLA and the council have identified a number of projects that can be carried out as soon as possible. This includes work to improve the arrival spaces of the Catford stations and work to reduce the risk of flooding in Catford town centre.

Kplom Lotsu (SGM Capital Programmes) and Emma Talbot (Head of Planning) answered questions from the Committee. The following key points were noted:

- The council owns most of the land that makes up the Catford housing zone. But as some housing will be built on land that isn't council-owned, officers are not yet certain of the total build cost of the proposed 2,500 houses. Officers stated, however, that the council is not bound to providing this number of homes. This was an indicative number used when applying for funding. More certain numbers will emerge as the scheme progresses to the planning stages.
- In terms of housing density and height the Council are looking at the higher end of the land planning density threshold – and looking at buildings of medium height, around 10 stories on average. Officers noted, however, that there is still room for negotiation with the GLA. The council is not yet committed to any specific plans – they are just coming to an agreement on the principles of the housing zone.

- As the GLA are currently oversubscribed for housing zones, they are reviewing grants and, where schemes are not progressing quickly enough, there is a risk of some grant money being taken back.
- The GLA expects around 35% of housing in housing zones to be affordable – according to various definitions. Lewisham are aiming for “genuinely affordable”, although officers stated that the overall number of homes will go down the more affordable housing there is. The council is looking at a range of possible partners for the Catford scheme.
- In New Bermondsey, the agreements on housing will apply whoever delivers the scheme – including, for example, if the developer contract was to be sold on to someone else. If a new developer was to want to renegotiate any part of the agreement there would need to be a new planning application.
- Any renegotiated s106 agreement could be delegated to the Head of Planning, with the potential of being called in and going to the Strategic Planning Committee.
- The money freed up by the GLA’s decision to provide £12m grant funding for station work in New Bermondsey will go into additional affordable housing. The council would expect a range of home sizes, including family homes, to be part of the scheme. A condition of the housing zone is to get the station and other infrastructure in place before housing.

The Committee made a number of comments. The following key points were noted:

- The Committee noted the possibility of station work being completed as a “quick win”, but queried whether we can be sure that this will fit in with what we are going to want and need in the long-run, once the housing parts are also complete.
- The Committee noted the interest rates being applied to developer loans and queried whether any future change in these could affect the scheme and amount of housing possible.
- The Committee expressed concern that there are many things being agreed before there is sufficient detail on the scale and design of the scheme. The committee said there are still unanswered questions on the south circular, the theatre, and the Bakerloo line extension, and expressed concern that the council will end up committed to a number of homes, of a certain height, with little room for negotiation.
- The Committee expressed concern about the possibility of the developer contract in New Bermondsey being sold on. The Committee was concerned that any new

developer would likely want to renegotiate parts of the agreement meaning that there would have to be a new, lengthy planning application process.

- The Committee recommended that both housing zones should reflect the housing need of the borough and that residents should be involved in meaningful consultation.
- The Committee also recommended that the Strategic Planning Committee should have oversight of the new s106 agreement for the New Bermondsey housing zone.

Resolved: the Committee noted the report and agreed to make the following referral to Mayor and Cabinet:

*The committees recommend that Mayor and Cabinet seeks assurances from officers about key parts of the housing zones programme before proceeding with any further decision making. This should include:*

- *The maximum height of any towers proposed in the Catford development as well as further details about the anticipated massing of the development.*
- *A commitment that the level of affordable housing in both housing zones will reflect housing need in the borough. The committees believe that guarantees should be sought on the minimum amount of social housing that will be provided as part of the Catford development.*
- *Reassurance from TfL that a decision will be taken to realign the south circular in Catford in order to enable the redevelopment of the town centre.*
- *Assessment of the implications for public services in Catford, including likely pressures on transport, health services and schools.*
- *Timings of planned key decisions for the development of the programme.*
- *A commitment to clear and meaningful consultation with local councillors and residents – which aligns with the anticipated programme of key decisions.*

*The committee's also requested details of the proposed governance arrangements for future development of Catford, including the plans for non-executive oversight and the meaningful engagement of the public in the future of the scheme.*

*In relation to the New Bermondsey housing zone, the committees recommend that:*

- *Oversight of the section 106 agreement should be returned to strategic planning committee.*
- *An explanation should be sought from Renewal about its reasons for not making the New Bermondsey housing zone bid public.*
- *That further information should be made publicly available about the management structure and ownership of the developer.*

*The Chairs of the two committees also intend to write to the Mayor of London expressing concern about housing zones and the amount of affordable housing being provided. They will also request further assurances from the GLA that the necessary due diligence is being carried out on the use of housing zone funding by developers.*

#### **4. Housing and mental health – evidence session**

Sonia Bernard (L&Q), Moira Griffiths (Family Mosaic), Martin Pearce (Family Mosaic), Phil James (Phoenix Community Housing) and Annabel Davidson (Phoenix Community Housing) introduced themselves and spoke about their work. The following key points were noted:

- L&Q provide a range of services for residents struggling with a range of issues. This includes a tenancy sustainment service, which provides up to six months of support to people whose tenancies are at risk. L&Q also offer services to help tenants manage their money better.
- L&Q said that mental health problems are often one of the reasons someone might be struggling to maintain their tenancy. Issues with anti-social behaviour are also often found to relate to mental ill health.
- Family Mosaic said low-level mental health issues are becoming increasingly common. There's plenty of anecdotal evidence of increasing numbers of vulnerable people in general needs housing – people with multiple needs, who don't quite reach the level for statutory intervention but are struggling to maintain their tenancies.
- With welfare reform, Family Mosaic recognise that they have a role in their tenants' health and wellbeing. It's now part of their mission statement and they're trying to shape their interventions so that they're targeted at people they recognise as vulnerable.
- Family Mosaic are paying increasingly close attention to the first year of a tenancy. As well as assessing affordability, they're trying to better understand people's wider needs and provide more targeted interventions. They said, however, that much of this relies on further income.
- Family Mosaic noted that while low-level mental health issues are affecting all housing providers, at the moment, it is too often allowed to escalate to crisis point. They agreed that more prevention and early intervention work is needed.
- Phoenix Community Housing are also seeing high numbers of vulnerable tenants with mental health issues of various levels. They find it particularly difficult to get the right support for those with low-level mental health needs.

Witnesses answered questions from the Committee. The following key points were noted:

- Family Mosaic provide all frontline housing managers with mental health training – looking at pathways, possible trigger points, signs and symptoms, and making the right referrals.
- L&Q frontline housing officers receive introductory mental health training. Tenancy sustainment officers receive more intensive training. Organisations such as Mind have also come to team meetings in the past.
- Phoenix staff are trained on a range of issues from hoarding to domestic violence – sometimes by external people and sometimes by e-learning. Staff also get training on having challenging conversations, to give them the skills to deal with a variety of difficult and sensitive situations.
- Phoenix Community Housing carry out a vulnerability assessment at the start of a tenancy, consisting of a number of questions about physical and mental health, including whether they have a support or social worker. There are then at least three home visits during first year – one at six weeks to make sure the tenant's settled in, and again at three and eight months to make sure the tenant's accessing appropriate services on offer. These visits also provide an opportunity to pick up any signs of mental ill health.
- L&Q said that they've had to get to know their residents and understand their vulnerabilities better since welfare reform. During a recent pilot, for example, they found that around 50% of residents in general needs housing had some sort of vulnerability.
- L&Q explained that it's in their interests to understand their tenants and that if they can support a resident to stay in their home they will. The eviction process is expensive and they will explore all other options before going down this route. The earlier problems are picked up, the more likely – and sometimes more able – people are to engage with the support on offer.
- L&Q said that information sharing can be complex and that getting information about tenants' needs is a problem. It is often difficult to get consent – some people are reluctant to provide information that they think might affect their tenancy.
- Family Mosaic have also found information sharing difficult – and that the law around data protection is frequently misunderstood and allowed to get in the way.
- Family Mosaic have a confidential helpline people can call if they're particularly worried about someone. Repairs teams, for example, will often see things that others won't and this confidential helpline allows them share this information.



- Phoenix have signed up to several information sharing protocols, but they also rely on good stakeholder relationships and building trust with tenants.
- Phoenix have had problems trying to establish how many people in their properties have mental health issues – often people won't admit, or perhaps realise, they have a problem.
- Family Mosaic explained how familiar their more experience staff are with local sources of help and support, and noted how this can help to get the right help and support as early as possible. They said it is something they can still get better at though. They also said it's important to try to work with local GPs and pharmacies.
- Phoenix said they often have problems with making referrals and not hearing back. They said that they've made referrals in the past, expecting that service to make contact with the individual, only to later find out that the case has been closed. Phoenix said this makes it very hard to keep track of what's going on with their tenants.
- Phoenix said that hoarding is still a significant challenge. They noted that Lewisham had a hoarding protocol and panel in place some time ago, and said it would be good if it could be refreshed.
- The council's Head of Strategic Housing said that the hoarding protocol still exists. The council are also currently setting up a multi-agency safeguarding hub, which will include a dedicated person from housing – so there should be a vast improvement in the way referrals are handled.
- Family Mosaic said many people with low-level mental health needs, like anxiety and depression, or where they are out of work, have problems with motivation, and suggested that housing providers need to find ways of “nudging” people into higher levels of personal motivation.
- Family Mosaic are looking into conditional tenancies and whether rather than just offering people support, they can say that a tenancy comes with the requirement for you attend certain support programmes – employment coaching, for example. They acknowledge that it's a tricky approach to take.
- Family Mosaic mentioned the PAM (Patient Activation Measure), which is about encouraging resilience and self-management. They also spoke about research on how creating communities with more befriending and volunteering opportunities can help with personal motivation.
- Family Mosaic are developing a way of categorising people and tailoring interventions as they're housing more people who may struggle to manage their

tenancy. L&Q are also looking at adding conditions to tenancies and categorising people according to vulnerability to tailor interventions.

- Phoenix would be very interested in finding ways for local housing providers to share more information and best practice. Something like a workshop would help, but questioned who would be responsible for setting it up and running it.
- L&Q expressed support for a workshop of some sort – noting that housing providers are all facing the same challenges. It would be a good way to come to some sort of common understanding about how best to handle things, rather than trying to work it out individually.
- Family Mosaic were also supportive of a workshop. They felt it could help to build an evidence base about what works. It may also be helpful to involve partners from across the whole mental health pathway – from prevention to statutory intervention.
- Family Mosaic said there would likely be some challenge from housing providers if they were told that they had to do provide extra support or services. Where responsibilities fall between housing providers and other services, such as social care, needs to be carefully looked into.
- The Executive Director for Customer Services said that the council should be agile enough to pick up and support people with mental health problems in the private rented sector too.

The Committee made a number of comments. The following key points were noted:

- The Committee suggested that there's a need for a more formal working protocol on how to handle tenants with low-level mental health issues – noting that it feeds into other work the council are doing to prevent homelessness.
- The Committee noted Phoenix's approach of assessing vulnerability at the start of a tenancy and following up at regular intervals during first year.
- The Committee suggested that low-level mental health problems are likely to increase as an increasing number of people face housing and other money-related problems.
- The Committee noted that many people in the private rented sector will also be coping with low-level mental health problems and facing similar housing-related issues.
- The Committee pointed out that in some cases it may not be until after eviction that mental health problems are triggered, and queried what housing providers can do identify and help these people.

- After meeting with the housing manager at Southwark council, one member spoke about the hoarding and anti-social behaviour panels and homeless forum in place there – explaining how these allow people from different organisations to come together and address situations and people’s needs holistically.
- The member also mentioned that Southwark have found becoming a “Mindful Employer” to be a very helpful influence on services – which has also given them access to a number of good practice guides covering a range of topics as well as online training for staff.

Resolved: the Committee noted the witnesses’ evidence.

## **5. Monitoring homelessness and temporary accommodation pressures**

Genevieve Macklin (Head of Strategic Housing) introduced the report and the Committee made a number of comments. The following key points were noted:

- The Chair explained that officers have agreed to present this item in full at the next committee meeting so that there is enough time to cover such an important issue in enough depth. In the meantime, at this meeting, officers have agreed to provide an update on homeless numbers.
- Across London, there are 52,000 people in temporary accommodation (8% more than last year) and 19,000 in nightly-paid accommodation (an 18% increase). Councils are increasingly using nightly paid accommodation as temporary accommodation. It’s becoming increasingly difficult to find temporary accommodation in the private sector at local housing allowance rates.
- In Lewisham, there were 1,768 people in temporary accommodation in September 2016 – this compares to 1,750 in March 2016. There were also 509 people in nightly-paid accommodation – which is down from 608 in March 2015. A number of projects have helped stabilise numbers in Lewisham, including: the creation of pop-up housing units in Ladywell, the conversion of Hamilton Lodge to extra hostel units, and the property acquisition programme with Lewisham Homes.

Resolved: the Committee noted the update and agreed to hear the full update at its next meeting.

## **6. Additional licensing for HMOs**

Genevieve Macklin (Head of Strategic Housing) introduced the report and the Committee made a number of comments. The following key points were noted:

- The committee has seen the additional licensing scheme before, but it is having to go back to Mayor and Cabinet as there was a small mistake in the wording of the previous report. The previous report to Mayor and Cabinet stated that the

licensing scheme would apply to HMOs above and below commercial premises, but it should have only said above.

- Officers mentioned that the government is consulting on the introduction of a statutory licence for all flats above shops and changing the definition of HMO.

Resolved: the Committee noted the report.

## **7. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the report.

Resolved: the Committee agreed the work programme.

## **8. Referrals**

Resolved: to refer the Committee's views on housing action zones.

The meeting ended at 9.30pm

Chair:

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Date:

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Housing Select Committee			
<b>Title</b>	Declarations of Interest	<b>Item No.</b>	2
<b>Contributor</b>	Chief Executive		
<b>Class</b>	Part 1 (open)	16 November 2016	

## Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

### 1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

### 2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person\* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person\* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person\* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
  - (a) that body to the member's knowledge has a place of business or land in the borough; and
  - (b) either
    - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
    - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person\* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

\*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

### (3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

### (4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

### (5) Declaration and impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.
- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

**(6) Sensitive information**

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

**(7) Exempt categories**

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

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# Agenda Item 4

Healthier Communities Select Committee		
Title	Housing and mental health – second evidence session	
Contributor	Scrutiny Manager	Item 4
Class	Part 1 (open)	16 November 2016

## 1. Overview

1.1 As part of the first evidence session of the Committee's in-depth review of housing and mental health, the Committee will hear from the following local organisations:

- Lewisham Homes
- Hyde Housing
- Bromley and Lewisham Mind
- South London and Maudsley NHS Foundation Trust
- 999 Club Lewisham

1.2 Following the committee's last evidence session, the following borough's housing and mental health joint-working protocols are included for information as well:

- London Borough of Richmond upon Thames
- London Borough of Islington
- London Borough of Southwark

1.3 Earlier in the year, the Committee also asked local housing providers a number of background questions related to housing and mental health – a summary of the responses is included with this report again.

## 2. Recommendations

2.1 The Committee is asked to note this information.

If you have any questions, please contact John Bardens (Scrutiny Manager) on 02083149976.

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# Mental Health and Housing Joint Working Protocol

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Corporate policy

*31 May 2016*

# London Borough of Richmond upon Thames Mental Health and Housing Joint Working Protocol



*safer communities, healthier lives*



1. Introduction
2. Referring to services
3. Timescales and arrangements for assessments
4. Information sharing
  - 4.1 Types of information to be shared
  - 4.2 Consent
  - 4.3 Capacity
  - 4.4 Procedures for sharing information
  - 4.5 Escalation of requests
  - 4.6 Security procedures and retention (data storage and access)
5. Protocol Scope
6. Rationale and underpinning principles
7. Legal responsibilities
8. Roles of Partners
9. Vulnerable Persons Panel
10. Monitoring of the Protocol
11. Training

Appendix One: Organisational contacts

Appendix Two: Shared consent Form

Appendix Three: Full information sharing request

Appendix Four: Information sharing request decision form

Appendix Five: RIRS Referral Form

## 1. Introduction

This agreement is an operational level arrangement for joint working and sharing information between housing and mental health professionals in the London Borough of Richmond upon Thames. It aims to establish clear mechanisms for housing and mental health professionals to share appropriate and relevant information about their service users and enable professionals to feel confident in doing so. The most 'useful' information is presented first, to facilitate quick access for professionals using this agreement.

The partners to this agreement acknowledge that multi agency working requires sharing of personal information between organisations to meet the needs of individuals effectively, but that equally there is a need to ensure that information sharing takes place within a clear framework which protects the rights of service users to privacy and confidentiality.

## 2. Referring to services

Effective joint working involves all agencies being clear of their own roles and expertise and feeling confident on when and how to refer a service user to another agency.

Where a service user is already known to another agency, that agency should advise whether they can start to work with that service user again and reopen their case, or whether that person will need to be re-referred.

If a service user is being referred for the first time, or is being re-referred, please refer them as follows:

**Please note that referrals sent via email should be sent using secure email facilities (Egress Switch/Ironport).**

### Housing (LBRuT)

The Housing Options Team deal with:

- Homelessness
- Housing Advice Service
- Emergency accommodation
- Safety First Scheme
- Vulnerable Clients Panel

To refer a service user to them, please email on [housingadvice@richmond.gov.uk](mailto:housingadvice@richmond.gov.uk) or call them on 020 8891 7409 to discuss.

The Housing Provision Team deal with:

- Richmond Housing Register

- Low cost home ownership
- Supported housing (including mental health supported housing)
- Tenant mobility schemes

To discuss a service user with them, please email on [housingallocations@richmond.gov.uk](mailto:housingallocations@richmond.gov.uk) or call them on 020 8487 5454.

### Tenants' Champion

The Tenants' Champion offers independent assistance to Tenants and Leaseholders of Social Housing providers in LBRuT who have serious or longstanding unresolved complaints with their landlords. Tenants/Leaseholders can access the service by completing a [short online form](#) or by ringing 0208 891 1411 where Council staff will complete the form on their behalf. Advice on the service can be reached by calling the Project Support Officer to the Tenants' Champion on 0208 831 6103.

### Community Safety (LBRuT)

Community Safety work in partnership with the police and other key partners to help people live safely in their community. This includes work on:

- Anti-social behaviour
- Domestic abuse
- Hate crime

To discuss a service user with them, please email on [community.safety@richmond.gov.uk](mailto:community.safety@richmond.gov.uk) or call them on 0208 891 7777.

### Residential Environmental Health (LBRuT)

Residential Environmental Health are the point of contact for residents' enquiries and complaints regarding domestic properties including noisy neighbours, alarms and bonfires. To contact Residential Environmental Health, please email them on [residentialeh@richmond.gov.uk](mailto:residentialeh@richmond.gov.uk) or call 020 8891 7737.

### Richmond Wellbeing Service (RWS)

Richmond Wellbeing Service is the gateway to other mental health services. A person can refer themselves to Richmond Wellbeing Service using an [online form](#) or call 020 8548 5550. They can also be referred by their GP. RWS accept referrals from other agencies -please fax a letter of referral to 020 8548 5551 or write to RWS at Richmond Royal Hospital, Kew Foot Road, Richmond, TW9 2TE.

## SWLStG (South West London and St George's Mental Health NHS Trust)

A first referral to SWLStG Community Mental health Services must be made either by a service user's GP or via East London Foundation Trust (Richmond Wellbeing Service).

Referrals are screened and assessed for eligibility and services offered to address mental health needs.

Where a service user is already known and open to SWLStG or the professional feels the level of risk to the individual or another person is very likely to require a Mental Health Act assessment, professionals can contact the Single Point of Referral on 0203 513 3200.

### Registered Provider (Housing association)

Applications for housing should go via the housing register.

If discussing a current Registered Provider tenant please contact the relevant Registered Provider. They may be able to offer tenancy support, discuss the potential to transfer a tenant or other support options such as mobility schemes. Contact details for all organisations signed up to the protocol are available in Appendix One.

### SPEAR

SPEAR is the locally commissioned rough sleeper service. They will work with any person who is currently homeless or who has slept rough in the past.

A person can refer themselves to SPEAR via the online referral form or through calling 020 8404 1481. You can refer a service user to SPEAR through the same methods

### Richmond Integrated Recovery Service (RIRS)

RIRS is a drug and alcohol treatment service that offers support for individuals at all stages of their recovery. The service is accessible to all Richmond borough residents over 18 years old. It operates currently over 2 main sites and offers satellite services. Access to this service is via self-referral, referrals from professionals and drop in sessions over both sites.

As an initial point of contact service users can drop in to their Twickenham site- Unit 2, 94 Holly Rd, TW1 4HF:

Monday 10am- 12 noon

Wednesday 1pm- 3pm

Friday 1pm- 3pm

Tel: 020 8891 0161 Fax: 020 8892 3363



Agencies can make a referral to [referrals.richmond@cri.org.uk](mailto:referrals.richmond@cri.org.uk) or service users can call/ text 07795 391 187. The client will receive an invitation for initial recovery assessment within 48 hours and the referring agency will be informed. For more information please email [richmond.info@cri.org.uk](mailto:richmond.info@cri.org.uk).

### Social Care Support (Access Team)

All requests for social care support should be made through the Access Team on 020 8891 7971 or on [adultsocialservices@richmond.gov.uk](mailto:adultsocialservices@richmond.gov.uk).

### 3. Timescales and arrangements for joint working and information sharing

Agreed timescales for responses are as follows:

Priority	Information request response	Joint working request (where case is open)
<b>Priority Four</b> Other standard communications, e.g. a request to arrange shadowing	5 working days	N/A
<b>Priority Three</b> A standard request for information or for joint working	5 working days for email or fax requests or 5 working days <b>from receipt</b> of special delivery post	5 working days
<b>Priority Two</b> Where professionals wish to raise a concern about risk of harm or significant threat to tenancy e.g. tenant is perpetrating ASB or there is self-neglect	3 working days for email or fax requests	3 working days
<b>Priority One (exceptional)</b> Where professionals believe an individual is at risk of serious harm e.g. imminent loss of tenancy or serious risk to health	1 working day for urgent telephone requests	1 working day for urgent telephone requests

Joint visits are an example of effective working practice as they enable professionals to share their expertise and reduce the need for the service user to tell their stories multiple times. In particular, there may be a need for joint visits with mental health staff and Registered Provider staff.

Priority will be determined on the basis of professional opinion. Professionals should only class a request as Priority One in urgent cases and should not do so routinely.

Registered Providers should contact Mental Health services at the earliest opportunity when a tenant with Mental Health needs is at risk of court action which may endanger their tenancy or affect their ability to remain in their home.

#### 4. Information sharing

In many cases it is only when different agencies share information that a comprehensive picture of needs and risk to a person can be built up. However it is recognised that staff may have concerns around how to share information and may also be concerned about the effect of sharing information on their relationship with the individual concerned.

##### 4.1 Types of information to be shared

The type of information to be shared will depend on what information is requested and what the purpose of the request is. The information shared should always be the **minimum required and on a need to know basis** (Caldicott Principles 3 and 4).

The types of information likely to be requested under this protocol are:

- Whether an individual is known to a service
- Whether an individual is engaging with a service and the extent of engagement
- Address, GP details
- Basic clinical details (such as condition and relevant care requirements)
- Information relating to discharge from inpatient wards
- Information about an individual's housing (such as their type of tenancy, how they are managing their tenancy)

This is not an exhaustive list and individual information sharing requests should be considered on a case by case basis.

It is very important to know and communicate **why** you are seeking information and what the information will be used for.

##### 4.2 Consent<sup>1</sup>

Information held by partners to this agreement, particularly mental health services, is likely to be **confidential** and of a **sensitive nature**. For this reason, in the majority of cases information cannot be shared without explicit consent. Implied consent for the purposes of direct care would not

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<sup>1</sup>This section references The Health Informatics Service 'Inter-Agency Information Sharing Protocol' <<http://www.this.nhs.uk/fileadmin/IG/interagency-information-sharing-protocol.pdf>>

usually extend to sharing information between housing and health professionals.

To facilitate explicit information sharing, partners are asked to **use the multi-agency agreed consent form at Appendix Two**. The professional seeking explicit consent must present and explain the issues around sharing information, request consent to share for specified purposes and explain the potential consequences if consent is not given. It is the responsibility of agencies to ensure that consent is given on an informed basis.

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.**

#### **4.2.1 Sharing information without consent where person has capacity**

Where the individual chooses to exercise their right not to provide express consent for data sharing, they must be advised of any constraints that this will put upon the service that can be provided. However, their wishes **must** be respected unless:

- The information is required in order for the body to carry out its statutory functions
- The sharing of the information reduces a serious risk of harm to the service user and/or other individuals
- The sharing of the information is required for the prevention, detection or prosecution of crime
- The information is required by statute or court order

The decision to release information under these circumstances can only be made by a senior professional, and staff should follow their agency's procedures. This will involve consulting their line manager who should countersign the record of the decision.

#### **4.2.2 Sharing information without consent due to incapacity**

Where the individual is unable to provide express consent due to incapacity, the professional concerned must take decisions about the use of data. This must take into consideration:

- The individual's best interests;
- Any previously expressed wishes;
- The wishes of anyone who is authorised to act on behalf of the individual;
- Whether a statutory condition (section 7.2.1) applies.

Data must only be disclosed that is in the individuals best interest, and only as much data as the other person 'needs to know.' It is important to weigh all the consequences to the person, and to any others affected, of not sharing information against all the consequences of sharing information.

#### **4.2.3 Recording a decision to share without consent**

If information is disclosed without consent, then full details must be recorded about:

- What information was disclosed;
- The reason/s why the decision to disclose was taken;
- The person who authorised the disclosure;
- The person to whom it was disclosed.

The service user must be informed if they have capacity to understand. If they do not, the people who have been consulted must be informed. If a decision is made not to share, this should also be recorded along with the reasons for refusal.

### **4.3 Capacity<sup>2</sup>**

**All** adults and young people aged over 16 are presumed to have capacity to consent to share information unless it is proven otherwise.<sup>3</sup> There should always be this assumption unless there is a clear indication that their capacity needs to be assessed.

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<sup>2</sup> This part of the protocol references the Overarching Information Sharing Agreement to which LBRuT and SWLStG are signatories.

<sup>3</sup> Mental Capacity Act 2005

Capacity means a person's ability to understand and take responsibility for decisions. Judgments about a person's capacity are always related to the particular type of decision in question. For instance, someone might lack capacity for financial decision-making, but have capacity to decide where they should live.

The general test of a person's capacity to decide whether or not they want their information to be shared between agencies is:

- Does the person understand, in broad terms, the nature and effect of making, or not making, the proposed decision?
- Can they exercise a choice?
- Can they communicate their decision?

In answering these questions it is essential that the following questions are also considered:

- Has the person been given clear and user-friendly information about the decision to be made?
- Has full account been taken of any language or sensory impairment or the temporary effects of illness or pain?

#### **4.4 Procedures for sharing information**

In order to facilitate effective and appropriate information sharing, signatories to this protocol agree to share information in line with the following procedures:

##### **4.4.1 Establishing contact**

Effective initial contact is crucial to timely and appropriate sharing of information. Where a professional is seeking to share or obtain information about an individual, they should initially seek to make contact with the holder or recipient of that information via **telephone**. Once contact has been made, professionals can agree how to proceed.

This initial contact should cover:

- Who the key contact is in each organisation
- The basis for sharing (explicit consent or rationale for sharing without)
- What information will be sought/shared and why

Once professionals are satisfied as to the above, they should either share the information or send through a full request detailing:

- The information sought (need to know basis)
- The reason for seeking the information and what the information will be used for

- Where held, a consent form for sharing information

The method used to share the information will depend on the urgency of the situation. Both parties should make a record of the request and the outcome.

If contact is not made (the other person is unavailable), the caller should establish:

- When they will be available (e.g. are they on annual leave)
- An alternative contact to call if the other person will not be available for more than one working day

If the other person will be available within one working day, a full request for information can be sent through to them. This should be **clearly marked** and where possible should always be followed up with a phone call when the other person is available.

#### 4.4.2 Egress Switch/Ironport

All personal information shared under this protocol must be shared and disseminated in a secure manner, following Data Protection and Caldicott principles.

It is recognised that not all signatories to this agreement will have use of secure email accounts. For this reason, organisations sharing information via email have agreed they **must** use Egress Switch or Ironport to secure their confidential email communications.

There is online training available on Egress Switch on the [Egress Switch website](#).

#### 4.4.3 Telephone sharing

The most appropriate mechanism for sharing of information depends on the situation. However, where a request for information is urgent (risk of harm to person or imminent risk to their tenancy) information can be shared by telephone. All parties to the conversation should clearly identify themselves and the reason for sharing via telephone. All parties should make a record of what was discussed and shared following the call.

#### 4.4.4 Fax and post

The preferred methods of sharing information are email (Egress Switch/Ironport) and telephone (if urgent). However, where professionals feel there is a strong rationale for sharing information via fax or post, they should adhere to the following:

Fax

- Confirm the receiving fax machine is in a secure location;
- Confirm the correct fax number is being used;
- Confirm the named recipient is ready to receive the information;
- Confirm safe receipt personally.

#### Post

All confidential information should be sent by special delivery in a sealed envelope with full address (including a named recipient) and return address clearly marked, and marked "Private & Confidential." Envelopes should be of substantial quality.

### 4.5 Escalation of request

There are two 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.

#### No response within agreed timescales

The agreed timescales for response of a formal request are:

- 1 working day for urgent telephone requests
- 3 working days for email, fax requests where professionals are raising a concern about risk to a service user or significant threat to tenancy
- 5 working days for email, fax, or **from receipt** of special delivery post

Where these timescales have not been met, the person seeking a response should initially follow up with the information holder by telephone. If they still fail to receive a response they should contact the named individual from the other agency.

#### Response contested

It is recognised that there may be disagreement with a response to a sharing request. The ultimate decision on whether to share rests with the information holder, however there may be a reason why the person seeking the information may wish to challenge this decision.

This may be because:

- They believe the information holder has not fully considered their request
- They believe the information holder has a statutory responsibility to share the information

Initially the person seeking the information should respond directly to the information holder with their concerns. However, in this case, if they do not receive a satisfactory response they may raise their concern with the named escalation point in each agency.

Responses should not be contested as a matter of course, and professionals should recognise that there will be situations where it is not legitimate to share some or any confidential information.

#### **4.6 Security procedures and retention (data storage and access)<sup>4</sup>**

Partners to this agreement should be accountable for secure storage of information they hold and have appropriate policies and technical measures in place to ensure so. Information, once shared, should be stored by the recipient with equal levels of security and in line with their own policies and procedures.

All partners should ensure that the appropriate security access levels are established for both electronic and paper held records. Security access should be decided on a job role basis.

Information once shared, should not be kept for any longer than necessary for its purpose (Principle 5 DPA) and destroyed in line with each organisation's information security and retention/destruction policy. All confidential information, in particular personal information, should be destroyed using confidential waste procedures.

The DPA gives individuals the right to access personal data held about them. Partners will be responsible for processing such requests for information held by them and for determining if shared information that they have received is theirs to disclose as the Data Controller or owner. It is expected that partners will liaise on a case by case basis if necessary to ensure ownership of information is clearly agreed.

Information should be retained only for the time necessary to fulfil the stated purpose for which it was shared. In addition, partners should **not pass on** information that has been shared with them unless there is a risk of harm to a vulnerable person or child and they are not able to discuss with the original agency that shared the information. Where partners wish to pass on information they should first speak to the agency that originally held the information.

### **5. Protocol Scope**

This protocol will focus specifically on the working relationship and information sharing arrangements between mental health services, housing providers, the Council and SPEAR. It will not replicate the existing Overarching Information Sharing Agreement to which both LBRuT and

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<sup>4</sup> This part of the protocol references the Overarching Information Sharing Agreement to which LBRuT and SWLStG are signatories.



South West London and St George's Mental Health NHS Trust are signatories, but will sit underneath this agreement.

### **5.1 Agencies covered by this agreement**

The following agencies are signatories to this protocol:

- London Borough of Richmond upon Thames (LBRuT)
- South West London and St George's Mental Health NHS Trust (SWLStG)
- Richmond Wellbeing Service (RWS)
- SPEAR
- Richmond Housing Partnership (RHP)
- Paragon
- Thames Valley Housing Association (TVHA)
- L&Q
- Metropolitan (Housing)
- Richmond Integrated Recovery Service (CRI)
- The Tenants' Champion

## **6. Rationale and underpinning principles**

The need for this protocol has been identified in part through the work of the Tenants' Champion, who has recommended that *'Information sharing protocols...be reviewed so that there is better communication and better outcomes for all. The challenge is that some staff still use data protection as an excuse not to share important information.'*<sup>5</sup>

Further discussion by representatives from local housing associations, police, voluntary sector, mental health services and Council staff highlighted the need to improve communication and working practices between them. This theme has also arisen in discussions between elected Members, the Director of ACS and CEO/Chairman of South West London and St George's Mental Health NHS Trust.

In particular, the focus for this working protocol is cases where the individual in question has mental health needs and/or the individual is a victim or perpetrator of anti-social behaviour. Registered Providers have raised concerns that failure to disclose legitimate information to agencies providing services may lead to inappropriate action being taken, including ultimately the loss of a person's home.

Aims of protocol:

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<sup>5</sup> London Borough of Richmond upon Thames, 'Tenants' Champion Annual Report 2013-14' (2014) <[http://www.richmond.gov.uk/tenants\\_champion\\_annual\\_report\\_1314](http://www.richmond.gov.uk/tenants_champion_annual_report_1314)>.pdf, p6.

- To improve wellbeing and positive outcomes for people whilst respecting their privacy
- To support staff to feel confident in appropriately sharing information
- To facilitate preventative information sharing that minimises the need for crisis point sharing
- To clarify expectations of partner agencies

## 7. Legal responsibilities

All signatory organisations to this protocol have to consider a variety of statutory and other legal guidance, particularly in relation to sharing information. This includes

- Data Protection Act 1998
- Crime and Disorder Act 1998
- Human Rights Act 1998
- Freedom of Information Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Local Government Act 2000
- Homelessness Act 2002
- The Common Law Duty of Confidentiality
- Data Protection (Processing of Sensitive Personal Data)(Elected Representatives) Order 2002

Organisations will also need to consider the Caldicott Principles. In particular, this work has arisen in the context of the seventh 'additional' Caldicott principle of 2013 which stated that '*The duty to share information can be as important as the duty to protect patient confidentiality.*'<sup>6</sup> This means that '*Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these (Caldicott) principles. They should be supported by the policies of their employers, regulators and professional bodies.*'

## 8. Roles of Partners

### London Borough of Richmond upon Thames

LBRuT delivers some services itself, commissions others to provide some services on its behalf and also works with partners to deliver services. The main teams working directly with people with mental health and housing needs are Housing Operations (Options, Provision and Resettlement), Community Safety (ASB) and Adult Social Care teams.

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<sup>6</sup>Department of Health, 'Information: To Share or not to Share: The Information Governance Review'  
<[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192572/2900774\\_InfoGovernance\\_accv2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf)>

## South West London and St George's Mental Health NHS Trust (SWLStG)

SWLStG provide inpatient, outpatient and community services for children, adults and older people with mental health problems. Services are offered based on assessed needs. These services are provided through the Multi-professional adult or older adults community mental health teams (CMHT). Children services are provided to individuals up to the age of 18 in the community and inpatient settings. Richmond adult residents who require inpatient treatment will usually be treated on Lavender Ward at Queen Mary's Hospital, Roehampton.

## Richmond Wellbeing Service (RWS)

RWS offer talking therapies and specialist support for people with mental health problems. They provide support for people with anxiety, stress and depression, as well as PTSD and OCD. They offer self-management courses, CBT therapy, guided self-help, group courses, couple therapy and other evidence based talking therapies.

## Registered Providers

Registered Providers own and manage social housing in the borough. The largest providers of social housing in the borough are RHP, Paragon, TVHA and L&Q. Metropolitan are commissioned in the borough to provide floating support and supported housing for service users with mental health needs.

Registered Providers offer a range of support options in addition to their tenancy management role.

## SPEAR

SPEAR is the locally commissioned rough sleeper service for the borough. They will work with a client to provide a sustainable pathway out of homelessness. This includes an outreach service, supported accommodation, tenancy sustainment support, education, training and employment support and women's only provision. SPEAR will work with rough sleepers who have complex needs.

## Tenants' Champion

The Tenants' Champion offers independent assistance to Tenants and Leaseholders of Social Housing providers in LBRuT who have serious or longstanding unresolved complaints with their landlords.

## Richmond Integrated Recovery Service

The Richmond Integrated Recovery Service provides:

- Treatment for people who have problems with drugs and alcohol from several locations across the borough

- Recovery-focused health promotion advice and information on how to reduce the significant harm associated with drug and alcohol misuse
- Targeted education on the prevention of drug and alcohol-related deaths and overdose prevention
- Harm reduction, risk management advice and support relating to a wide range of issues such as blood-borne viruses and wound management
- They accept self-referrals

## **9. Vulnerable Persons Panel**

The Vulnerable Persons Panel is a multi-agency meeting. It seeks to take a multi-agency approach to link service users in with other services when required. It is often used where a service user is close to being evicted from their property.

Organisations signed up to this protocol recognise the extremely valuable work of this panel. The panel is organised by the Housing Options Team Manager, for more information please contact 020 8891 7409 or email [housingadvice@richmond.gov.uk](mailto:housingadvice@richmond.gov.uk).

## **10. 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.

## **11. Training**

All professionals in partner agencies can access training on mental health, housing and how to use this protocol, to be held three times per year. All new staff who will hold information about individuals can attend this training as part of their induction. This training also represents a networking opportunity and builds links between organisations.

Following the training, staff will be encouraged to shadow a professional from another organisation. This aims to enable staff to spend a day or half day with another agency, for example mental health staff spending a half day with a Registered Provider.

## Appendix One: 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
LBRuT Housing	Assistant Director Community	Brian Castle	<a href="mailto:b.castle@richmond.gov.uk">b.castle@richmond.gov.uk</a>	020 8891 7482

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

Environmental Health	Nuisance Officer			7737
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## **Appendix Two: Consent Form<sup>7</sup>**

### **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 you 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.

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<sup>7</sup> 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)	
-----------------	--	--	--

#### 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
-------	------------	-----------

#### 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?

--

Date of disclosure	
--------------------	--

Signed:

Dated:

### Referral Form

Please send completed forms to, email: [referrals.richmond@cri.org.uk](mailto:referrals.richmond@cri.org.uk) or fax: 020 8892 3363

REFERRAL TYPE										
Self Referral	GP	Social Services	Prison Referral	DRR Referral	Court Referral	Conditional Caution	Required Assessment	Required Assessment Follow up	Shared Care	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify _____										

SERVICE USER INFORMATION			
Client Name			DOB
Address			Telephone
GP Name & Address			GP Tel. No.

DIVERSITY MONITORING																
Ethnic Origin																
White - British	White - Irish	White - Other	Mixed -White and Black Caribbean	Mixed - White and Black African	Mixed - White and Other Asian	Mixed - Other	Asian or British - Indian	Asian or British - Pakistani	Asian or British - Bangladeshi	Asian or British - Other	Black or British - Caribbean	Black or British - African	Black or British - Other	Chinese or other ethnic group - Chinese	Chinese or other ethnic group - Other	Not Stated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion										Previously treated						
No religion	Christian	Catholic	Buddhist	Hindu	Jewish	Muslim	Sikh	Atheist/ agnostic	Any other religion	Not stated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

REFERRAL INFORMATION	
Main drug of choice	
Other drugs used	

REFERRAL SOURCE INFORMATION			
Referrer's Name			Telephone
Organisation			Fax
Address			E mail

PRIORITY/RISK MANAGEMENT			
Mental Health	Yes <input type="checkbox"/> No <input type="checkbox"/>	Housing/Homeless	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Domestic Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vulnerable Adult/Safeguarding	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV User	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex Worker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children under age of 5	Yes <input type="checkbox"/> No <input type="checkbox"/> Ages:	Suicide attempt/ self harm	Yes <input type="checkbox"/> No <input type="checkbox"/>

ANY OTHER INFORMATION (PLEASE INDICATE ANY KNOWN RISKS)
Preferred RIRS location. <input type="checkbox"/> Twickenham, Unit 2, Ilex House, 94 Holly Rd, Twickenham, TW1 4HF. Tel: 0208 891 0161 <input type="checkbox"/> Richmond, Richmond Royal Hospital, Kew Foot Road, Richmond, TW9 2TE. Tel: 020 3513 3361

**For RIRS use only**

Date referral received			
Date of assessment appointment			Time of assessment appointment
Assessment Worker			Venue

# Housing and Mental Health Joint Working Protocol



Islington Council Housing Services  
working with:

Camden and Islington NHS Foundation Trust

Tenant Management Organisations in Islington

Partners for Improvement in Islington

Islington Council Housing Needs.

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## 1. Purpose of the document

The Joint Working Protocol sets out how **Camden & Islington NHS Foundation Trust (C&IFT)** and **Islington Council Housing Services, (IHS)** should work in partnership to promote the welfare of service users in Islington who experience mental health issues.

The Protocol enables the Parties to the Agreement to access each other's services to ensure the best possible outcomes for service users by providing:

- A clear framework to support partnership working between all parties;
- A duty on all agencies to safeguard and promote clients' welfare and move towards a prevention and early intervention approach;
- Understanding for staff of the relevant functions of each agency and clear outline of the roles and responsibilities of each agency's services to clients;
- Guidance on consent and legal framework for information sharing
- Agreed joint working practices, including assessment and referral processes and timescales to be implemented across agencies;
- Clear routes for communication and a clear escalation process for staff to follow if communication breaks down.

This Protocol should be used in conjunction with the Appendices listed at 13 and with council policies, procedures and protocols. Housing procedures referred to in the document are available in the Housing A-Z on izzzi.



## 2. Parties to the Agreement

The following are parties to the Protocol.

- **Camden & Islington NHS Foundation Trust(C&IFT)** comprises:  
Assessment & Advice Service; Community Outreach Services - Assertive Outreach Team(AOT), Early Intervention Service; Islington Rehabilitation & Recovery Service – North Recovery Team and South Recovery Team; North & South Islington Crisis Resolution Team (NICRT & SICRT); Whittington Hospital - Highgate Mental Health Centre (HMHC), Personality Disorder/Complex Depression and Trauma(PD/CAT; Services for Ageing and Mental Health (SAMH) Teams.
- **Islington Housing Services(IHS)** comprises:  
Islington Council Housing Operations(including Home Ownership), Islington Council Housing Needs, Partners for Improvement In Islington(Partners), Tenant Management Organisations(TMOs) and Co-operatives(Co-ops).

An expanded version of an earlier version of this Protocol(2012) includes a number of housing associations operating in Islington.

Further information about the services offered and contact details of staff in each organisation are detailed in Appendix 1: Directory of Housing Services, Appendix 2: C&IFT structure chart. Staff should also use these appendices to develop links with their counterparts in respective organisations.

The Housing Index on the council's website provides information on which housing office/Partners manages a client's home.

<http://www.islington.gov.uk/services/housing/your-housing-area/Pages/housing-index.aspx>

### **3. If you are concerned about a client**

#### **3.1 URGENT CASES coming to the attention of IHS**

##### **3.1.1 If the client is displaying signs of extreme distress or distressing behaviour which is not typical:**

- Dial 999 if concerned that a client is going to harm themselves or others
- Contact the Crisis Team – see Appendix 2, C&IFT structure chart.
- TMOs/Co-ops and Housing Direct should make a referral via the local Area Housing Office.

##### **3.1.2 If the client is about to lose their home through a court eviction:**

- Enquiries which, in the view of the team leader, require an immediate response should be made by telephone to the relevant C&IFT/IHS Team Leader or in their absence, the next available manager. Timescales are set out in 4.1.
- Where necessary or for confirmation purposes, send a follow up email marked as “URGENT”.
- Contact the Housing Aid Team on 0207 527 2000 to ascertain whether the service user might be able to:
  - to access floating support(see 5 and Appendix 7 for further information) and supported housing to help the service user maintain their tenancy
  - to access temporary accommodation to prevent homelessness.

##### **3.1.3 If you suspect the client is being abused or neglected:**

- Clients with mental health needs may be regarded as ‘adults at risk’.
- All staff have a duty to report in a timely way any safeguarding concerns about ‘adults at risk’ being abused, neglected or exploited.
- Dial 999 if the situation is urgent and the client is at immediate risk of harm
- Deal with the immediate needs of the client
- Report safeguarding concerns to the Adult Social Services Access Team on 0207 527 2299 [access.service@islington.gov.uk](mailto:access.service@islington.gov.uk) as soon as possible, but at the very least, on the same day.
- If there are children at risk contact Children’s Services (Appendix 3 - CSCT referrals & requests for service using eCAF)
- Consider reporting the matter to the police if you think a crime has been committed.
- Inform your line manager. If your line manager is implicated in the abuse or neglect, inform a more senior manager
- Make a record of what you saw and heard and why you suspect abuse or neglect. Also record what actions you have taken.
- Do not investigate the matter yourself. Listen carefully to what the client and witnesses say to you, but avoid asking too many questions at this stage.
- Do not disturb or move things that could be used in evidence. The Access Team and Police will be able to advise you about preserving evidence.
- Make sure that other clients are also not at risk.
- Do not give promises of complete confidentiality. Refer to Section 11 for guidance on information sharing and data protection.

### 3.1.4 If you suspect the client is hoarding:

- IHS/Partners should follow the hoarding procedure and use the hoarding flowchart to decide whether a referral to the Islington Hoarding Panel – [helpwithhoarding@islington.gov.uk](mailto:helpwithhoarding@islington.gov.uk) is appropriate.

## 3.2 IHS referrals to C&IFT

IHS staff should complete the Mental Health Information Request Form(Appendix 4) to obtain relevant information about the client from C&IFT. Staff may also refer to the Mental Illness Guidance Note(Appendix 5).

The Mental Health Information Request Form should be emailed to the following team, as appropriate:

### For queries regarding known service users with psychosis such as schizophrenia:

- North Recovery Team - [chris.morgan@candi.nhs.uk](mailto:chris.morgan@candi.nhs.uk) 020 3317 6378
- South Recovery Team - [maggie.fuller@candi.nhs.uk](mailto:maggie.fuller@candi.nhs.uk) 020 3317 4850

### For queries regarding known service users with personality disorders, complex depression, anxiety and trauma:

- PD/CDAT Case Management Team - [william.harper@candi.nhs.uk](mailto:william.harper@candi.nhs.uk) 020 3317 6934

### For queries regarding individuals who, after having made initial enquiries, are unknown to C&IFT (or when it is not clear about who to contact):

- Assessment & Advice Service – [pamela.atkinson@candi.nhs.uk](mailto:pamela.atkinson@candi.nhs.uk) 020 3317 6805.

## Flexible assessments for homeless clients<sup>1</sup>

### 3.3 C&IFT requests for information from IHS

C&IFT should send enquiries to the generic email inbox of the relevant section of IHS:

- Upper Street - [upperstreet.housing@islington.gov.uk](mailto:upperstreet.housing@islington.gov.uk)
- Holland Walk - [holland.walk@islington.gov.uk](mailto:holland.walk@islington.gov.uk)
- Old Street - [old.street@islington.gov.uk](mailto:old.street@islington.gov.uk)
- Partners - [enquiries@partnersislington.net](mailto:enquiries@partnersislington.net)
- TMO/CoOps – [TMOteam@islington.gov.uk](mailto:TMOteam@islington.gov.uk). The TMO Team will liaise with the relevant Area Housing Office.

The Housing Index on [www.islington.gov.uk](http://www.islington.gov.uk) should be used to find out which office manages the client's home.

### For homeless clients or those threatened with homelessness

C&IFT should contact, at the earliest opportunity, the Housing Needs Duty Line on 020

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<sup>1</sup> IHS and C&IFT in discussion about how homeless clients can be better assessed and supported

7527 6371 or [housing.advice@islington.gov.uk](mailto:housing.advice@islington.gov.uk) for advice and assistance. If client is homeless out of hours, contact the Duty Line on 020 7527 6371.

- When making a homeless application, C&IFT, clients should be accompanied to the Housing Aid Team at the Islington Customer Centre, 222 Upper Street.
- Clients should, where possible, bring proof of ID and benefits, if this is not possible on the day they will be required to return such documents within 5 working days.
- If a client is given temporary accommodation pending the homeless investigation, this is likely to be out of borough due to the lack of suitable accommodation within Islington.
- Once temporary accommodation is secured, the client should be referred to Floating Support – see Section 5.
- **The homeless investigation will take around 33 days. If an investigation is complex and requires medical reports from GPs etc, the timescales are much longer.**
- **Supported accommodation may be an option and should be discussed with the homeless caseworker**, please contact the Referrals Coordinator on 020 7527 4656 or 3360 for further information about supported accommodation.
- **If a client is threatened with eviction**, contact the referrals coordinator to discuss options or to make a referral.
- If, after the homeless investigation, it is found that the council owes a duty to house, the client will be notified of this decision in a Section 184 decision letter.
- If, after the homeless investigation, it is found that the council does not owe a duty to house, they will be issued with a Section 184 decision explaining this and provided with a date to appeal.
- Any requirement to escalate an enquiry about a homeless client should be made to the Housing Solutions Manager on 020 7527 6331.

**Applications or enquiries to join the Council Housing Register** or transfer should be directed to 0207 527 4140 or 4143 or [rehousing@islington.gov.uk](mailto:rehousing@islington.gov.uk).

## 4. C&IFT response and case management

**C&IFT** will respond to requests for information using Part 3 of Appendix 4: Mental Health Information Request Form or as set out in Section 6.

If **C&IFT cannot accept the referral** then alternative support agencies will be signposted using the response form. The floating support service may also be accessed. See 5.

### 4.1 Time scales

General enquiries should be responded to within 10 working days or as mutually agreeable between the two parties. See 4.3 for escalation.

Enquiries requiring an immediate response should be made by telephone by the relevant C&IFT/IHS Team Leaders or, in their absence, the next available manager. Where necessary or for confirmation purposes, send an information request form as at appendix 4 marked as "URGENT".

Urgent enquiries not requiring a same day response should be made by the relevant C&IFT/IHS Team Leaders using the request form as at appendix 4 marking as "URGENT". Managers must check for these emails daily and respond within 2 working days.

### 4.2 Quality of information sharing

All enquiries must set out clearly what information is being requested and reasons for the request including any relevant deadlines ie court hearing.

Responses must address all points raised as fully as possible and where full disclosure is not possible an explanation why will be provided.

Where managers have cause for concern about quality of information requested/provided these will be raised on a case by case basis at team leader equivalent level and escalated to Area Housing Manager / MH Team Manager equivalent level if unresolved.

### 4.3 Escalation

Escalation may be necessary if agreed timescales have not been met or if the urgency of a case has increased.

Where urgent responses have not been provided within the 2 working day deadline, the matter will be escalated to Area Housing Manager / MH Team Manager equivalent level who will resolve by phone and confirmation email.

Where a routine inquiry has not met the 10 working day deadline:

- **To escalate within C&IFT** – a copy of the email should be sent to Divisional Manager, Community Mental Health, [keith.mccoy@candi.nhs.uk](mailto:keith.mccoy@candi.nhs.uk) for a response within 24 hours.
- **To escalate within Area Housing Office** - C&IFT team leader equivalent forward email to relevant team leader at the Area Housing Office for response within 2 working days.

- **To escalate within Partners** - forward email to Peter Newbold, Housing Manager – [peter.newbold@partnersislington.net](mailto:peter.newbold@partnersislington.net) for response within 2 working days.
- **IC Housing Needs** – a requirement to escalate an enquiry about an application for housing should be made to Cora Nicholls, Housing Options Manager on 020 7527 4175 for response within 2 working days.

#### 4.4 Case conferences

Case conferences involving all services are encouraged as they are effective tool for resolving joint concerns, particularly in the following circumstances:

- Housing staff will request a case conference at the earliest opportunity when a client exhibits signs of mental health distress which either causes significant nuisance or behaviour which places their tenancy in jeopardy
- Prior to making an application for eviction proceedings due to rent arrears,
- Client about to go into / leave hospital
- Concern about dependents who may be at risk
- Concerns that client may pose a risk to themselves or others
- Clients with multiple needs

Case conferences will be organised by IHS team leaders and equivalent C&IFT managers on a case by case basis.

On a case by case basis managers will consult on the merits of a housing officer being present for relevant parts of a case conference with the client in instances where ASB is a significant factor.

Managers must ensure actions points from minutes are completed within agreed timescales and assess any need for a follow up conference.

#### 4.5 Case callovers

A quarterly case call over will take place between IHS and C&IFT based on an agreed case list.

**Contacts:**

**IHS:** Andrew March, 020 7527 6249 [andrew.march@islington.gov.uk](mailto:andrew.march@islington.gov.uk)

**C&IFT:** Druid Fleming, 020 3317 6335 [druid.fleming@candi.nhs.uk](mailto:druid.fleming@candi.nhs.uk)

#### 4.6 Hospital discharge

Where C&IFT clients have a known history of ASB are due to be discharged from hospital, have supervised home leave or have absconded, the relevant housing office team leader will be notified at the earliest opportunity by the lead C&IFT manager.

#### 4.7 Clients who pose a risk of arson

Where a risk of arson is identified, IHS will arrange a jointly assess the suitability of the client's home. Where further technical advice relating to the property is needed, an assessment can be requested from the Construction and Fire Safety Team – 020 7527 2387 – [constructionandfiresafety@islington.gov.uk](mailto:constructionandfiresafety@islington.gov.uk).

AHO may seek input from surveyor from Islington Council Property Services.

## **5. Floating support**

### **IHS floating support**

Floating support is accessed through the referrals co-ordinator using a referral form who will decide which provider is best placed to assist the client. To receive a copy of the referral form email: [referrals.co-ordinator@islington.gov.uk](mailto:referrals.co-ordinator@islington.gov.uk) or 020 7527 3360 or 8282. Further information is provided in Appendix 7a – Directory of Floating Support providers and Appendix 7b – What is floating support – summary for clients. Any concerns with the floating support service should be reported to the referrals coordinator.

### **C&IFT floating support – Cornwallis Intensive Support Project**

Floating support is accessed through the Team Manager – Lydia Abbey on 0203 317 6473, [lydia.abbey@candi.nhs.uk](mailto:lydia.abbey@candi.nhs.uk), Islington Mental Health Reablement Service, 1 Lowther Road, London N7 8US.

N.B: the confidentiality and information sharing arrangements for each floating support provider will vary – see 11.

## **6. Special cleanse**

Refer to Appendix 6: Special Cleanse for details on:

- the IHS lead on special cleanse
- C&IFT funding of special cleanse
- HASS funding for special cleanse
- setting up future care arrangements
- non-engagement.

## 7. Assisted decorations

The Assisted Decoration Scheme is available to C&IFT service users who move into an IHS property requiring redecoration which they are not able to complete themselves.

C&IFT underwrite rent costs whilst the property is being re-decorated by IHS for up to 4 weeks to a maximum of £400. This allows the service user to sign up as a tenant immediately as required under the Choice-based lettings(CBL) scheme.

The ADS quota is up to 10 properties per year and in accordance with IHS's redecoration criteria which includes all walls, ceilings and woodwork, does not include carpets. Kitchens and bathrooms will have a suitable floor covering.

For more information refer to the Assisted Decoration Scheme procedure.

## 8. Repairs

The Housing Index/ Partners Housing Index should be used to determine whether the property is managed by Partners or a TMO.

For IHS-managed properties, repair issues should be reported to:

- Housing Direct – 020 7527 5400 (Freephone 0800 694 3344) or [housingdirect@islington.gov.uk](mailto:housingdirect@islington.gov.uk) (email for non-emergency repairs only)
- The TMA should also be informed
- Escalation of repair issue to Housing Direct Manager – Annette Parsad.

For Partners-managed properties, repair issues should be reported to: 0800 587 3595 or [enquiries@partnersislington.net](mailto:enquiries@partnersislington.net). Repairs issues should be escalated to the Operations Manager – Lee Furbank on 0800 587 3595.

If works required are extensive and cannot be progressed in the short term, IHS will consider whether re-housing to temporary accommodation on an interim basis or to alternative permanent accommodation is preferable. This decision will be made by the Area Housing Manager.

If a tenant is unable to return home from hospital due to repairs outstanding, essential repairs will be monitored by the TMA. If necessary and where possible the repair will be fast-tracked by Housing Direct(24 hour turnaround) to ensure that the tenant is discharged directly back to their home. It is therefore essential that IHS is made aware of any problem as soon as possible and arrangements for access agreed.

In the case of a TMO property, the AHO should liaise with the TMO to ensure that the TMO carries out any repairs that are the TMO's responsibility.



## **9. Access to properties**

### **9.1 Forced entries**

It is recognised that tenants with mental health problems may be unable to prevent the need for forced entry using powers under Section 135 of the Mental Health Act 1983. However, when repeated forced entries have to be made to properties it has been agreed that IHS cannot fund the follow-up repairs(lock replacement & repair to door frame) on an indefinite basis. Therefore:

- IHS will fund repairs following forced entry from the day to day repairs budget for the **first two** forced entries. TMOs will follow council policy.
- Any subsequent forced entry and resulting remedial works will be recharged to C&IFT.

### **9.2 Planned repairs**

IHS will need to periodically gain entry to properties for planned maintenance, essential repairs or re-servicing. The Repair Access Arrangements procedure sets out these arrangements and is available in the Housing A-Z on izzii.

## **10. Proactive housing checks**

IHS will proactively identify tenants with mental health issues who may need additional support using the following housing procedures.

### **10.1 Annual visits to vulnerable tenants**

The annual visits to vulnerable tenants procedure is used to make contact with vulnerable tenants including those with mental health issues, including hoarding. Tenants are asked about their general wellbeing in order to identify how the housing service can provide further support or identify the need for repairs to their homes and whether referrals can be made to appropriate support agencies – see Section 11.

### **10.2 Four week visit**

The four week visit appointment made for new tenants to see how they are settling into their new home can be used as an opportunity to find out whether further support can be offered by IHS or appropriate support agencies.

### **10.3 Tenancy terminations**

Where an Islington Council tenant seeks to terminate their council tenancy and is unclear about their onward housing arrangements and where IHS is concerned about mental capacity, immediate enquiries should be made of C&IFT before surrender is accepted and void re-servicing authorised.

## 11. Information sharing and Consent

Information should be shared in a way that respects the privacy and confidentiality of service users. This section also provides guidance on obtaining consent from service users and the circumstances where information can be shared without consent.

### 11.1 Under what circumstances can we share information?

- Where the service user has given explicit consent to share
- Where consent is withheld, or where seeking consent may exacerbate a risk of harm, information may only be disclosed when it is in the interests of protecting the service user and/or another person. For the purposes of this protocol, information may be shared about an individual with suspected mental health issues:
  - i) When their tenancy is at risk due to conduct associated with their mental health, and this is likely to have a detrimental impact on their health and wellbeing.
  - ii) When it is required by agencies to support the service user to live independently
  - iii) When another person is at risk of harm. *A risk assessment may be necessary for these cases. See Appendix 3 IHS/CIFT Mental Health –Information Request Form(Section 2.3)*
  - iv) When it is necessary to meet the legal obligations of IHS and C&IFT.

### 11.2 How should information be shared

- Consent to information being exchanged with other parties should be sought routinely from service users at the outset of service provision.
- Conversations about information sharing - what might be shared, with whom, and under what circumstances, should be discussed at regular intervals throughout service provision.
- Information sharing discussions should emphasise that information that may identify the service user is confidential and will not be passed to other agencies without the consent of the service user unless there are protection concerns for the clients or others.
- Once it has been decided to share information (whether or not consent is given) the basis for exchanging information is on a:
  - i) 'Need to know' basis and shall be proportionate – see definition below.
  - ii) Information may be exchanged orally, in writing or electronically.
  - iii) Non-person specific information (statistics) may be shared to give the requesting agency a general understanding of particular circumstances or a better understanding of service needs for service planning purposes.

**'Need to know'** - information that staff need to perform their duties in connection with the service they are providing to the service user. To determine 'need to know', ask "what will the member of staff be able to do with the information I give them?" and; "is it necessary for that member of staff to receive the information requested?"

If the answer is "nothing and no", then need to know has not been established and personal information should not be shared. If the answer is "yes" then relevant information may be

shared to assist service delivery and the aims and objectives of the agency requesting the information.

### 11.3 **If the client does not provide consent or requesting consent is considered to be a risk to the client or others**

- Parties to the Agreement will always attempt to seek consent from the client. However there are circumstances when consent to share information may not be quickly or easily obtained.
- Guidance on how to make a decision whether or not to seek consent is set out in the Mental Capacity Act 2005 which regulates the processes used to make decisions on behalf of persons who lack sufficient capacity to make those decisions for themselves.
- The decision to seek consent may depend upon:
  - urgency;
  - the service user's capacity to consent (if the person lacks capacity discussions may be held with the next of kin, or if none is available, an advocate or independent mental capacity advocate may need to be appointed or consulted if one is already in place).
- When information has been exchanged without consent the decision on whether to inform the service user will be taken at the point of making the referral. (See Appendix 1 – Mental Health Information Request Form).
  - **IHS service users**  
The risks involved in not making a referral should be considered. IHS staff should demonstrate the questions that have been asked of the service user in order to seek consent and the reasons for the referral using Appendix 1 IHS/C&IFT Mental Health –Information Request Form.
  - **IC&IFT service users**
    - i) The RiO IT system allows access to information Trust-wide. Service users can opt out of this system, however the final decision to release information rests with C&IFT Caldicott Guardian.
    - ii) A request for access to information from external sources is usually required in writing to provide proof of agreement to disclose
    - iii) Further health information can be accessed from GPs with service user consent.
    - iv) If service users do not have the capacity to make an informed decision concerning their treatment, this must be escalated to managers for discussion on risk, duty of care and protection of self and others which managers decide on intervention level such as whether to use formal powers under the Mental Health Act.

### 11.4 **Who should share information?**

- General – for day to day operational casework partner agencies will nominate officers from mental health & housing services
- Urgent – senior professionals in adherence to the risk assessment process and information exchange policy and protocols.

### 11.5 What information should be shared?

- Refer to definition of 'need to know' at 11.2.
- Information about the likelihood of a person causing serious harm to themselves or others
- Not to share information further and only to use it for relevant purposes.
- Personal data relevant to the professional assessment of risk, including:
  - information that will enable staff to protect themselves/the service user against risk
  - any relevant information on the case file
  - signs to be aware of that indicate increased risk to the service user/staff/the public. Please refer to Appendix 5 - Mental Illness Guidance Note
  - Anonymous information for strategic planning/improvement of services.

### 11.6 How is information managed at call-over and review meetings?

- Disclosure of information must be managed on a case by case basis.
- Consideration must be given to who needs to attend the meeting. Is their presence necessary to achieve the meeting's purpose?
- Attendees must be briefed on expected actions as a result of receiving information and the purpose for which the information must be used. They should be told not to share the information further and only use for relevant purposes.

### 11.7 Caldicott Guardian

In addition to the information sharing guidance outlined in this section, the Caldicott Guardian within C&IFT is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. C&IFT staff should refer to the Guardian when they are supplying information to IHS.

## 12. Protocol monitoring arrangements

The Protocol is monitored through meetings as follows. It is the responsibility of the nominated Area Housing Manager to arrange and minute both these meetings.

**6 monthly meeting** to discuss performance, learning from escalated cases and suggest the inclusion of additional content for the document.

- Attended by the IHS Area Housing Manager with nominated mental health portfolio (currently Andrew March) and Divisional Manager of C&IFT
- IHS/Partners/TMOs/Coops and IC Housing Needs invited as optional attendees
- Two weeks prior to the meeting, IHS and C&IFT participants ask relevant frontline staff to comment on current issues for inclusion in the meeting as learning points.

**Annual meeting** to discuss wider strategic issues which may affect the C&IFT and IHS how these may affect the Protocol

- Attended by the IHS Director of Operations and C&IFT Chief Operating Officer
- Directors from Partners and IC Housing Needs invited to attend.

### 13. Appendices

Appendix 1	Directory of Housing Services
Appendix 2	C&IFT structure chart
Appendix 3	CSCT referrals and requests for service using eCAF
Appendix 4	Mental Health Information Request Form
Appendix 5	Mental Illness Guidance Note
Appendix 6	Special cleanse
Appendix 7a	What is Floating Support – summary for clients
Appendix 7b	Directory of Floating Support providers.
Appendix 8	Islington Hoarding Protocol

Signed:



Dated:

Doug Goldring

Director of Operations, Housing and Adult Social Services, Islington Council  
23rd November 2015



Signed:

Dated: 23<sup>rd</sup> November 2015

Paul Calaminus

Chief Operating Officer & Deputy Chief Executive Officer, Camden & Islington NHS  
Foundation Trust

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## 6.4 Protocol with Housing - Vulnerable Tenants



This Protocol is currently under review.

Please also see the Protocol regarding the Management of 16 and 17 year old Young People who may be Homeless or require Accommodation

### Contents

1. Introduction and Policy Background
2. Services Covered in the Protocol
3. Definition of Vulnerability
4. Procedure
5. Succession of Tenancy
6. Monitoring and Review of the Protocol

Appendix 1: SUSTAIN Referral Form

### 1. Introduction and Policy Background

This Protocol was agreed in 2004 and is currently under review

Southwark's Homelessness Strategy seeks to prevent homelessness wherever possible. While it is acknowledged that landlords are entitled to rent owed and that residents have a right to peaceful enjoyment of their homes the strategy recognises that there are some vulnerable tenants who require short or longer term support in order to comply with the conditions of their tenancy agreement. This has been evaluated as more cost-effective to the local authority as a whole than eviction and its consequences.

Eviction of vulnerable households is to be used as a last resort, and only to be taken once the processes and stages set out in this Protocol have been adhered to

### 2. Service Covered in the Protocol

- *Housing Special Needs Service*, including Resettlement and SUSTAIN This service provides support services for vulnerable homeless and potentially homeless families
- *Housing Options Service* This service provides homeless prevention and housing advice services to anyone with a housing problem, and manages Southwark's housing register and lettings services
- *Housing Management Service* This service provides housing management services for council tenants and leaseholders

The Protocol also covers

- Relevant Social Services divisions, including Community Mental Health teams (CMHT)
- Drug and Alcohol Team (DAAT)

It is intended to expand the Protocol to Registered Social Landlords in the borough at a future date

### 3. Definition of Vulnerability

Vulnerability is generally defined as someone who is more likely than the 'average' person to suffer detriment or harm if they become homeless. Although this is not intended to be an exhaustive definition, as each case should be considered on its own merits, for the purpose of this Protocol the types of people who may be considered to be vulnerable can include

- Families with children under 18 and pregnant women.\*
- 16-17 year olds,



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- Households experiencing domestic violence and abuse.
- People with mental health problems.
- Older people,
- People with a physical disability;
- People with a learning difficulty,
- People with alcohol or substance misuse problems.
- Asylum seekers or refugees;
- Former rough sleepers.
- Ex-offenders.
- People with multiple problems e.g. mental health and alcohol problems

\*Including families where children are subject to a Child Protection Plan.

#### 4. Procedure

##### 4.1 Pre-tenancy actions- homeless households.

Where a vulnerable single person is being rehoused through the homelessness route, they will have received an assessment by a Special Needs resettlement officer.

A number of homeless families (but not all) are also considered to be vulnerable with support needs and may have a Special Needs family tenancy sustainment worker.

The relevant Special Needs officer (or supported housing key worker, if the client has been placed in supported housing) may accompany their client at the tenancy viewing depending on the level of their vulnerability. They will also be responsible for sharing relevant information with the local housing office or registered social landlord (housing association) that will be of assistance in managing that tenancy and any risk information, using a referral letter and risk assessment form. Information relevant to managing the tenancy could include that the client has difficulty in budgeting, requires assistance with claiming welfare benefits etc.

The relevant Special Needs officer will provide support to their client with the moving-in process, and ongoing monitoring and support generally for a period of 2-3 months post-occupation.

If the client needs longer term or ongoing support, they will be referred on to the SUSTAIN service or a floating support provider.

##### 4.2 Joint Visit

Within 6 weeks of the new tenant taking up occupation, the Special Needs officer and the relevant housing management officer will conduct a joint visit to the tenant as part of the settling process, early identification of benefit problems etc. This visit gives an early warning of any potential problems with the tenancy and offers the opportunity for intervention to tackle these and prevent them from escalating.

The joint visit will also enable effective links to be made between the Special Needs officer and relevant housing management officer.

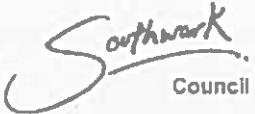
##### 4.3 Pre-tenancy actions- other housing applicants.

For tenants not being rehoused through the homelessness route, information will not generally be available relevant to the management of that tenancy. The main exceptions to this are:

- Households being rehoused through the Single Homeless Nominations Group (SHNAG), and in this instance Special Needs will provide a copy of the referral form to the local housing office or registered social landlord.
- Former care-leavers being rehoused through a quota. In this circumstance the care-leaver will have a Personal Adviser in the 16+ Team in the Social Services Department.
- Households being rehoused from the South London & Maudsley Rehabilitation Team, where a nomination process has been established with the Housing Options service.

Where vulnerable tenants are being transferred between local housing office areas, the exporting office is responsible for notifying the importing office of any vulnerability and risk information relevant to the management of the tenancy.

##### 4.4 Tenancy sign-up



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All first-time tenants of Southwark Council are initially given an Introductory Tenancy. This differs from a secure tenancy in that the Court is automatically required to give the landlord possession if the terms of the tenancy are breached. Southwark's probationary tenancies last for a year and automatically become secure after this period unless action for possession has commenced. (A separate policy and procedure is in place for dealing with introductory tenancies. This includes procedures for dealing with vulnerable people and a right to an internal review before cases are referred to court. The procedure also requires that housing officers are alert to the possibility of malicious allegations based on prejudice.)

The tenancy sign up will note contact details of the relevant Special Needs officer and any other agencies involved in the support of the vulnerable tenant- e.g. key worker, social worker, probation officer etc. This information should also be notified to the rent income team.

#### 4.5 Stage 1: Identifying problems during the tenancy

Where it is known that the tenant is vulnerable and a problem arises with the tenancy, e.g. non-payment of rent, failure to renew housing benefit, nuisance by the tenant or harassment of the tenant the relevant housing management officer should conduct a home visit.

In instances where the conduct of the tenant, members of their household or visitors to the property cause significant nuisance or behave in an anti-social manner, Southwark Anti-Social Behaviour Unit (SASBU) will be asked by the relevant housing management officer to assess the case.

- Cases previously known to Special Needs

If the problem occurs within 3 months of the commencement of the tenancy, and where there was previous involvement with Special Needs, the case should be referred to the relevant Special Needs officer for assistance with resolving the problem.

If the problem cannot be resolved at this stage, and there are concerns that the tenant is having difficulties because current support arrangements are insufficient, the Special Needs officer will make a referral to the SUSTAIN service, who, in addition to their own resources have expertise in referring to other support services where this is required.

- Other Cases

Where there is no prior/ongoing involvement with Special Needs or other support services, and there are concerns that the tenant is having problems sustaining the tenancy and requires additional support, the relevant housing management officer should refer the case to the SUSTAIN team, using the referral form attached at Appendix 1: SUSTAIN Referral Form.

If the tenant is exhibiting signs of mental health problems the relevant housing management officer should also check with the relevant Community Mental Health Team to see if they are known to them.

The role of the SUSTAIN team is to prevent tenancy breakdown where possible through the provision of support and advice services, and referrals to other services where appropriate. In cases where the involvement of the SUSTAIN team is not sufficient to prevent imminent risk of homelessness SUSTAIN will present the case to the Special Needs Joint Assessment Panel (see below).

#### 4.6 Joint Assessment Panel

The Joint Assessment Panel is a multi-agency assessment panel chaired by Housing Special Needs. Its role is to seek to consider interventions to prevent homelessness for vulnerable households. This could include provision of additional support or a nomination to a supported housing placement.

While the intention of the Panel is eventually to consider all vulnerable households at risk of homelessness or tenancy breakdown, due to resource constraints it is initially (2004/05) only able to consider cases where the vulnerability is due to a mental health or personality disorder.

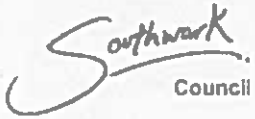
To ensure that the criteria for referral are met, referrals to the Panel for council tenants or member of their household is via the SUSTAIN project.

- Cases where the tenant is at risk

In cases where the relevant housing management officer has concerns that the tenant or member of their household is at risk of harm or presents a risk of harm to others, a referral must be made to the relevant division of Social Services.

In the case of families, then the relevant referral form (the 'Multi-agency form' in respect of Specialist Children's Services and Safeguarding) should be sent to the relevant District office (See Contact Details for all Children's Services Offices).

In the case of vulnerable people with mental health problems referrals should be made to either the North or South Southwark Community Mental Health Team.



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Relevant housing management officers may be invited to Child Protection Conferences or Adults at Risk conferences. Relevant officers from Social Services or the CMHT should also be invited to attend housing case conferences (e.g. SASBU case conferences).

#### 4.7 Stage 2: Where support measures have failed/Legal action up to eviction.

In spite of the provision of support, there will still be cases where tenants fail to comply with their tenancy obligations or intentionally do not take up/comply with the support services provided for them (NB. There will be some tenants who are too unwell to comply with tenancy-based support and may require hospital admission or more supported housing). At this stage a dialogue should take place with the relevant service within Social Services with the objective of determining an appropriate joint course of action. A network meeting may also be called at this stage by either Housing or Social Services, to more fully discuss any issues and concerns.

All actions, including referral for support services, non-compliance etc must be recorded on the tenant's file as this information may be used in court or in determining a future homelessness application. The potential implications of non-compliance, i.e. possible eviction and a likely determination of intentional homelessness, should be brought to the tenant's attention by the relevant housing management officer and support provider.

Full consideration will be given to each case and all Housing Benefit issues must have been resolved before referral for to Legal Services. In the case of non-compliance action up to referral to Legal Services for a possession hearing will only be stopped in exceptional circumstances.

#### 4.8 Stage 3: Eviction

If a court order is breached and delegated authority to evict the tenant has been given (in accordance with the requirements of the Eviction Procedure), the Housing Officer will notify the relevant section of Specialist Children's Services and Safeguarding of the intention to evict, as well as any key worker agency e.g. Special Needs/SUSTAIN.

Specialist Children's Services and Safeguarding will respond to the notification within 6 weeks in accordance with the statutory timescale for completion of an assessment of need, irrespective of whether they intend to have any involvement.

Housing staff are encouraged to work through any issues raised by Specialist Children's Services and Safeguarding, but the expectation is that unless the tenant is prepared to pay the rent and arrears, then eviction action will be pursued.

The Housing Officer must also inform the Homeless Service when the DA7 'authority to evict' form has been agreed by the Housing Manager.

### 5. Succession of Tenancy

There are a number of vulnerable people living with parents who are council tenants, and who may be eligible to succeed to the tenancy on their death. Such successor tenants may need support in order to sustain the tenancy. At tenancy sign-up the Housing Officer should be alert to any signs of vulnerability and refer the case to the SUSTAIN team if there are concerns.

In the case of succession by a minor, the case will be referred to the Children's Division to determine whether support services should be provided.

A home visit will be conducted by the Housing Officer to the new tenant within six weeks of the succession taking place, to help with settling in and in identifying any problems.

### 6. Monitoring and Review of the Protocol

The protocol will be jointly reviewed and monitored by Housing and Social Services lead officers on a six monthly basis.

#### Appendix 1: SUSTAIN Referral Form

[Click here to view Referral Form.](#)

End

## Mental health and housing – background questions

As part of gathering information for the Committee’s in-depth review of mental health and housing, I asked some of the largest housing providers in Lewisham a few questions about how they currently deal with tenants with mental health needs.

I wanted to build a picture of the good practice already in place and find out what local support services housing providers tend to work with.

I also asked about the rates of mental ill health among

tenants to try to understand the scale of the issue.

As you’ll see, the picture is quite mixed. Some providers have specific policies and training in place, while others work more flexibly.

And while most housing providers regularly interact with local support services, none had agreed any specific working arrangements.

The list to the right shows the housing providers that responded (and the number of homes they manage).

We also received extremely helpful responses from SLAM, Carers Lewisham, Family Health ISIS and the two lead mental-health GPs in the borough.

Lewisham Homes (14,000)

Phoenix (5,000)

Hexagon (1,000)

Affinity Sutton (650)

L&Q (7,000)

Hyde (2,500)

Family Mosaic (1,000)

### ***I first asked about how housing officers (and other staff) currently deal with tenants with suspected mental health issues.***

Most housing providers said they didn’t have any specific policies or procedures in place, and that how they deal with things would depend on the particular situation and the impact on the resident’s ability to manage their tenancy (Lewisham Homes for example).

Several providers said that they would usually contact the local Community Mental Health Team (CMHT), one provider said they would first

speak to the individual or their GP (Lewisham Homes), and a few providers said they would make a safeguarding alert (Affinity Sutton and Family Mosaic for example).

Those providers that did have specific policies and procedures in place (Affinity Sutton, Hyde, Hexagon for example) said that they covered issues ranging from vulnerability to safeguarding and hoarding to preventing tenancy failure.

A number of housing providers said that they had special “tenancy sustainment teams” in place, which work with vulnerable tenants at risk of losing their tenancy to,

among other things, help them to manage their money (Hyde, Hexagon and Family Mosaic for example).

One provider (L&Q) explained that their tenancy sustainment service provides up to six months of holistic support. Another provider said that their service will also signpost people to other support if necessary.

In their response, SLAM mentioned that their “trust assessment and liaison teams” accept referrals from housing providers and can do joint assessments. But they said that there have been problems in the past with referrals being made without consent.

***I asked each housing provider about the prevalence of mental ill health among their tenants.***

Unfortunately, nearly every housing provider explained that they didn't have any reliable data – as they tend to only record mental health needs if they are disclosed.

One provider did say, however, that they are aware that mental illness is

considerably more common than they have on record and that they're working on a project to increase their awareness (Phoenix).

Despite the lack of reliable data, the large majority of housing providers said, in their experience, that issues such as depression, anxiety and stress were the most common (Lewisham Homes, L&Q, Hexagon and Hyde for example).

One provider (Hexagon) said that issues like this were often related to money problems – and that one in four residents seen by their “Financial Inclusion Officers” have mental health issues.

One of the lead mental-health GPs also mentioned that money problems and the threat of eviction hanging over people are frequent contributors to mental health problems.

***I asked housing providers if they do any work to proactively identify mental health needs among tenants.***

Most providers said that they asked tenants about their about mental health and identified any support needs

at the start of a tenancy or just before.

Several providers said that they carried out a specific vulnerability assessment at sign-up (Phoenix and Hyde for example).

One housing provider said they would also follow up

these early conversations at intervals during the first year (Phoenix).

One provider said that mental health issues would only be picked up if they were disclosed through their tenancy sustainment services.

***I asked about how often mental illness was an underlying issue with tenancy breakdown.***

Most providers said they would be unable to say, or

that they didn't record this sort of information.

But several did say that mental health issues do feature heavily in cases referred to their tenancy sustainment teams – up to

60% according to one provider (L&Q).

SLAM also said that a significant number of their clients have experienced tenancy breakdown.

***I also asked about the training that housing officers (and other staff) receive about mental health and making effective referrals.***

Most housing providers said that they had provided various bits of training in the past, covering issues such as hoarding, difficult and dangerous situations, and referrals (Lewisham Homes

and Affinity Sutton for example).

Only a few providers said that they had specific mental-health-awareness



training in place as standard (L&Q for example).

Some explained that more advanced training tended to be given to housing and tenancy sustainment officers and others explained that they have at least basic safeguarding training in place (Hexagon and Hyde for example).

One provider said that they had training specifically on

“having challenging conversations” planned for the year ahead (Phoenix).

SLAM said that it would be useful to set up some sort of specific training for housing officers, particularly about what can be done if someone doesn’t want to engage with support.

Family Health ISIS and Carers Lewisham both said that housing officers can

best support individuals with mental health needs by having a basic awareness of mental health and working with local agencies to sort out issues early on.

Family Health ISIS recommended setting up meetings with a wide range of local agencies to together explore ways of helping people.

***I then asked about the support services that tended to be the most helpful.***

Nearly all providers mentioned Community Mental Health Teams and floating support services such as Lewisham reach.

However, several providers said that they were finding it increasingly difficult to access some support services as eligibility criteria are tightened and funding is reduced (Hyde, L&Q and Family Mosaic for example).

One provider said that mental health services will often only pick up tenants

when they have hit crisis level.

Some also mentioned that it’s sometimes difficult to encourage tenants to engage with the support offered.

One housing provider (Hexagon) mentioned the increasing importance of social prescribing and peer-support services as a way of getting people out and involved in the community and reducing social isolation.

One housing provider (Hyde) also said that they’d been working with Age UK in relation to older tenants.

In their response, SLAM also said that floating support can

be extremely helpful, provided it works closely with housing providers to prevent duplication and omission.

SLAM also said that debt advice and support with hoarding behaviour are also particularly helpful.

The lead mental-health GPs in the borough both said that local support services such as Bromley and Lewisham Mind, Family Health ISIS and Sydenham Garden are important and helpful.

One of the lead mental-health GPs also said that people having a named housing worker has been very helpful.

***I asked about the number of referrals to mental health services made each month.***

Most housing providers said that they make around one to three referrals a month.

In their response, SLAM said that they get around 10

referrals a month from housing providers, but that on top of this their different teams will also deal with a range of other queries from housing providers

***Finally, I asked each housing provider if they had come to any joint-working agreements with any local mental health services or other organisations.***

None of the housing providers, or SLAM, said

they had anything like this in place.

One provider (L&Q) mentioned that they would usually attend a tenant's first meeting with a CMHT.

Another mentioned the Lewisham information sharing protocol.

A couple also mentioned the Lewisham safeguarding protocol, but said that it had fallen off the radar a bit.

Several providers said they would welcome the opportunity to work on something (Family Mosaic and Phoenix for example).



<b>Housing Select Committee</b>			
<b>Title</b>	Monitoring Temporary Accommodation and Homelessness		
<b>Key decision</b>	No	<b>Item no</b>	5
<b>Wards</b>	All		
<b>Contributors</b>	Executive Director for Customer Services		
<b>Class</b>	Part 1	16 November 2016	

## **1 Summary**

- 1.1 Housing Select Committee will be aware of the increase in homelessness in the borough, and the corresponding increase in the number of households placed in temporary accommodation.
- 1.2 This item will provide an update to Committee on the latest situation, including the numbers placed in temporary accommodation out of the borough in line with the Location Priority Policy.
- 1.3 This information will take the form of an officer presentation on the night of the meeting.

## **2 Legal Implications**

- 2.1 There are no specific legal implications arising from this report.

## **3 Financial implications**

- 3.1 There are no specific financial implications arising from this report.

## **4 Crime and disorder implications**

- 4.1 There are no crime and disorder implications arising from this report.

## **5 Equalities implications**

- 5.1 There are no equalities implications arising from this report.

## **6 Environmental implications**

- 6.1 There are no environmental implications arising from this report.

## **7 Background Documents and Report Originator**

7.1 There are no background documents to this report.

7.2 If you have any queries relating to this report please contact Genevieve Macklin on 020 8314 6057

# Homelessness & Temporary Accommodation Pressures

Housing Select Committee

25 October 2016

# Demand – London Context

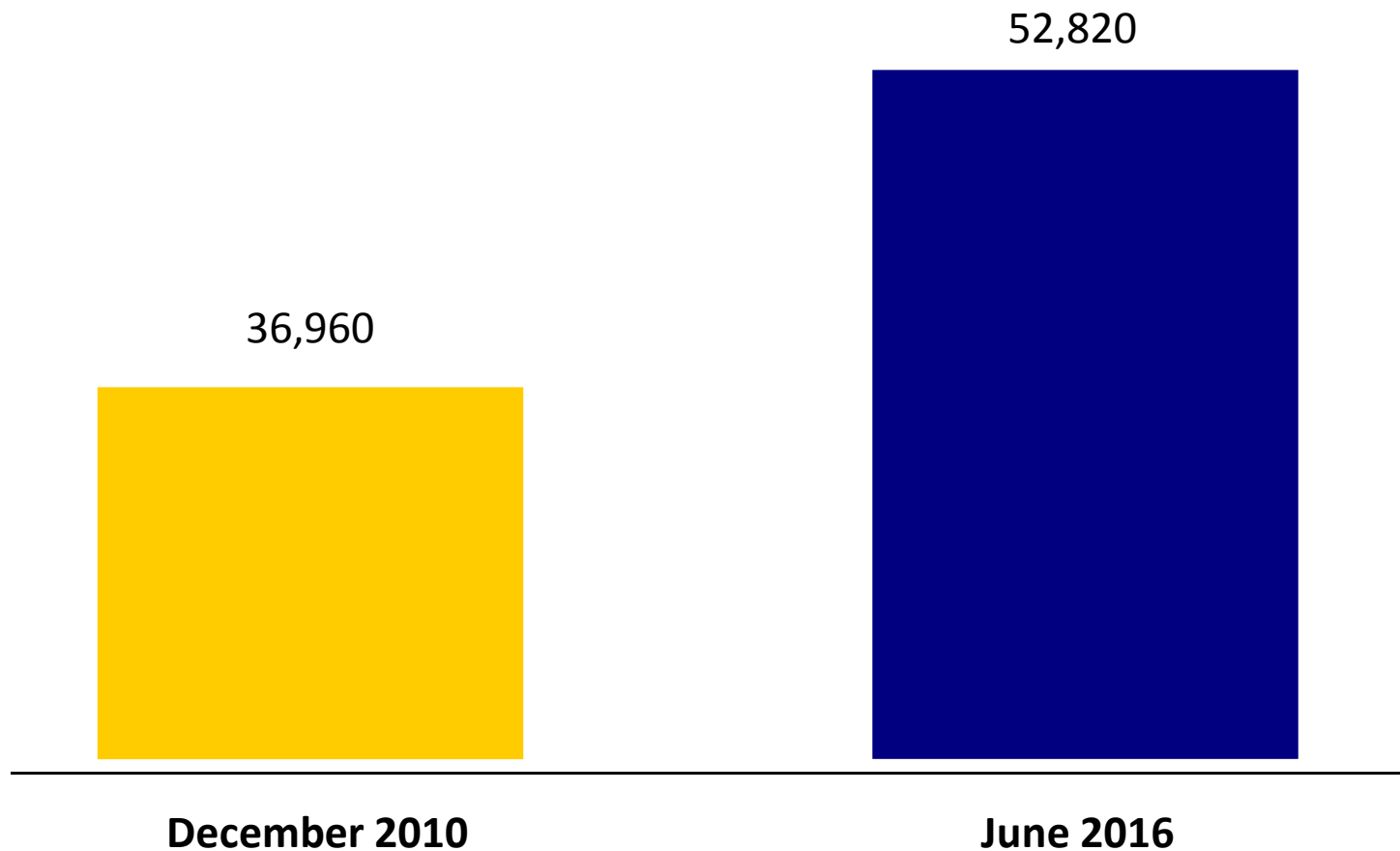
## **Homeless applications and acceptances across London:**

- 19,200 homeless acceptances during 2015/16 - an increase of almost 10% on the number of acceptances in 2014/15

## **Number of households placed in temporary accommodation across London:**

- 18,130 households in Nightly Paid accommodation in London at the end of 2015/16, an increase of over 18% since 2014/15
- 51,940 households in Temporary Accommodation in London at the end of 2015/16, an increase of almost 8% since 2014/15

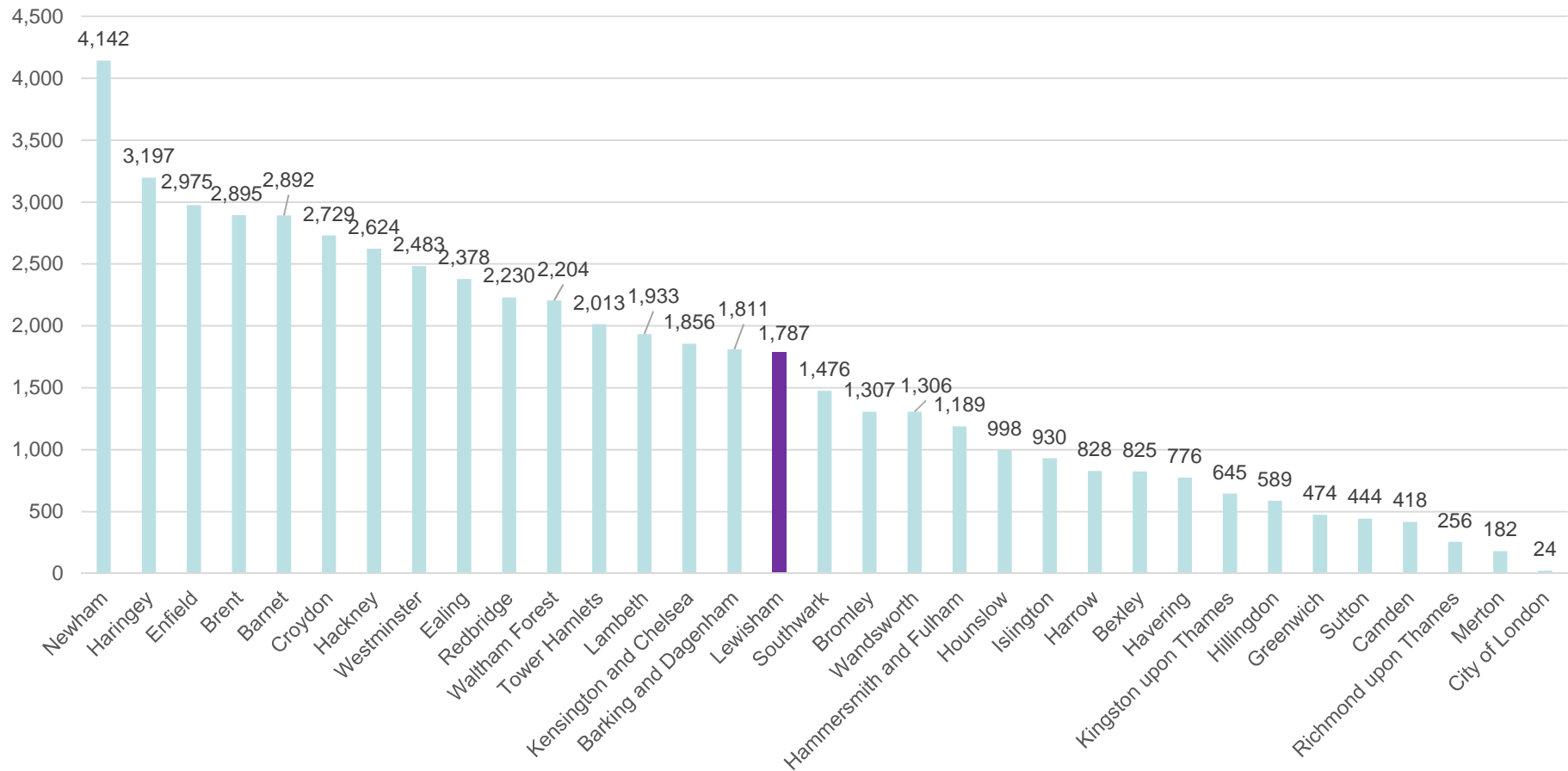
# Households in Temporary Accommodation in London



The numbers placed in TA by London boroughs have increased by 38% in five years.

# The TA issue is replicated across London

Number of Households in Temporary Accommodation – June 2016



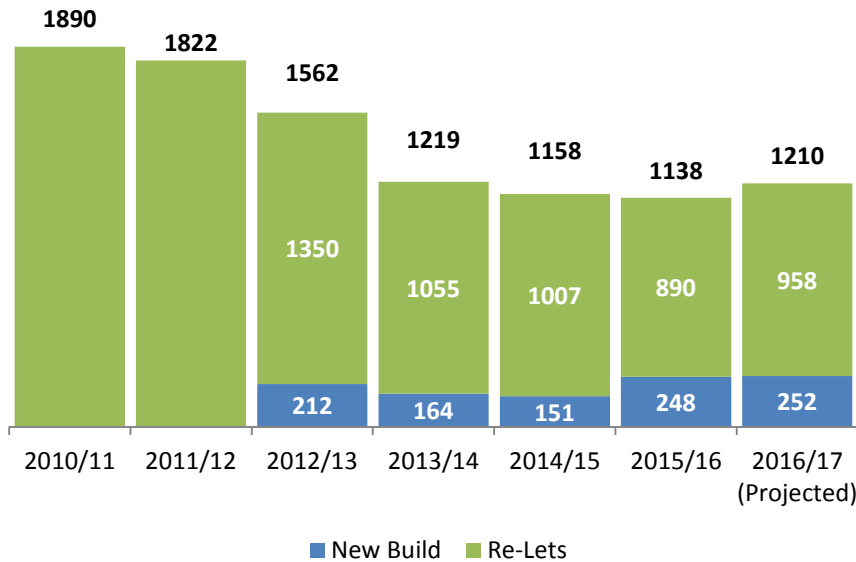
# Supply and Demand - Lewisham

Supply of affordable lets has decreased significantly over the past 5 years, whilst demand has increased

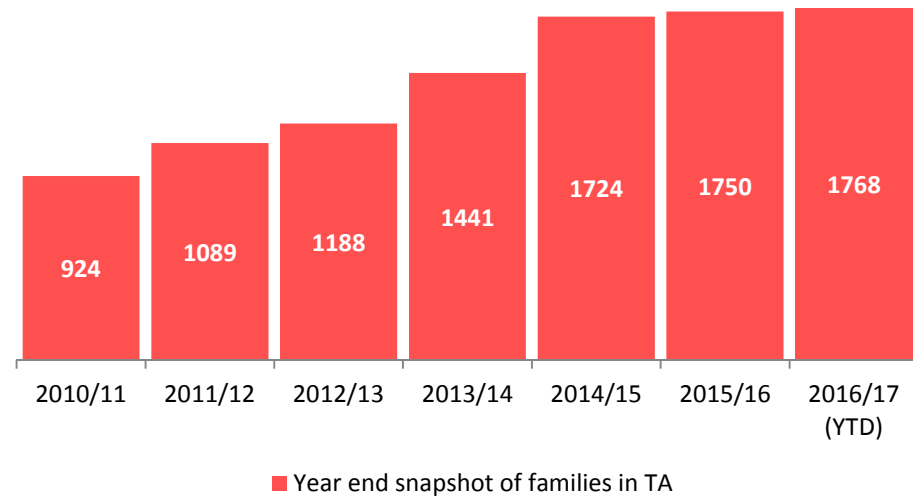
Available lets down by 40% between 2010/2011 and 2015/16, although at current trends a slight increase is predicted in 2016/17

Number of households in temporary accommodation up by 91% between 2010/11 and September 2016

## SUPPLY



## DEMAND

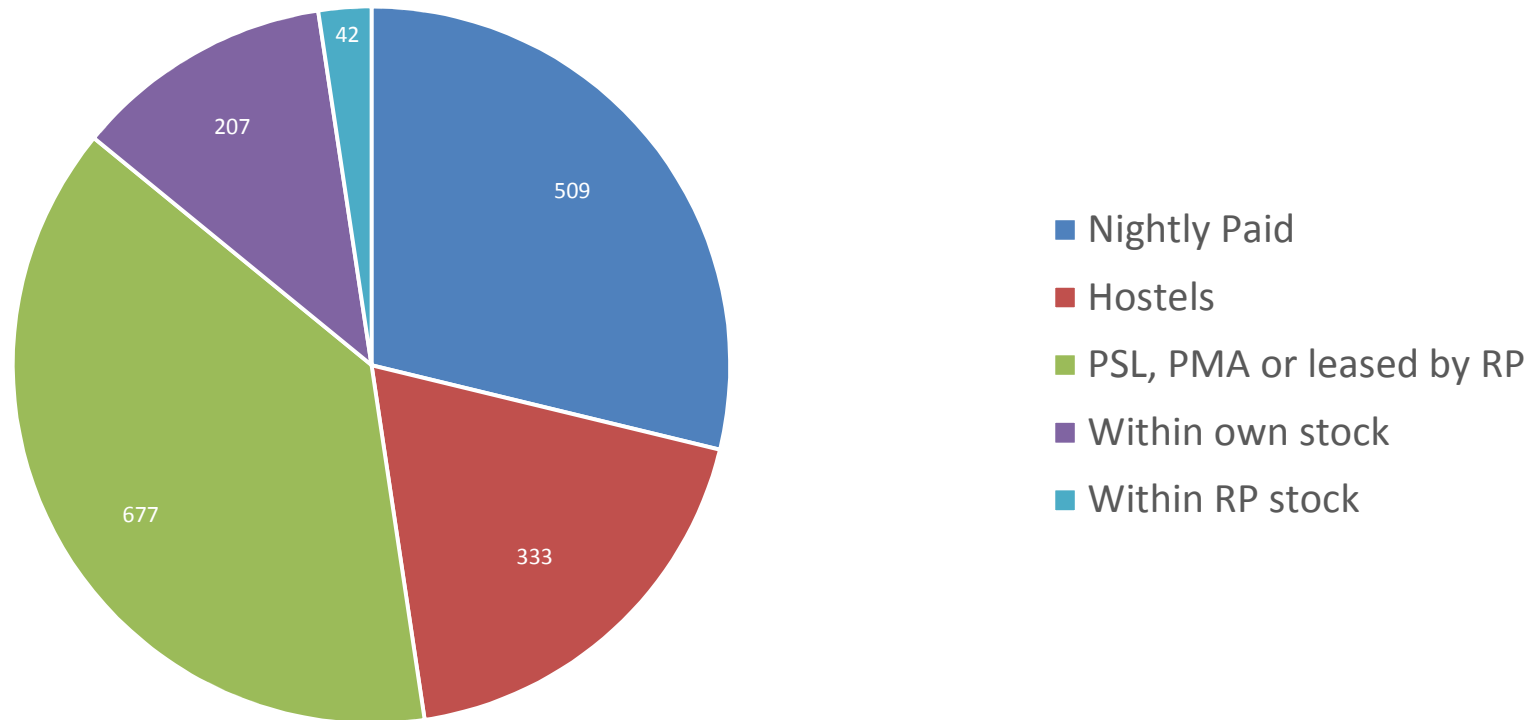


Data as of end September 2016

# Temporary Accommodation - breakdown

- 1,768 households in temporary accommodation as at the end of September 2016
- 424 households in temporary accommodation out of the borough as at the end of September 2016, of which 384 are in Nightly Paid accommodation

Households in Temporary Accommodation





## Temporary accommodation placements out of the borough

The table below shows the boroughs where homeless households are most frequently placed when it's not possible to procure temporary accommodation in the borough.

Borough	Number of placements
Croydon	93
Greenwich	71
Redbridge	45
Bexley	42
Southwark	36
Bromley	27
Lambeth	23
Newham	10
Wandsworth	10
Medway	9
Tendring	9

This is a snapshot from 19 October 2016.

# Nightly Paid Accommodation - costs

Nightly Paid Rates				
Number of Bedrooms	Current Average Weekly Rate	LHA Rate (Inner South East London)		Shortfall
1	£257.02	£204.08		£52.94
2	£358.47	£265.29		£93.18
3	£432.01	£330.72		£101.29
4	£491.64	£417.02		£74.62

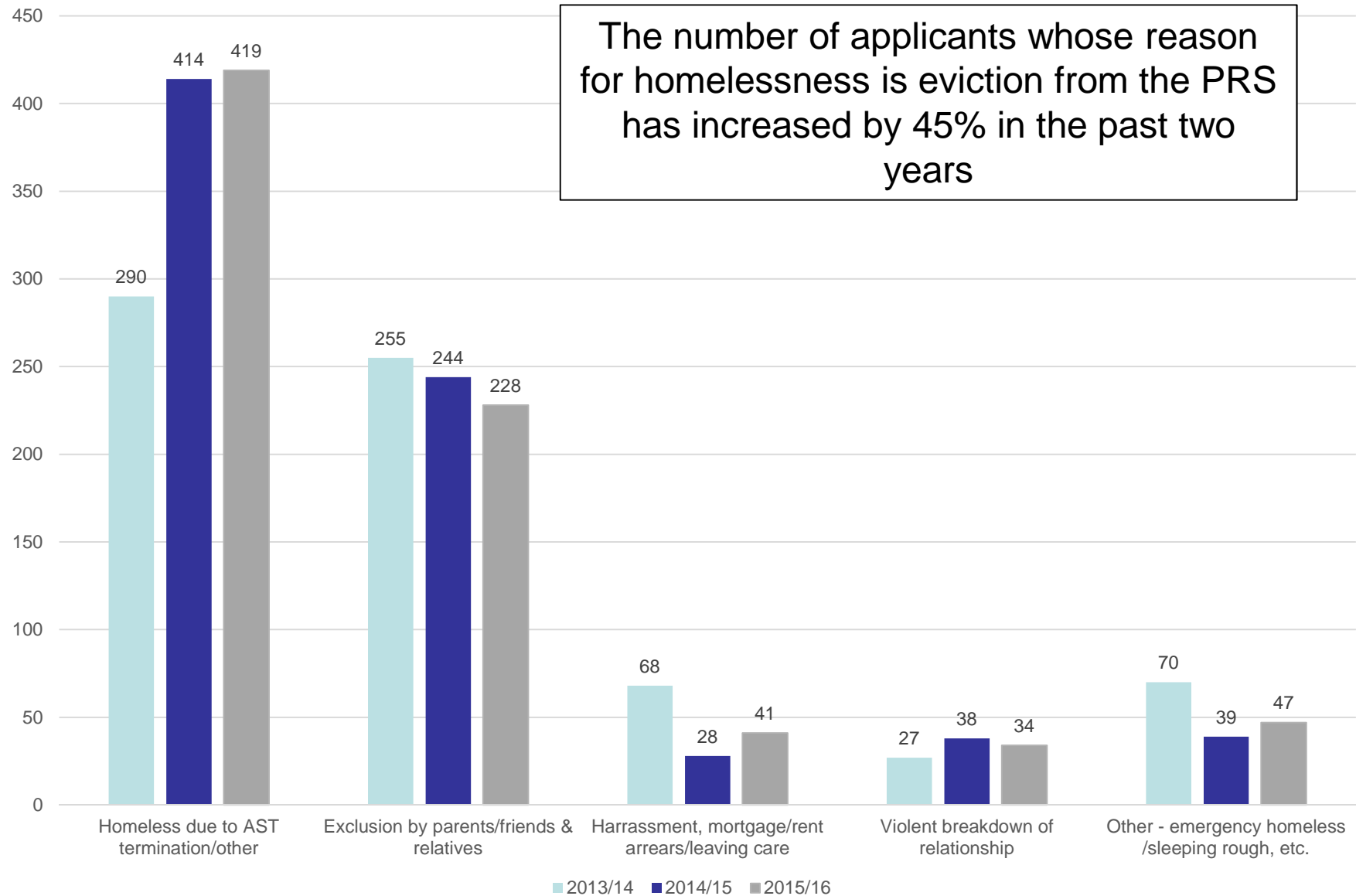
	Net Cost of Nightly Paid Accommodation
2011/12	£574,113
2012/13	£622,638
2013/14	£1,524,211
2014/15	£3,498,444
2015/16	£3,934,759

- The cost of nightly paid accommodation is increasing and LHA rates have been frozen.
- A big focus of recent work has been reducing the numbers in nightly paid – as show in the previous slides, this has now reduced.
- Still a substantial shortfall that must be met when placing clients in receipt of benefits into Nightly Paid accommodation.
- Pressure of increasing homeless applications continues

# Main factors driving increased demand

- An increasing number of homeless households are evicted from the PRS
- Increasing unaffordability of the PRS in Lewisham and London
- Fewer new homes for sub market rent (social rent and affordable rent) are being delivered, as well as fewer affordable homes becoming vacant and available to let
- It is becoming harder for the Council to procure properties leased from private landlords to house homeless families due to the increase in rents and house prices which encourages them to put up rents or sell. House price growth is currently 18.7% in Lewisham compared with a London average of 4.6%.

# The main factor driving demand: the PRS



# Affordability by tenure

Tenure	Monthly cost	Estimated Gross Income Required
Social Rent	£373	£15,077
Living Rent	£969	£34,000
<b>Median Household Income in Lewisham</b>		<b>£35,900</b>
Shared Ownership (50%)	£1,296	£56,861
Median Market Rent	£1,300	£57,052
Outright Ownership (Resale)	£1,642	£73,765
Outright Ownership (New Build)	£1,894	£86,352

# Increased Costs

## Monthly Rates and Rents for a 2 bed property in Lewisham

- Between Nov 15 and March 16, the number of properties advertised at LHA decreased from 18 to 7
- For a household subject to the benefit cap, the median rent would represent 60% of their income – rising to 68% when the new lower cap comes in

Number of Bedrooms	Median Weekly Market Rent 2016	Local Housing Allowance Inner Lewisham
1	£242	£205
2	£300	£265
3	£380	£330
4	£462	£417

LHA 2016  
– Inner SE  
London

£1,150

Median  
Rent -  
2016

£1,300

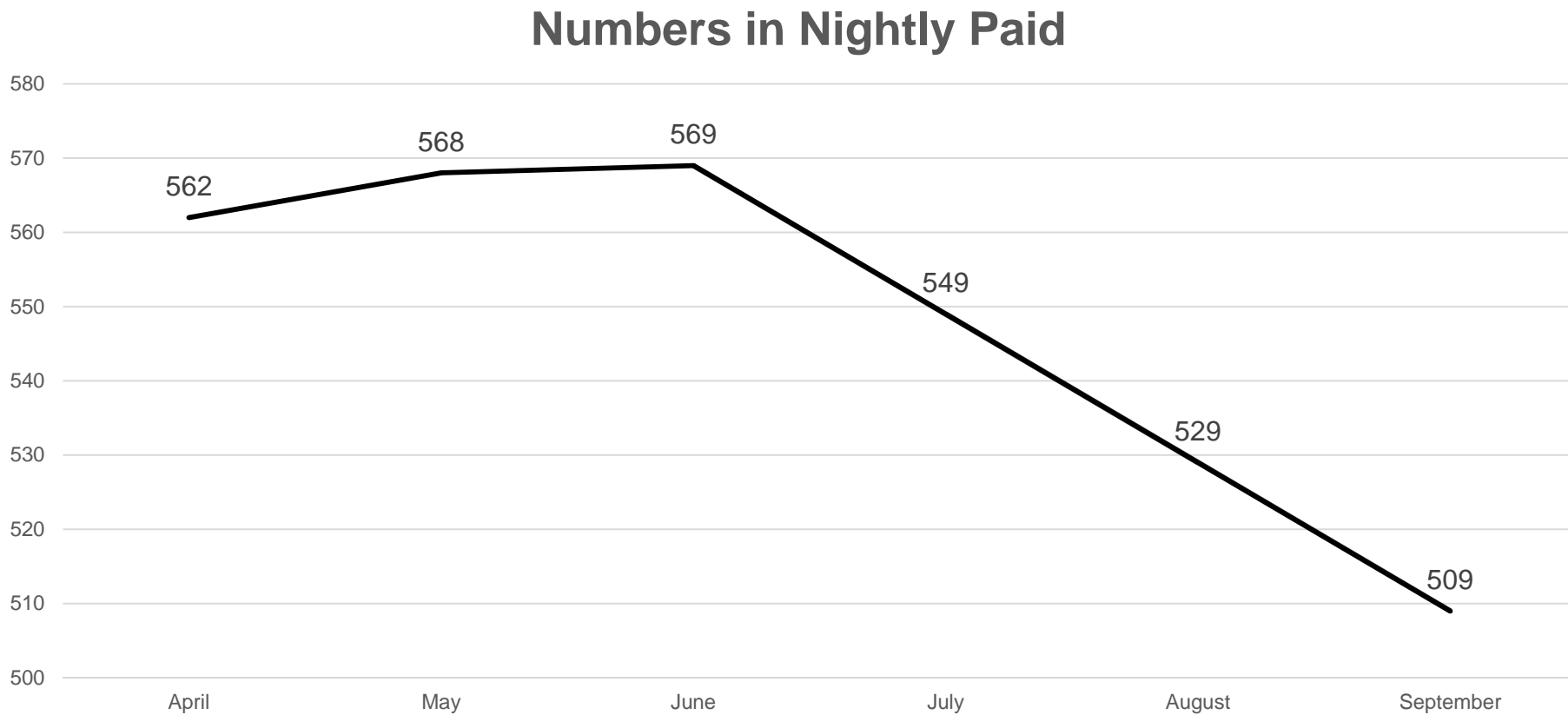
## Initiatives to reduce numbers in nightly paid and costs

The numbers in TA has stabilised over recent years due to the success of recent initiatives including:

- An increase in homeless prevention
- An increase in the supply of in-borough temporary accommodation including:
  - PLACE/Ladywell – 24 new units
  - Lewisham Homes acquisition programme – 60 new units to date
  - Hamilton Lodge – 21 new units completing soon
- ‘Location Priority’ Policy and Temporary Accommodation Strategy developed to provide a framework for placing homeless families into more affordable/cheaper areas out of borough/out of London – 12 units procured in Harwich
- IBAA

# Impact of recent initiatives – numbers in nightly paid down

Recent interventions such as PLACE/Ladywell, properties in Harwich and increased preventions has had a significant impact on the numbers in nightly paid, which had previously been static





## Further Initiatives to reduce numbers in nightly paid

- Changes to Allocations Policy – results of consultation will be reported back to next HSC meeting.
- M&C agreed on 19 October that officers should consult on the PRS Discharge policy – the consultation results will be brought back to M&C early next year.
- M&C agreed on 28 September that an additional loan should be extended to Lewisham Homes to continue the acquisition programme
- Canonbie Road hostel conversion to be completed next year
- Look for further acquisitions/expansions/new hostels
- Pan London Work to increase supply (eg using modern methods of construction like with PLACE/Ladywell) and coordinating procurement of TA

# Homelessness Reduction Bill

- This is a Private Members Bill introduced by Bob Blackman MP, the Bill is due to have its second reading on the 28<sup>th</sup> of October. The homeless charity Crisis have secured the support of 100 MPs to back the Bill
- On 24<sup>th</sup> October the government announced that it is now supporting the Bill
- The Bill aims to increase local authority early intervention and prevention activity for all groups at risk of homelessness, including single people
- The period at which a person is threatened with homelessness is changed from 28 to 56 days
- The Bill states that all homeless people must have access to free advice and information.
- Local authorities will be required to carry out an assessment of what led to each applicant's homelessness, and set out steps to remedy this in an agreed, written plan.
- Local authorities will be required to help to secure accommodation for all eligible households who are threatened with homelessness, and at an earlier stage.
- Local authorities will be required to provide those who find themselves homeless with support for a further period of 56 days to help to secure accommodation.

# Homelessness Reduction Bill

- Households in priority need who refuse to co-operate with prevention and/or relief activity will have to be offered a minimum of a 6 month private rented sector tenancy. They will not progress to the main homelessness duty.
- Households not in priority need who refuse to co-operate would be provided with advice and information only.
- All young people leaving care will be deemed to have a local connection in the area of the local authority that is responsible for providing them with leaving care services under the Children Act 1989.
- Applications will have the right to request a review in relation to the prevention and relief duties.
- The bill introduces a duty on specified local agencies to refer those either homeless or at risk of being homeless to local authority housing teams
- The Secretary of State will have the power to produce a statutory Code of Practice to raise the standards of homelessness support services across the country.

# Homelessness Reduction Bill

- It is likely that the Bill would mean the number of cases managed by Lewisham's Housing Needs Service would increase by at least 2,200 cases per year – could be much more
- The amount of additional funding which will be given to local authorities is not yet clear
- The Bill has its second reading in the House of Commons on Friday 28<sup>th</sup> October, so it is still at an early stage of the process. If it does progress through Parliament, we would not expect it to come into force fully until Spring 2018 at the earliest.

# Changes to temporary accommodation fee

- Current method for allocating the TA management fee to end in March 2017.
- Guarantee that LAs will not receive reduced funding in 2017/18.
- Expected that transition to a new model will be in 2017/18 with full commencement in 2018/19.
- DCLG have consulted informally with partners on future allocation model.
- DCLG preferred option (option3) is based on allocating funds dependent on number of homeless acceptances and preventions using PRS properties.

	<b>Total Estimated TA Management Fee income 2015/16</b>	<b>Option 1 Total: Numbers in TA 30/03/16</b>	<b>Option 2 Total: Prevention and Relief + Homelessness Acceptances</b>	<b>Option 3 Total: PRS + Homelessness Acceptances</b>
<b>Lewisham</b>	<b>£2,231,840</b>	<b>£4,786,301</b>	<b>£1,148,417</b>	<b>£2,024,203</b>

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# Agenda Item 8

Housing Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	8
Class	Part 1 (open)	16 November 2016	

## 1. Purpose

To advise Members of the proposed work programme for the municipal year 2016-17, and to decide on the agenda items for the next meeting.

## 2. Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 24 May 2016 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

## 3. Recommendations

3.1 The Committee is asked to:

- note the work plan attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear about what they need to provide;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny;

## 4. The work programme

4.1 The work programme for 2016/17 was agreed at the Committee's meeting on 12 April 2016.

4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider

which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

## 5. The next meeting

5.1 The following reports are scheduled for the meeting on 10 January 2016:

Agenda item	Review type	Link to Corporate Priority	Priority
<b>Housing and mental health in-depth review</b>	Policy development	Decent homes for all	High
<b>Communal heating systems review update</b>	In-depth review	Decent homes for all	Medium
<b>Discharge into the PRS policy</b>	Policy development	Decent homes for all	Medium
<b>Proposed rent and service charge increases</b>	Standard item	Decent homes for all	High

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these items, based on the outcomes the Committee would like to achieve, so that officers are clear about what they need to provide for the next meeting.

## 6. Financial Implications

There are no financial implications arising from this report.

## 7. Legal Implications

In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

## 8. Equalities Implications

8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act



- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

**9. Date of next meeting**

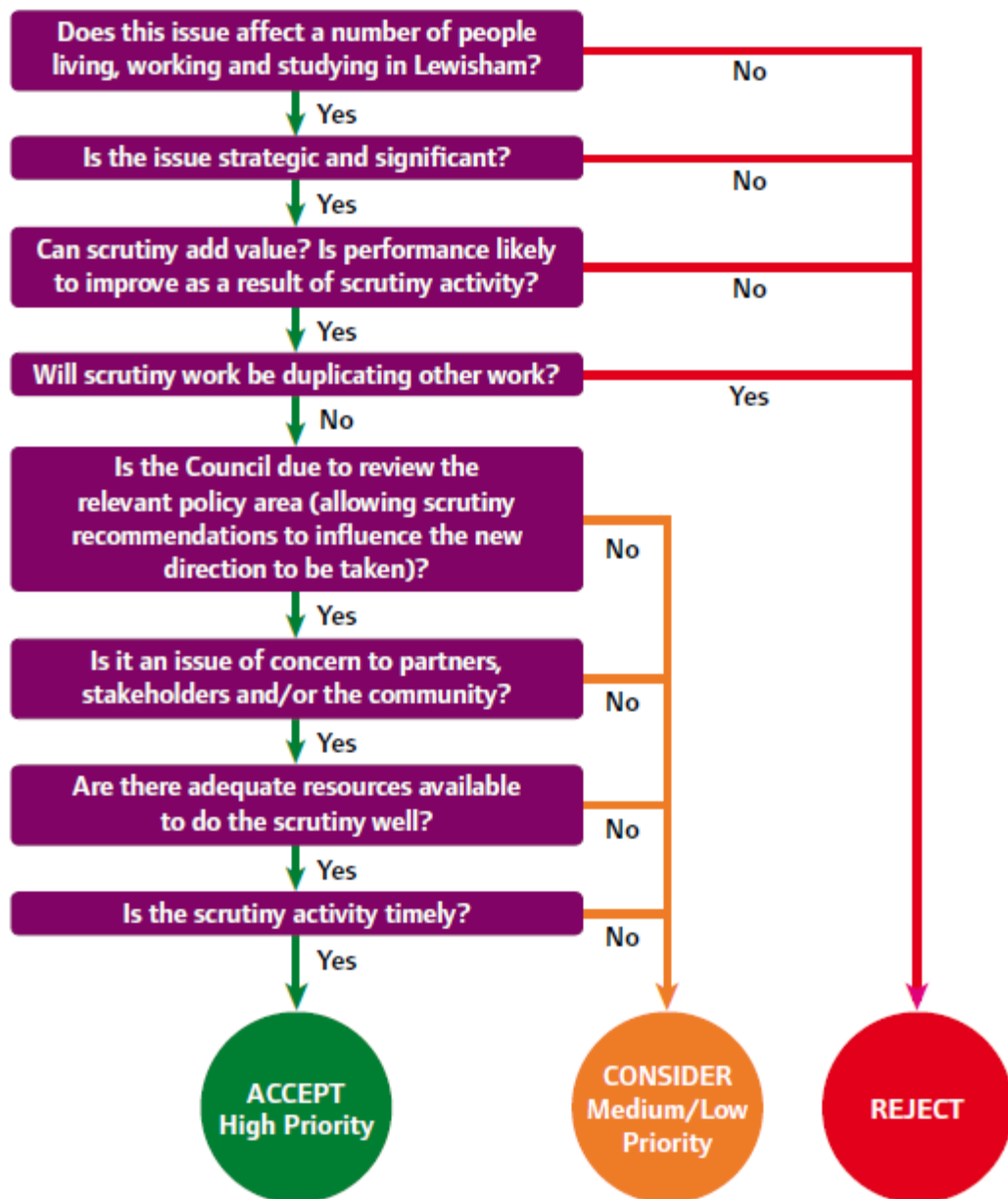
The date of the next meeting is Tuesday 10 January 2016.

**Background Documents**

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

## Scrutiny work programme – prioritisation process



Housing Select Committee work programme 2016/17

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	12-Apr	25-May	06-Jul	07-Sep	25-Oct	16-Nov	10-Jan	07-Mar
Lewisham Future Programme	Standard item	High	CP6	Ongoing				Savings				
Key Housing Issues	Standard item	Low	CP6	Ongoing								
Election of the Chair and Vice-Chair	Constitutional req	N/A	CP6	Apr								
Committee work programme 2016/17	Constitutional req	High	CP6	Ongoing								
Discharge into the PRS policy	Policy development	Medium	CP6	July								
Lewisham's Housing Strategy (2015-2020) - monitoring	Policy development	Medium	CP6	Oct								
Housing and older people	Standard item	Medium	CP6	June								
New Homes Programme	Performance monitoring	High	CP6	June								
In-depth review	Policy development	High	CP6	Jan '17			Scoping		Evidence	Evidence	Evidence	Report
Lewisham Homes	Performance monitoring	Medium	CP6	Sep				Annual report & business plan				Mid year review
Brockley PFI	Performance monitoring	Medium	CP6	Sep				Annual report & business plan				Mid year review
Additional licensing for HMOs	Standard item	High	CP6	Nov								
Housing zones	Standard item	Medium	CP6	Oct								
Monitoring homelessness and temporary accommodation pressures	Policy development	High	CP6	Nov								
Allocations scheme consultation	Policy development	High	CP6	Nov								
Proposed rent and service charge increases	Standard item	High	CP6	Nov								
Discharge into the PRS policy	Policy development	Medium	CP6	July								
Communal Heating Systems review update	In-depth review	Medium	CP6	Nov							Update	
Discretionary licensing scheme	Performance monitoring	Medium	CP6	Mar								
Annual lettings plan	Standard item	High	CP6	Mar								

	Item completed
	Item ongoing
	Item outstanding
	Proposed timeframe
	Item added

Meeting Dates:					
1)	Tue	12 April	5)	Tue	25 Oct
2)	Tue	25 May	6)	Wed	16 Nov
3)	Wed	6 Jul	7)	Tue	10 Jan
4)	Wed	7 Sep	8)	Tue	7 Mar

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## FORWARD PLAN OF KEY DECISIONS

### Forward Plan November 2016 - February 2017

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or [kevin.flaherty@lewisham.gov.uk](mailto:kevin.flaherty@lewisham.gov.uk). However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"\* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
August 2016	<b>Recommendations of the Broadway Theatre Working Group</b>	19/10/16 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2016	<b>Deptford Reach Development</b>	19/10/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Financial Forecasts 2016/17</b>	19/10/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Heathside &amp; Lethbridge Phase 5 Compulsory Purchase Order</b>	19/10/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Heathside &amp; Lethbridge Phase 6 Parts 1 &amp; 2</b>	19/10/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Private Rented Sector Discharge Policy</b>	19/10/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Treasury Management Mid-Year Update</b>	19/10/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Update on action plan following Education Commission Report</b>	19/10/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Family Support Service Contract Award</b>	19/10/16 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Footways Contract Award</b>	19/10/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
September 2016	<b>Supported Living Services to Adults with Learning Disabilities Call-Off contracts</b>	19/10/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
September 2016	<b>Children and Young People's Personalised Care and Support Preferred Provider Framework Contract Extension</b>	19/10/16 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Re-Procurement Managed Service Interpretation, Translation and Transcription Services Contract award</b>	01/11/16 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	<b>Annual Complaints Report</b>	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Joe Dromey, Cabinet Member Policy & Performance		
April 2016	<b>Autistic Spectrum Housing</b>	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
September 2016	<b>Catford Regeneration Programme Update</b>	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		



**FORWARD PLAN – KEY DECISIONS**

<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>
			Councillor Alan Smith, Deputy Mayor		
August 2016	<b>Discretionary Rate Relief Review</b>	09/11/16 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Kevin Bonavia, Cabinet Member Resources		
February 2016	<b>Disposal of Copperas Street Depot Creekside</b>	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	<b>Lewisham Homes Business Plan and Articles</b>	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
January 2016	<b>New Bermondsey Housing Zone Bid Update</b>	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	<b>Private Rented Sector: Additional Licensing Scheme for Houses in Multiple Occupation above/below commercial premises</b>	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>Regionalising Adoption</b>	09/11/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2016	<b>Restoration and Re-Purposing of Buildings within Beckenham Place Park</b>	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
August 2016	<b>Review of National Non Domestic Rates - Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation</b>	09/11/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	<b>Schools with License deficits</b>	09/11/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Carriageway Resurfacing Contract Award</b>	09/11/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	<b>Options for a new Enterprise Resource Planning solution for</b>	09/11/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources &		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
	<b>Lewisham</b>	(Contracts)	Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Deptford High Street (North) Contract Award</b>	22/11/16 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
August 2016	<b>Consultant Appointment 2016 Schools Minor Works Contract</b>	22/11/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Deptford Parish Council Petition and Community Governance Terms of Reference</b>	23/11/16 Council	Kath Nicholson, Head of Law and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	<b>Main Grants Programme 2017-18 Appeals Against Proposals</b>	30/11/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
	<b>Air Quality Action Plan</b>	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Public Realm		
September 2016	<b>Ashmead Primary School Expansion: Results of Consultation</b>	07/12/16 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
May 2016	<b>2017-18 Council Tax Reduction Scheme</b>	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
	<b>356 Stanstead Road - Property Acquisition</b>	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2016	<b>The Wharves Deptford - Compulsory Purchase Order Resolution</b>	07/12/16 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	<b>Waste &amp; Recycling Services Update</b>	07/12/16 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		

**FORWARD PLAN – KEY DECISIONS**

<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>
August 2016	<b>Contract Extensions for Accommodation Based Services and Floating Support Service</b>	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
	<b>Managed Service Contract for the procurement of their agency workers</b>	07/12/16 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Fusion Leisure Contract Variation</b>	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
May 2016	<b>Main Grants Programme 2017-18 Allocation of Funding</b>	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
May 2016	<b>Re-procurement of Existing Core Contract Adult Substance Misuse Services and Budget Setting for Substance Misuse Services</b>	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		

**FORWARD PLAN – KEY DECISIONS**

<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>
August 2016	<b>Prevention Inclusion and Public Health Commissioning Contract Award</b>	07/12/16 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Cabinet Member for Health, Wellbeing and Older People		
August 2016	<b>School Minor Works Programme 2017</b>	07/12/16 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
	<b>2016 School Minor Works Contact Consultancy Appointment</b>	13/12/16 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
September 2016	<b>Lewisham Music Business Plan and Transfer Terms</b>	11/01/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
August 2016	<b>Community Premises Management Contract Permission to Tender</b>	11/01/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Sector & Community		
May 2016	<b>Council Tax Reduction Scheme 2017-18</b>	18/01/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
	<b>Animal Welfare Charter</b>	08/02/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
	<b>Budget Update</b>	15/02/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2016	<b>Council Budget 2017-18</b>	22/02/17 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2016	<b>Community Premises Management Contract Award</b>	19/04/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		

**FORWARD PLAN – KEY DECISIONS**

<b>Date included in forward plan</b>	<b>Description of matter under consideration</b>	<b>Date of Decision Decision maker</b>	<b>Responsible Officers / Portfolios</b>	<b>Consultation Details</b>	<b>Background papers / materials</b>