

Mental Health and Housing Joint Working Protocol

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 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 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 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 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 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.

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.

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)
Priority Four Other standard communications, e.g. a request to arrange shadowing	5 working days	N/A
Priority Three A standard request for information or for joint working	5 working days for email or fax requests or 5 working days from receipt of special delivery post	5 working days
Priority Two 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
Priority One (exceptional) 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 Consent¹

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

¹This 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 Capacity²

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

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

³ 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)⁴

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

⁴ 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.'*⁵

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:

⁵ London Borough of Richmond upon Thames, 'Tenants' Champion Annual Report 2013-14' (2014) <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.*'⁶ 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.

⁶Department 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>

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.

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	b.castle@richmond.gov.uk	020 8891 7482

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

Environmental Health	Nuisance Officer			7737
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Appendix Two: Consent Form⁷

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.

⁷ This consent form references: Buckinghamshire Children and Young People's Information Sharing and Assessment Project Board, 'Buckinghamshire Multi-Agency Data and Information Sharing Protocol' (2007) < <http://www.thamesvalley.police.uk/isa-bucks-children.pdf>>.

Consent form for service users

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

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

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

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

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

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

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

Your name:

Your signature:

Date:

Workers name and job title:

Workers signature:

Date:

Full information sharing request

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

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

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

What information is being requested?

--

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

--

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

--

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

--

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

--

How will this information be transferred?

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

Signed:

Dated:

Information sharing request decision

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

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

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Decision

Share	Part share	Not share
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Reason(s) for decision

--

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

--

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

--

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

--

What information was shared?

--

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

Signed:

Dated:



Referral Form

Please send completed forms to, email: 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"/>	<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	