

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 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 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 020 3317 6378
- South Recovery Team - 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 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 020 3317 6805.

Flexible assessments for homeless clients¹

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
- Holland Walk - holland.walk@islington.gov.uk
- Old Street - old.street@islington.gov.uk
- Partners - enquiries@partnersislington.net
- TMO/CoOps – TMOteam@islington.gov.uk. The TMO Team will liaise with the relevant Area Housing Office.

The Housing Index on 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

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

7527 6371 or 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.

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 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 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

C&IFT: Druid Fleming, 020 3317 6335 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.

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 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, 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 (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. 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: 23rd November 2015

Paul Calaminus

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