

Newcastle City Council Housing Services

**Hospital Discharge and
Homelessness Prevention Protocol**

May 2007

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A Housing Resource Pack for staff implementing this Protocol is also available from the Housing Advice Centre website:

www.newcastle.gov.uk/housingadvicecentre

Introduction

Homelessness prevention is a major plank of the Government's new approach to homelessness, signalled by the Homelessness Act 2002 and policy report, *More Than a Roof*¹.

The Department of Health issued guidance in 2003 which was explicit about the role of hospital trusts in ensuring that homelessness is prevented for patients leaving hospital:

"It is vital all hospitals consider the housing situation of patients to ensure that people are not discharged to inappropriate places, homeless or become homeless as a result of their stay in hospital"².

"All acute hospitals should have formal admission and discharge policies which will ensure that homeless people are identified on admission and their pending discharge notified to relevant primary care services and to homeless services providers. In addition, for patients in psychiatric hospitals/units a post-discharge care plan will be drawn up well in advance of discharge and procedures put in place to ensure that appropriate accommodation and continuity of care is in place for each person discharged".

Guidance from the Office of the Deputy Prime Minister in 2005 echoed this approach:

"It is essential that local authorities and health services work together to provide accessible and appropriate services if health inequalities and homelessness are to be tackled"³.

A policy brief issued in 2004 had established the importance of the contribution that health agencies can make to tackling homelessness⁴:

"By working together to achieve shared outcomes, and taking a public health approach to addressing the health needs of homeless and vulnerable people, local housing authorities and health providers can deliver:

- marked improvements in the health of homeless people
- reductions in homelessness caused by poor health
- reductions in poor health caused by homelessness
- reduced public expenditure on health and homelessness
- reduced repeat homelessness and increased sustainability of tenure through relevant support"

To help local authorities and their partners in developing protocols aiming to prevent homelessness for people leaving hospital, further guidance has recently been issued on behalf of Communities and Local Government department and the Department of Health

¹ *More Than a Roof: a report into tackling homelessness*, DTLR, 2002

² *Discharge from hospital: pathway, process and practice*, Department of Health, 2003

³ *Homelessness and Health Information Sheet: Number 4 Hospital Discharge*, ODPM, 2005

⁴ *Achieving positive shared outcomes in health and homelessness*, ODPM, 2004

with Homeless Link⁵. This recommends a set of nine steps for developing a protocol for hospital discharge. The protocol will be fit for purpose if it:

- establishes a patient's housing status on admission
- includes procedures for obtaining patients' consent to share information
- includes procedures for ensuring that existing accommodation is not lost
- identifies key external agencies to notify about a homeless person's admission
- develops the resources and training needed
- involves voluntary sector agencies, primary care providers and local authorities throughout the discharge process

This protocol has been developed in accordance with those principles.

Who is signed up to the Protocol

This Protocol has been developed between key agencies in Newcastle working with people who may be homeless and have had a stay in hospital. Newcastle's Homelessness Review and Strategy (2003) noted that homelessness may arise following a stay in hospital, and the Strategy identified the development of a protocol as an action required to prevent homelessness in the city.

The Protocol has been signed up to by all relevant agencies:

- Newcastle City Council Housing Services
- Newcastle City Council Social Services
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumberland, Tyne & Wear Mental Health NHS Trust
- Newcastle Primary Care Trust
- Your Homes Newcastle

⁵ **Hospital admission and discharge: People who are homeless or living in temporary or insecure accommodation**, Communities and Local Government, Department of Health, and Homeless Link (2006)

Why this Protocol is needed in Newcastle

Most people admitted to hospital are not homeless and can return home to the address they came in from. A few people have nowhere to go on discharge, or have their stay in hospital extended, for one of the following reasons:

- They were homeless before admission to hospital - they had nowhere at all to stay, and may have been sleeping rough
- They were in an institution such as prison
- They had a temporary arrangement – a hostel or staying with friends or family – and either cannot go back, or there is no bed reserved for them on their return
- They have just arrived in Newcastle and have nowhere to stay here
- They had accommodation before they came into hospital but are refusing to go back there
- They had accommodation before they came into hospital but cannot go back there because the person who lives there will not take them back
- They have accommodation but it needs to be adapted following their treatment in hospital

A further group had accommodation but it is not considered safe for them to go back there because of poor conditions or the house being too dirty or unhygienic. This Protocol does not cover that group, but a separate Clean Homes Protocol agreement has been developed to resolve the needs of people whose home is considered too unhygienic for them to return to from hospital, including the process for seeking the views of the Environmental Health section.

The Government expects local authorities to prevent homelessness wherever possible, but it is also in the interest of the patient – saving stress and anxiety – and of both hospital and housing staff, to try to resolve the patient's problem well before they have to leave. It is not comfortable for either hospital or housing staff to know that a patient may leave a hospital with no accommodation to go to.

Without this Protocol, it is clear that some health and social care staff may spend a considerable period of time trying to identify a solution for a hospital patient. It is also more difficult and time-consuming for housing staff to find the most appropriate solution at very short notice and without access to all the information needed to resolve the problem. Hospital staff are not always familiar with housing organisations and how they work, or with the best way to resolve a housing problem, or with which housing organisation the patient should be approaching.

Any delay in discharging a patient is costly to the health and social care system in the city, it can put back the care of another patient who needs a bed, and can exhaust staff and build up bad feeling between organisations. This Protocol aims to remove those constraints and pressures wherever possible, by setting up clear procedures, providing information on who does what, and by establishing clear roles and routes of communication.

The principles underpinning the Protocol

Agencies signing up to this protocol will work towards the following aspirations:

- People leaving hospital in Newcastle will have had their housing and support needs assessed in time to make appropriate referrals in advance of a discharge date
- People should not be discharged from hospital unless they have accommodation to go to: people leaving hospital in Newcastle will have accommodation appropriate to their housing and support needs, no patient should become homeless during their hospital stay, and no patient should leave without appropriate and stable housing options being identified; and no agency will rely on a hospital bed being available in place of suitable housing
- Discharge from hospital should not be delayed because of a lack of suitable accommodation, but where this is unavoidable and all steps in the Protocol have been followed, hospitals should consider not levying a charge on Social Services
- Staff working in hospitals in Newcastle will have sufficient information and training to be able to make appropriate and timely referrals to housing and support agencies
- Staff working in all agencies will know who to contact to help to resolve any problems which arise in the process
- Agencies will work together effectively to jointly resolve housing problems, preferably without a homeless application having to be made
- Shortfalls in resources will be identified through regular meetings of the Hospital Discharge and Homelessness Prevention Working Group and this information will be passed to the Housing Services for action

Format of the Protocol

The Protocol sets out a number of steps for all agencies to take which will help to prevent homelessness:

- **Action to take to prevent a patient being homeless on discharge from hospital, including the process to be followed on admission**
- **Seeking help from other agencies in finding accommodation and arranging support**
- **Information for display in hospital wards, for patients and staff**

The Protocol includes a note on how agencies are to share information, and how the Protocol is to be monitored and reviewed.

A Housing Resource Pack accompanies the Protocol. This Pack contains a note of the role that each agency involved in working with homeless people in Newcastle will take in relation to preventing homelessness for people leaving hospital. The Pack also contains information about the homelessness legislation and system, and contact details for other local authorities in the North East, and for agencies signed up to the Protocol.

Monitoring and reviewing the Protocol, and liaison arrangements

The Hospital Discharge and Homelessness Prevention Working Group which has developed this Protocol will meet initially after three months, and then twice a year, to monitor the implementation of the Protocol, and to review the document to see if any changes are needed. Any changes needed, will be recommended to the senior commissioning group which is overseeing the Pathways and other Protocols.

Meetings of the Hospital Discharge and Homelessness Prevention Working Group will also be useful for reviewing any changes to staffing, systems and structures, and provision, and keeping all agencies up to date, as well as for general liaison.

Membership of the Working Group will be open to anyone with an interest in preventing homelessness for people in hospital.

Outputs and outcomes from the Protocol will be monitored through use of the following:

- Numbers of people leaving hospital who are seeking help as homeless (Housing Advice Centre data, Newcastle Homeless Liaison Project data, numbers of people approaching the Advice and Support Team for help, and numbers of people attending A&E who have no fixed address)
- Cases raised at regular meetings of the Working Group and the Liaison Group
- Monitoring information (received on a weekly basis) about delayed transfer of care, which identifies reasons for delay and is validated by the Trusts and Social Services

The Hospital Discharge and Homelessness Prevention Protocol was reviewed in October 2009.

Training will be provided on a regular basis for agencies involved in the implementation of the Protocol.

Sharing information

An important feature of good working arrangements between agencies working with people leaving hospital who may be homeless is that information is shared so that the person's problem can be resolved as quickly as possible.

Information should always be shared with the twin aims of helping the service user to obtain the most appropriate services to meet their needs, whilst preserving their dignity and privacy.

Information can best be shared by:

- **All agencies ensuring that the patient has filled in a consent form** - making sure that the service user has given written consent to information about them being shared in order to help them secure the right services to meet their needs
- **Sharing information in a positive way** - that informs people about the needs of the service user and supports good decision-making, rather than trying to "sell" their case
- **Ensuring that any information about known risks is shared** – including to other service users, or to staff, are not hidden, even if this may lead to another agency making a decision that their services are not appropriate for the person at this point
- **Ensuring that information which is passed on to other agencies is based on known facts, professional judgements, and close involvement with the service user**
- **Basing good decision-making on documented information** - this can be informal information which is constructive and supports other evidence, but can be verified

Agencies to share information with

This should include any agency which can help the service user to obtain or keep appropriate housing and support services. Such agencies should abide by the Data Protection legislation, and should have guidelines for staff about how and what information to share, how to store information, and what will happen if data protection rules are breached. The principles of good data protection state that data must be:

1. fairly and lawfully processed
2. processed for limited purposes
3. adequate, relevant and not excessive
4. accurate
5. not kept for longer than is necessary
6. processed in line with your rights
7. secure
8. not transferred to countries without adequate protection

These principles apply to information held on computer and some paper records.

Confidentiality

All parties to the Protocol will agree to ensure that information is not disclosed without the consent of the service user, and that it is not disclosed to people who are not entitled to have such information or do not intend to use it in the best interests of the service user. All parties will also agree to deal with any breaches of confidentiality by their staff or organisation.

Agencies following this Protocol will also be made aware of the Northumberland, and Tyne & Wear Strategic Health Authority Information Sharing Protocol Strategic Agreement, which health and social care agencies in Newcastle are asked to sign up to.

1. Preventing homelessness – the process on admission to hospital

The most important step to preventing homelessness is to identify what accommodation they have on admission. This will enable action to prevent or tackle homelessness to be started straightaway.

Patients are usually asked for their address on admission to a ward in hospital. The exception is where the person has been admitted previously, or has been admitted after being in Accident and Emergency, when the address might already be on the notes but not have been checked on admission to the ward.

Under this Protocol, as part of the admissions process, hospital staff will check the address for all patients, regardless of how they came to be admitted to the ward.

Some patients become homeless whilst staying in hospital, either because they decide not to go back to the home they were in before, or because the person they were staying with decides not to allow them to return there. In a few cases, patients do not reveal that they have nowhere to go until discharge is imminent.

Preventing homelessness – key actions

- **A poster is to be displayed in all wards** reminding patients that they can ask for help at any time if they are worried about possible homelessness (see Appendix A)
- **On longer stay wards, hospital staff will check that the patient can return to suitable accommodation - as soon as possible after admission** (and no less than a week before discharge)
- **On short stay wards, hospital staff will check that the patient can return to suitable accommodation** - ideally at least a day before discharge (but preferably two days - a longer period of notice for housing agencies allows enough time to arrange supported temporary accommodation)
- **If there is no accommodation identified for them to return to, either the hospital staff or a social worker will contact the Homelessness Prevention Officer (Hospital Discharge) at the Housing Advice Centre, at least a day before the discharge is due**
- **Patients may need to be advised that their welfare benefits (including Housing Benefit) may be reduced after four or six weeks in hospital. It is very important that action is taken to make sure that the patient is aware of this reduction so that rent arrears do not build up**

Each ward has been supplied with leaflets about homelessness in Newcastle to give to people who may be homeless. Further copies of these can be obtained from the Housing Advice Centre: Tel: 0191 277 1711.

A standard letter for telling Housing Benefit teams about a stay in hospital is attached in Appendix G, along with information about where to get welfare benefits advice.

a) General wards

Step 1 Check the patient's housing situation

On admission to the ward, ask **every** patient for their address, and whether this is the address they expect to return to.

Ward staff are asked to be particularly careful to ask this question where:

- The patient was noted by A&E as being **homeless** (No Fixed Abode - NFA) (the Bed Bureau notes this information and passes it on to the Hospital Discharge Liaison Nurse)
- The patient is known to be staying at a **hostel or other temporary accommodation** (see the Housing Resource Pack for further information about temporary accommodation provision in Newcastle), or
- The patient has been admitted following an **overdose** and referral from the Psychiatric Liaison Team

Step 2 Check if the patient comes from Newcastle and why they may be homeless

If the patient has no accommodation, or is not confident that they can return to that address, ask the following questions before deciding what to do next:

- **Does the patient come from Newcastle or wish to be in Newcastle?**
- **If they had a home before coming into hospital, why are they not able to go back there?**

People from outside Newcastle

For people who do not come from Newcastle, and do not wish to stay in the city, contact the homelessness office for the relevant council area.

You will find a list of all the local authority contacts for homelessness in the Resource Pack, or you can ring the Housing Advice Centre for this information (Tel: 0191 277 1711)

Step 3a During office hours (8.30am – 12 noon, 1pm - 4.30pm)

If the patient is homeless and needs help to find somewhere in Newcastle, **contact the Housing Advice Centre (HAC):**

0191 277 1711

Ask for the Homelessness Prevention Officer (hospital discharge)

The **Housing Advice Centre (HAC)** provides Newcastle's homelessness prevention service, makes decisions about where the Council has a legal duty to accommodate someone, and provides housing advice, including advice to private tenants and landlords through the Tenancy Relations Service Tel: (0191) 277 1720 or 277 1724 (opening hours 10am - 4pm, closed 12 noon - 1pm and Wednesday morning).

You will find more information about the role of HAC in the Resource Pack.

Referrals to HAC may be made by nursing or medical staff, or social workers. There is no need to contact hostels directly. HAC has information each day about where there are beds available in temporary accommodation in Newcastle. **Priority is given to placing people for whom the council has responsibility, and people leaving hospital**, as well as those who are sleeping on the streets, or leaving prison, and others who cannot live independently.

The Homelessness Prevention Officer will either take a homeless application over the phone, or arrange to visit if there are complex needs, and a longer interview is needed. This will take place within 48 hours on working days (or sooner if this is possible), and particularly if it is known that the person was admitted for a stay of less than 24 hours).

Information which will be needed by the Homelessness Prevention Officer (HPO):

- Full name and date of birth
- Previous address, and type of housing (e.g. council tenancy, or hostel)
- Names and ages of any dependants
- How long the person has been in Newcastle
- Any other agencies involved with the patient
- Details of any risks posed by the patient or linked to their health
- Any particular needs which should be taken into account

The Housing Advice Centre will have time to make their decisions, and to help to find accommodation for the patient, if they receive clear information well before the patient is going to be discharged.

If the decision to discharge is made late on a working day, it is unlikely that accommodation will be found that night. In that case, hospital staff will try to ensure that a bed remains available for the patient until the next day.

Step 3b Out of office hours

If the patient is homeless and needs help to find somewhere in Newcastle, **contact the
Emergency Homeless Service
5.30pm - 8.00am**

0191 232 8520

The **Emergency Homeless Service** is provided by Housing Advice Centre staff who are on call outside office hours. They use information provided to them at the end of each working day about where there are beds available in temporary accommodation in Newcastle.

Advice and Support Workers (ASWs)

A team of four ASWs* work with the Homelessness Prevention Officers at the Housing Advice Centre. They will help homeless people through the process of applying for housing, finding temporary accommodation, dealing with any debts, and getting benefits and furniture sorted out. They will also assess whether the person will need support to manage their home, or needs supported housing.

You can find more information about the role of ASWs in the Resource Pack.

* Please note that any reference to ASWs in this pack are to Advice and Support Workers, and not Approved Social Workers.

b) Accident & Emergency

Step 1 Check the patient's housing situation

Ask every patient for their address

Step 2 Check if the patient comes from Newcastle and why they may be homeless

If the patient has no accommodation, or it is not clear that they can return to the address they gave, ask the following questions before deciding what to do next:

- Does the patient come from Newcastle or wish to be in Newcastle?
- If they had a home before coming into hospital, why are they not able to go back there?

Nursing staff should take every opportunity to check whether the person can go back to the address they have given.

If the patient is homeless, the next step is for A&E staff to:

Step 3a During office hours (9am – 4pm)

If the patient is homeless and needs help to find somewhere in Newcastle, **contact the Housing Advice Centre (HAC):**

0191 277 1711

Ask for the Homelessness Prevention Officer (hospital discharge)

Step 3b Out of office hours

If the patient is homeless and needs help to find somewhere in Newcastle, **contact the Emergency Homeless Service:**
(or advise the patient to contact them)

0191 232 8520

People sleeping rough

- If the person wants help to find somewhere to live, phone HAC (277 1711)
- If the person does not want help at this point, please pass their details on to the Lead Practitioner - Chronic Excluded at HAC (0191 277 1712 Fax no: 0191 277 1722 (a fax template for this purpose is held by A&E)

c) People with mental health needs

There are regular advice sessions held at the Collingwood Ward at St Nicholas', and the Hadrian Clinic at Newcastle General Hospital. The Mental Health Adviser (Your Choice Homes) holds weekly sessions at these places. One of the two Mental Health Workers based within the homelessness service (the Psychiatric Nurse for Homelessness and the Mental Health Social Worker (Homelessness)) also visits these wards when people are likely to be discharged.

Checks of discharge plans for all new admissions are done on a weekly basis, through these regular advice sessions, ward visits, and discussion at the Capacity Monitoring Group. Case discussions will always be held for any patients staying longer than 90 days.

If a patient is likely to be discharged with nowhere to go, and none of these visits are due within a short period of time (i.e., within the next day for a short stay, or within the next week for a longer stay), ward staff should:

- Contact the Psychiatric Nurse or the Social Worker for Homelessness to arrange for them to visit the patient, and give advice on the best options for them
- All details will be noted and this will be passed to the Homelessness Prevention Officer (hospital discharge)
- The Homelessness Prevention Officer will take a homeless application and arrange temporary accommodation, and may also visit the patient if necessary
- The Psychiatric Nurse or Social Worker will then discuss the next move, into supported or other accommodation with support

Every patient with a mental health problem should have a Care Co-ordinator. Care Co-ordinators are closely involved throughout the process in assessing housing and support needs and identifying the most appropriate accommodation and support. The Care Co-ordinator will work with the YCH Mental Health Adviser, Psychiatric Nurse or Social Worker to do a risk assessment and risk management plan, and work out a housing and support package, with the aim of securing the best option without the patient having to go into temporary accommodation.

The patient may have made an Advance Statement about how they want to be treated, and what arrangements should be made about their home and other personal matters, if they need to go into hospital. If they have written this down, the Statement will be held by the person's Care Co-ordinator.

Actions for hospital staff, working alongside housing advisers, for people with mental health problems:

Step 1 Check the patient's housing situation

On admission to the ward, ask every patient for their address, and whether this is the address they expect to return to

Step 2 Check if the patient comes from Newcastle and why they may be homeless

If the patient has no accommodation, or it is not clear that they can return to the address they gave, ask the following questions before deciding what to do next:

- Does the patient come from Newcastle or wish to be in Newcastle?
- If they had a home before coming into hospital, why are they not able to go back there?

Step 3a During office hours (9am – 4pm)

If the patient is homeless and needs help to find somewhere in Newcastle, and a ward session is not due

contact the Housing Advice Centre (HAC):

0191 277 1711

Ask for the Homelessness Prevention Officer (hospital discharge)

Step 3b Out of office hours

If the patient is homeless and needs help to find somewhere in Newcastle, **contact the Emergency Homeless Service**

0191 232 8520

2. Preventing homelessness amongst specific groups of people

a) Patients aged under 18

Anyone under 16 should be referred to a Social Services Children and Families team (see below for contact details).

Homeless people aged 16 or 17 are in a priority group and will usually be helped to find appropriate housing by the Housing Advice Centre. Specialist staff who work for Your Homes Newcastle's Young People's Service are contracted by the Council to work with under 18s. They can be contacted through the Housing Advice Centre. They will:

- assess the current housing situation of the young person, and any care or other needs
- talk to parents or whoever else they are staying with to see if a solution can be negotiated which will not leave the young person without accommodation
- work with the young person to identify what skills they need to build up in order to manage their own home
- help them to find appropriate temporary supported accommodation or settled housing with support
- help them to apply for settled housing through a different route (a "welfare priority") if they are not actually homeless

b) Asylum seekers and refugees

Asylum seekers who have not yet got their refugee status sorted out are accommodated by a range of providers. The best contact point is the National Asylum Support Service (NASS): Email: nassnecaseworkteam@homeoffice.gsi.gov.uk

Asylum seekers whose application for asylum has failed cannot be housed through council or other public sector housing. Families are supported by NASS, but single people may have no accommodation. Contact either North of England Refugee Service or Social Services for advice:

Asylum seekers who are unaccompanied minors are looked after by the Social Services Unaccompanied Minors Team Tel: 278 2700

Refugees are entitled to apply for housing in the same way as any other households. They may be supported through the North of England Refugee Service (NERS): Tel: 245 7311, or by Your Homes Newcastle Move-On team (once given refugee status), Tel: 277 1144

Adult Social Care teams	Children's Social Care teams
Shieldfield office Tel: 278 8377	Walker office Tel: 295 5535 Cruddas Park office Tel: 277 2500

c) Rough sleepers

If the person was sleeping rough before they came into hospital, hospital staff are asked to:

- 1. If the person wants help to find somewhere to live, phone HAC (277 1711)**, tell them about the person, and ask them to let you know if there is any accommodation available. You can make an appointment for the person to go into HAC, or for the HPO to call to see them in hospital, or for the person to get help at Ron Eager House, Joseph Cowen Health Centre, or the People's Kitchen. **(For contact details, see leaflets about free or cheap food and other services for homeless people).**
- 2. If the person does not want help at this point**, please pass their details (initials and date of birth) to the **Lead Practitioner – Chronic Excluded** at HAC (**0191 277 1712 Fax no: 0191 277 1744**), so that they can log their details and try to help them at a later date if they are still sleeping rough.

Anyone sleeping rough should be given copies of the leaflets about finding help with housing problems, and services for homeless people (see Housing Resource Pack). Further copies of these leaflets can be obtained from the Housing Advice Centre 277 1711 or Homelessness Prevention Project 277 1733/1731.

People discharging themselves to the street

People who have no accommodation may be more inclined to discharge themselves, or to leave A&E, before accommodation is found for them. This makes it very difficult to engage them in drug or alcohol treatment, or treatment for mental health problems, as well as engaging them in a programme of help to get back into settled housing.

Hospital and social work staff are asked to try to encourage people not to leave before they have been helped by housing staff.

d) People with drug and/or alcohol problems

People with drug and/or alcohol services may not yet be in contact with treatment agencies. Social Services teams in hospitals will assess care needs if the patient has possible needs for personal care. Nursing staff will make a referral to drug or alcohol treatment agencies, if the patient wants to be in treatment. Advice and Support Workers will help the patient to look for appropriate housing where they will be able to get support with engaging with treatment provision.

3. Other action to prevent homelessness

a) Resolving problems for patients who cannot return home because their accommodation is thought to be unsuitable

There are several possible reasons for a patient's home being considered to be not available or unsuitable for them to return to. These fall into three groups:

i. The home is not in a fit state to live in

- Home is too dirty, unhygienic, or too full of rubbish to live in healthily
- House is unfit or unsafe to live in
- Home is not suitable as area is unsafe

A separate policy has been developed between Housing Services, Social Services, Environmental Health, Your Homes Newcastle, Supporting People, and Newcastle Primary Care Trust, to deal with cases where people cannot return home or are at risk of losing their home because it is not in a fit state to live in. This policy sets out how cases will be dealt with, and how costs of tackling the state of the house will be recovered. For further information on the Cleans Homes Protocol, look on the Newcastle Housing Advice Centre website www.newcastle.gov.uk/housingadvicecentre.

ii. The home is unsuitable to meet the person's current needs

- Patient has drug or alcohol problems, or other problems, which lead to the view that they cannot manage their home at the moment
- The patient is no longer able to look after themselves and requires residential or nursing care
- Sheltered housing could be more suitable for them
- Home is no longer suitable as patient needs aids and adaptations to be in place before they can return
- House needs physical adaptations but this is not possible or cannot be done at reasonable cost

Where the home needs some physical adaptation, the Hospital Social Worker will contact either the Housing Occupational Therapist or the Hospital Occupational Therapist. The Housing Occupational Therapist will assess whether people would be eligible for medical priority on the grounds of physical health, or help the patient to plan a move to a more suitable home, and organise adaptations to that home. Where there are adaptations needed to an existing home, this will be organised by the Hospital Occupational Therapist.

Where a temporary move might be needed before a patient could return home, or community safety measures need to be installed, or the patient needs housing-related support or home care to be able to remain in their home, or they need help to apply for and move to more suitable housing (for example, supported or sheltered housing), a referral should be made to the Pathways Advice and Support Workers. They will make referrals to other agencies if needed, and possibly may refer the person ultimately to one of the Advice and Support Workers based at housing offices.

iii. The person (or the people they were living with) has decided that this is not where they should live in future

- Patient does not want to return as it is not where they want to live
- Partner or family refuse to allow person to come back

If a patient is likely to become homeless because the person they previously lived with does not want them to come back, contact the Housing Advice Centre as described in the earlier parts of this Protocol.

b) Helping people to obtain settled housing

Patients in hospital may be able to obtain settled housing without having to go into temporary accommodation first, and without having to make a homeless application first.

There are three routes into settled housing:

- applying to join Your Choice Homes (people can bid through YCH for housing from Your Homes Newcastle, and some Housing Association and private rented homes)
- applying directly to Housing Associations
- applying directly to private landlords or their agents

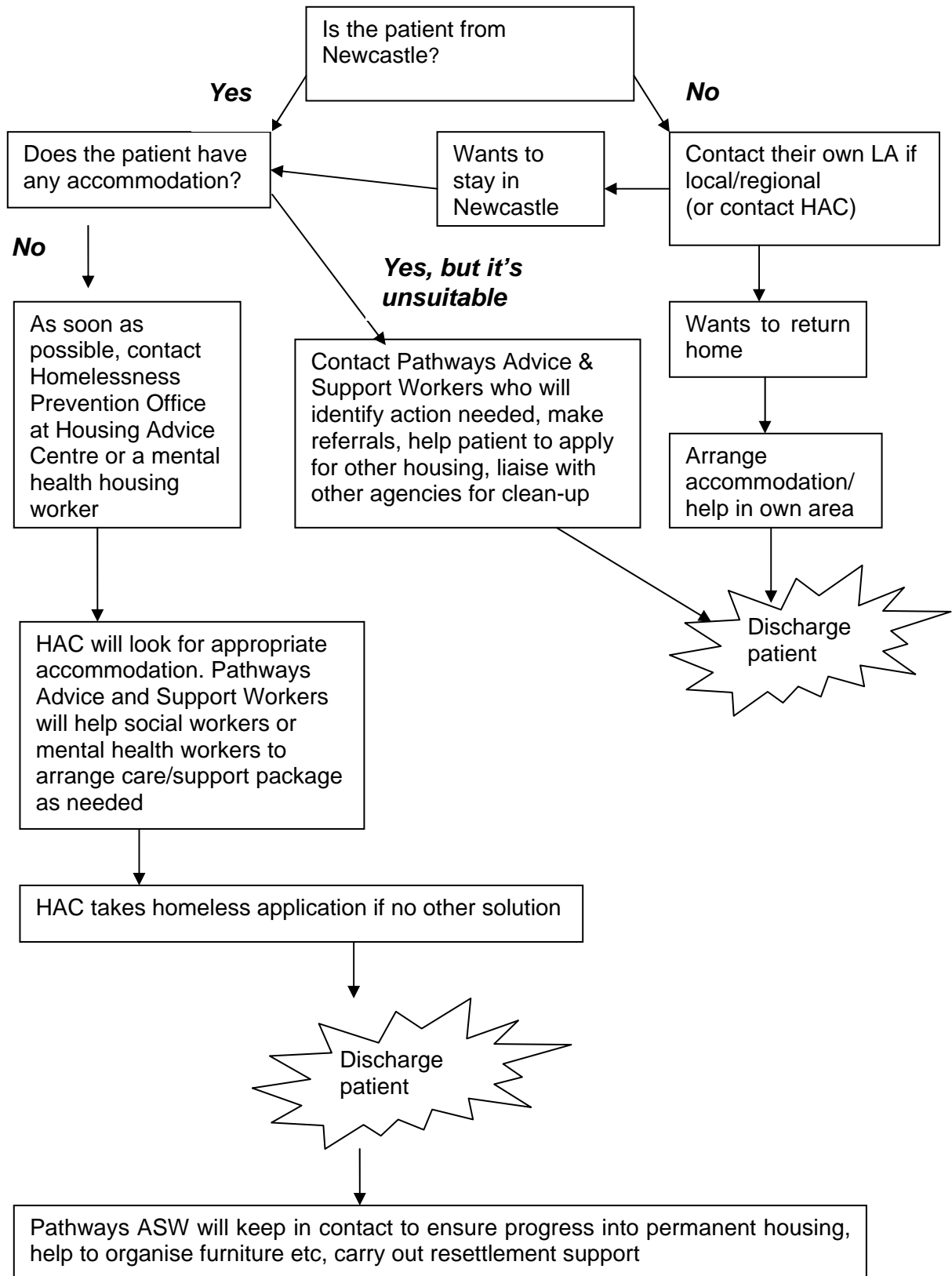
The Housing Resource Pack contains information about these routes into settled housing. It also explains how social workers, hospital staff, and others can help patients to obtain settled housing.

Both the Housing Advice Centre and the Advice and Support Worker can give people advice on how to apply for housing through any of these routes.

Appendices

1. Flowchart – the hospital discharge protocol pathway
2. Information poster for staff
3. Information poster for patients
4. Sample letter about Housing Benefit claims

Hospital Discharge and Homelessness Prevention Pathway



**Helping patients who are homeless
or who cannot go back to their former home**

To prevent homelessness:

All patients must be asked, as soon as possible after admission, if the address we have for them is current, and is somewhere they can go back to.

If they have nowhere to go back to, please ask these two questions:

1. Do you come from Newcastle, or wish to be here?
2. If you had a home before coming into hospital, can you tell us why you are not able to go back there?

People who are homeless and come from Newcastle

Contact the Homelessness Prevention Officer (Hospital Discharge) at the Housing Advice Centre (HAC)
or the Emergency Homelessness Service (outside office hours):

**Homelessness Prevention Officer HAC – Tel: 0191 277 1711
8.30am - 4.30pm, closed 12 noon – 1pm and Weds mornings
Emergency Homelessness Service – Tel: 0191 232 8520
5.30pm to 8am**

People from outside Newcastle

Contact the homelessness office for the relevant council area.
See Housing Resource Pack for list of homelessness officers.

People who have a home to go to but it's unsuitable at the moment

Contact the Pathways Advice and Support Worker on 0191 277 1144

For people with mental health needs

Contact Psychiatric Nurse for Homelessness or the Mental Health Social Worker (Homelessness) on 277 2394, or the YHN Mental Health Adviser on 277 2023, or Community Psychiatric Nurse at Joseph Cowen Health Centre for Homeless People on 228 4929.

**Do you need help to find somewhere to live
when you leave here?**

If you may have nowhere to live when you leave here, please tell us as soon as you can.

The sooner we know, the sooner we can help.

Hospital staff can:

- Give you advice about where to make a homeless application
- Tell you who else could give you help to find somewhere to live
- Arrange for a Homelessness Prevention Officer to talk to you

Housing Advice Centre
112-114 Pilgrim Street

0191 277 1711

Opening hours: **8.30am - 4.30pm, closed 12 noon - 1pm and Weds mornings**

Emergency Homelessness Service

0191 232 8520

Outside office hours: **5.30pm to 8am**

Sample letter about Housing Benefit claims

Housing Benefit Section
Newcastle City Council
Civic Centre
Barras Bridge
Newcastle upon Tyne

Dear Sir/Madam,

My name is _____ and my National Insurance number is _____
My home address is _____

I was admitted into the _____ hospital as an inpatient on _____

It is unlikely my stay in hospital will be longer than 52 weeks.

This letter is to confirm my intention to return home and to request the Housing Benefits continue to be paid for the period I am in hospital.

I will inform you of any income changes as and when they occur and when I return home.

Thank you.

Yours faithfully,