

Newcastle City Council Active Inclusion Service

**Hospital Discharge and
Homelessness Prevention Protocol**

**Reviewed January 2011
May 2007**

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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 Active Inclusion Service
- 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.

Monitoring and reviewing the Protocol, and liaison arrangements

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, numbers of people approaching the Advice and Support Team for help, and numbers of people attending A&E who have no fixed address)
- 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 previously reviewed in January 2011.

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.

Duty to refer

1. Background

On 3 April 2018 the Homelessness Reduction Act 2017 came in to force, placing a duty on local authorities to agree a plan with residents who are at risk of homelessness to prevent or relieve their homelessness. The Act includes a “duty to refer”, which from 1 October 2018, requires certain public authorities, to refer people they are working with who they consider may be homeless or threatened with homelessness to the local authority.

The Ministry for Housing, Communities and Local Government (MHCLG) expects local authorities to “incorporate the duty to refer into their homelessness strategy and establish effective partnerships and working arrangements with agencies.” This builds on the Prime Minister’s statement at the launch of the Homelessness Prevention Programme which she said aimed to create “a fresh government approach to tackling homelessness by focusing on the underlying issues which can lead to somebody losing their home.”

2. Newcastle context

In Newcastle our aim is for the prevention of homelessness to be everyone’s business. We know that residents face interconnected challenges that cannot be responded to by single service silos and that we best help residents by working cooperatively. Our Active Inclusion Newcastle (AIN) partnership approach provides a framework to improve cooperation to prevent homelessness and supports the Council’s aim to maximise our collective resources to support residents maintain the foundations for a stable life:

- somewhere to live
- an income
- financial inclusion
- employment opportunities

In Newcastle the duty to refer will supplement, not replace, our existing AIN partnerships and protocols such as which has helped to ensure that no one becomes homeless as a result of leaving hospital, will remain in place.

Similarly, partners should continue to use the Newcastle Gateway, as they have since 2010, to directly refer to accommodation and support services without requiring their client to go through a statutory homelessness assessment by the Council. Whatever way the referral is made we will continue to work with partners to agree the partnership arrangements that will provide the best outcomes for residents and the duty to refer will be incorporated into our workforce development and support to help partners to prevent and relieve homelessness. You can read more about our approach to duty to refer [here](#)

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 Lead Practitioner- Housing Services 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 [Active Inclusion Newcastle Unit](#): Tel: 0191 277 1733

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 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

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.

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 may interview the patient 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 278 7878 (speak to the operator and ask for the emergency homeless
officer)**

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 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.

* 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 (8.30am – 4.30pm)

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

0191 277 1711

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 278 7878 (speak to the operator and ask for the emergency homeless officer)

People sleeping rough

- **If the person wants help to find somewhere to live, phone HAC (0191 277 1711).**

If the person does not want help at this point, please document this for the audit trail.

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 (8.30am – 4.30pm)

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

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 278 7878

1. 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 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: 0191 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: 0191 245 7311, or by Your Homes Newcastle Move-On team (once given refugee status), Tel: 0191 277 1144

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 (0191 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 roughsleeping@newcastle.gov.uk so that they can log their details and try to help them later 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. Further copies of these leaflets can be obtained from the Active Inclusion Newcastle Unit 0191 277 1733

As of 1 October 2018, the Homelessness Reduction Act introduces a new requirement on specified public authorities in England to notify councils of service users they think may be homeless or threatened with becoming homeless

To make a referral to us you can

- Email us on dutytorefer@newcastle.gov.uk.
- call us on 0191 277 1050. (Monday to Friday, 8.30am to 12 noon and 1pm to 4.30pm)

We aim to respond to referrals within one to three working days and we will contact the client directly using the information you have sent us. This email address should not be used if the client has nowhere to stay tonight or is likely to become homeless within the next 48 hrs. If that is the case you should contact the Housing Advice Centre directly using the details above

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 protocol 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 protocol 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 the Housing 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:

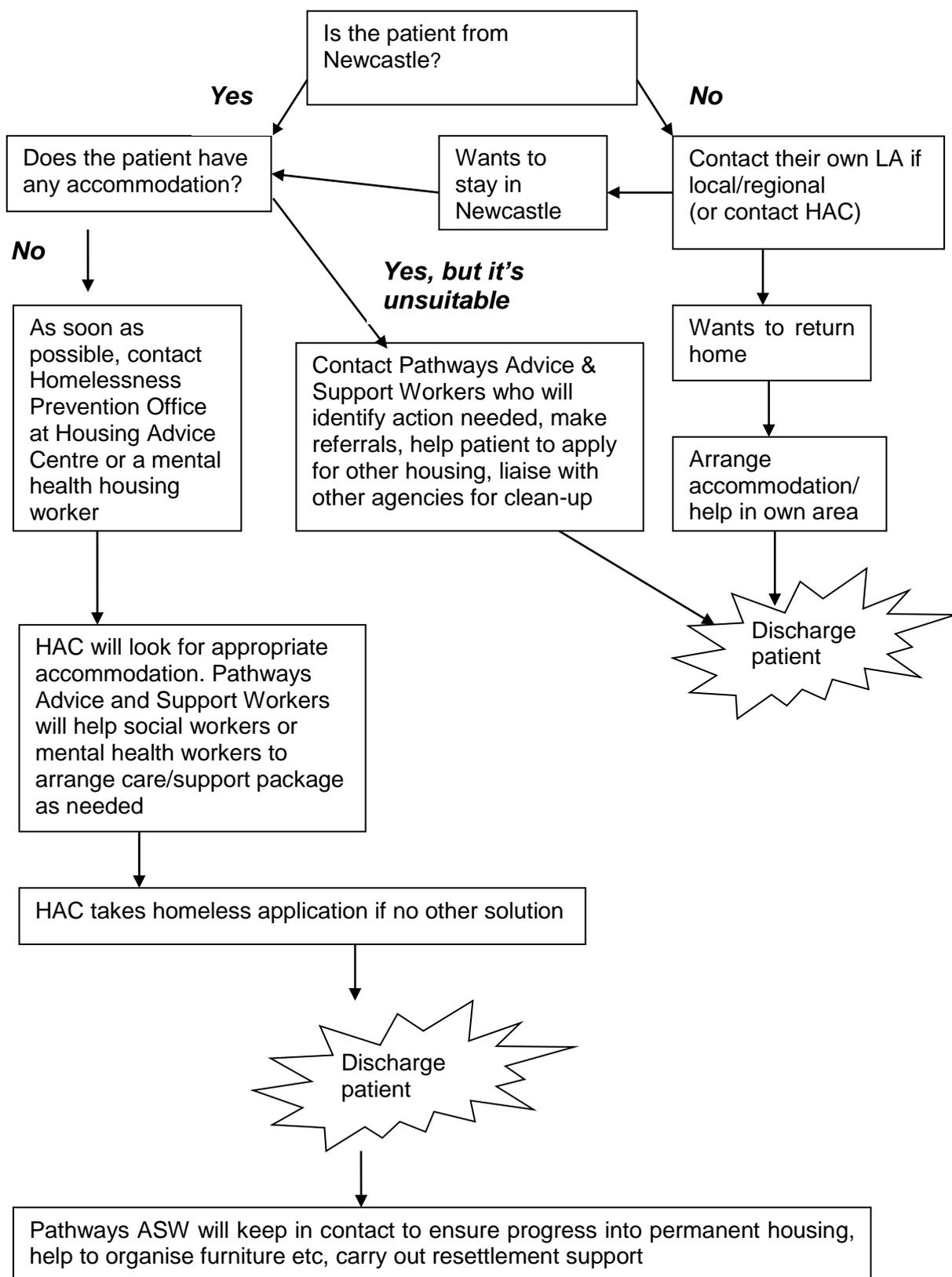
- applying to join Tyne and Wear Homes (people can bid through this system for housing from Your Homes Newcastle, and some Housing Association and private rented homes)
- applying directly to Housing Associations
- applying directly to private landlords or their agents by contacting the Private Rented Service and accessing the rent guarantee scheme

Both the Housing Advice Centre (0191 277 1711) 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
5. Housing Associations - contact details

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 278 7878
5.30pm to 8am

People from outside Newcastle

Contact the homelessness office for the relevant council area.

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 0191 2875 5060

**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:

- 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

0191 277 1711

housingadvicecentre@newcastle.gov.uk

Monday to Friday 8.30am to 12 noon and 1pm to 4.30pm

Emergency Homelessness Service

0191 278 7878

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

If you need housing advice or are homeless: People leaving hospital

Most people admitted to hospital in Newcastle are not homeless and they can, and do, return to the address that they came into hospital from. However, we know that there are some people for whom this is not possible, either because their home is no longer suitable or appropriate for them to return to, or they were homeless before they came into hospital. We know that a delay in being discharged from hospital can be distressing and we want to support people to be discharged as soon as they are well enough.

Some patients become homeless whilst staying in hospital, either because:

- they decide not to go back to the home they were in before
- the person they were staying with decides not to allow them to return there
- they are at risk of losing of the accommodation they were living in prior to hospital

The most important step to preventing delayed discharges from hospital and homelessness is to identify the accommodation needs you have as soon as possible. Letting a professional know early on about concerns you have helps them to make early referrals to relevant advice and support, increasing the likelihood of finding suitable and sustainable accommodation for you when it's time to be discharged.

Who should I contact?

If you were homeless when you went into hospital or you were living in a hostel or with friends and family and you can't return to that accommodation, you should contact the Housing Advice Centre as soon as possible.

The Housing Advice Centre is part of Newcastle City Council and offers a free, confidential advice service to anyone that has housing problems. We aim to help people to keep their home or help them to find one that meets their needs. We can help you to understand the different options that are available in Newcastle to solve your housing problems.

Staff at the Housing Advice Centre can:

- prevent a homelessness situation from occurring, wherever possible
- explain the processes of homelessness prevention
- assist in locating alternative accommodation, such as a housing association, local authority or privately rented property
- provide you with information and advice on your options

There is a wide range of advice and support available in Newcastle. The Housing Advice Centre can help you, or the person you're working with, to understand the different options available to solve housing problems. The earlier you get in touch, the more likely it is that you can get help.

Phone: 0191 277 1711 (Monday to Friday, 8.30am to 12 noon and 1pm to 4.30pm)
Email: housingadvicecentre@newcastle.gov.uk
Website: www.newcastle.gov.uk/homeless

In person: Housing Advice Centre
112-114 Pilgrim Street
Newcastle upon Tyne, NE1 6SQ
Monday, Tuesday, Thursday and Friday, 10am to 12 noon and 1pm to 4pm
Wednesday, 1pm to 4pm

If you have nowhere to go that night you can contact the emergency out of hours number (after 5.30pm or any time at a weekend): 0191 278 7878 (speak to the operator and ask for the Emergency Homeless Officer)

Staff at the Housing Advice Centre can arrange a time to speak to you over the phone or, in some cases, they may be able to visit you in hospital. You can also ask a relative, friend or member of hospital staff to contact us on your behalf.

We will look into your circumstances and what assistance we can offer. We can give you advice and support to help you find somewhere to live that is suitable for you following your discharge from hospital.

Other support available

Your Homes Newcastle Pathways Team

This team can help you if you are unable to return to your existing home from hospital because it will no longer be suitable for you, or if you are worried about losing your existing home for some reason. The team can help if you:

- Are in hospital and will need alternative accommodation when you come out of hospital
- Have enduring mental health issues and are in hospital or need some housing support whilst living in a tenancy

You don't need to have been living in a Your Homes Newcastle (YHN) property for this team to help you. If you have an existing tenancy, don't terminate it without speaking to the YHN Pathways Team or the Housing Advice Centre.

Phone: 0191 277 1144

Newcastle Homeless Service

Northumberland, Tyne and Wear NHS Foundation Trust provide this service for adults who are homeless or living in insecure accommodation and are experiencing difficulties with their mental health and require assessment and treatment.

If you are receiving mental health treatment as a hospital inpatient and don't have a care co-ordinator you can contact either of the following Community Mental Health Teams for advice, or the ward you are on may do this for you.

Newcastle West
Silverdale
Grainger Park Road
Newcastle upon Tyne
NE4 8PR

Newcastle East
Molineux Centre
Byker
Newcastle upon Tyne
NE6 1SG

Phone: 0191 287 5060

Phone: 0191 287 5300

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,