

Keep Well Collaborative¹

Keeping people safe and well at home

Local Healthwatch briefing: Homelessness Reduction Act

The Homelessness Reduction Act 2017 came into force in April 2018. Within the detailed regulations there's a new requirement (from the 01 October 2018) for specific public bodies to notify a local housing authority if they identify someone who they believe is currently homeless or may be threatened with homelessness within 56 days.

For the NHS, this new duty – the Duty to Refer - extends to include all emergency departments, urgent treatment centres and hospitals providing inpatient care.

Who is at risk of homelessness?

- The person who is in high levels of debt ...
- The benefit claimant who is being refused financial support ...
- The patient who is affected by anxiety and depression ...
- The person seeking advice who admits addiction ...
- The employee being made redundant ...
- The person indicating their relationship may have irretrievably broken down...
- The child with low school attendance ...
- The parent trying to manage alone with demanding children ...
- The offender who has received a custodial sentence ...
- The patient who was just admitted to hospital?
- *You, your colleague ... anyone ...*

What does this mean for you?

In short, this now means that **housing is everyone's business** and critical that all bodies with this new Duty to Refer pick up when people are **genuinely at risk of homelessness within 56 days** from their interaction with them. The above list of issues may be an indicator to someone being at risk, so it's important to use these to probe further to see if the risk is there.

We all know that a home is much more than a roof and a bed. The right home environment is the very cornerstone of our lives. It can help us to lead healthy, enabled lives and to recover from illness.

If emergency departments, urgent treatment centres and hospitals providing inpatient care in your area are in contact with someone who is in danger of losing their home, unable to return home for whatever reason, or is currently homeless, they now have a Regulatory Duty to Refer them, with their consent, to a local housing authority of their choice. It doesn't mean that they will be immediately housed, but it does mean that a personalised housing plan can be put in place and they will have support from a local authority housing team to secure their home. Many local authorities have a **referral protocol and form which can be downloaded from their website and submitted on line** in order for the NHS to do this.

¹ The Keep Well Collaborative is a network of housing, health, social care, statutory and voluntary agencies who work together to improve the mental health and wellbeing of local communities by keeping people safe and well at home. Commissioned by HIOW STP. Facilitated by Shared Ventures Ltd www.sharedventures.co.uk www.keepwellcollab.co.uk @KeepWellCollab #Collaborate

Key questions you can ask patients if you work in the NHS

If you are concerned about a patient's housing status, here are some questions you can ask to get the information you need to connect them to the right support:

- Has an **assessment of the patient's current & future housing needs** been undertaken (thinking of requirements such as location, shared or self-contained, ground floor, proximity to shops / transport) at the **outset rather than when somebody is ready to leave?** (the more time you can give the local authority, the better the chances are of prevention / relief)
- Is the patient's current **home owned or rented?**
- **How is the mortgage or rent being paid** whilst they are in hospital?
- Is their **current home going to be there on discharge?** Is current housing threatened by some issue – rent/mortgage arrears, landlord ending tenancy, poor quality housing, poor location, issues with neighbours, poor access or relationship breakdown?
- Who is the **landlord / mortgage company?** With the patient's permission, get in touch to let them know a patient is in hospital – if they know, they may be able to help you with discharge planning (especially if they are a housing association or local authority housing team – and there may also be additional support services they provide to tenants to help with this).
- If their current home is **not going to be available on discharge, where do they want to return to?** Talk to the local housing authority about what type of housing is needed and what support needs to be in place for them to continue to recover at home.
- If they have **No Fixed Abode**, please refer them to the local housing authority. If they refuse to be referred, how do you ensure the NHS supports their recovery journey without a home to go to?

If you are representing the voice of local people at key meetings, key questions you might want to ask to highlight the importance of someone's home to their health and wellbeing include:

(meetings such as Health & Wellbeing Boards, NHS Trust boards, CCG committees, safeguarding boards, Quality Surveillance Groups (QSGs), or Enter & Views visits or engagement over service changes)

- Are you aware of the Duty to Refer placed on certain statutory services since October 2018?
- Are you aware of the requirement for certain health services to refer someone to the local authority housing team (with the patient's consent) if he/she is experiencing homelessness or is at risk of doing so in the next 56 days?
- With housing acting as a key determinant of health, what steps are you taking to understand your patients' housing situation as part of a person-centred approach and to supporting recovery?
- Do you discharge patients from inpatient services 'no fixed abode' (NFA) – ie without a home or address to go to? If so, how do you monitor this and ensure plans are put in place before discharge to support recovery and reduce risk of harm and re-admission?
- How are deaths of people sleeping rough investigated? Is this in the same way as any other unexpected death that happens elsewhere in the community or statutory services?
- How does your work with people experiencing homelessness safeguard them and reduce the risk of them experiencing abuse?
- Are you confident your staff are aware of the causes and impact of homelessness and their duties under the homelessness legislation amended by the Homelessness Reduction Act 2017?
- What considerations has this policy / paper / strategy / plan made in regard to reducing homelessness and the impact of homelessness?

We hope this has got you thinking about how important your role is in preventing homelessness. If you've any concerns about your patient's home, then please contact the local housing authority – your call, or Referral, could keep them safe and well at home for longer, and ultimately save the NHS money.

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