Surrey Mental Health and Housing Protocol

For a Better Life, where No One is Left Behind

Contents

Introduction

Finding and maintaining housing can be particularly difficult for individuals with mental health needs. In Surrey, mental health services, adult social care, and local housing authorities have developed this joint protocol to improve outcomes for people with mental health challenges.

The protocol ensures early identification of accommodation, health, and support needs to reduce the risk of homelessness, applying to situations such as hospital discharge, eviction threats, environmental health issues, or incidents like cuckooing. It provides a framework for coordinated support to help individuals secure or maintain housing, promoting stability and wellbeing. Although designed for those with mental health and housing needs, its principles apply to anyone accessing the NHS with a housing need.

This protocol is in place across Surrey's 11 boroughs and districts, Surrey County Council, Surrey and Borders Partnership, and the five NHS Acute Trusts in Surrey (Royal Surrey NHS Foundation Trust, Ashford and St. Peter's Hospitals NHS Foundation Trust, East Surrey Healthcare NHS Trust, Frimley Health NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust) that reflects the collective efforts of statutory agencies to address housing challenges for those with mental health needs.

General Principles

This protocol includes the following key principles:

- Focus on the individual's needs, preferences, and rights, ensuring their voice is central to decisions about housing and support.
- Identify and address housing and support needs at the earliest opportunity to prevent homelessness or housing instability.
- Prevent escalation by identifying early warning signs and intervening proactively to address potential risks of housing instability, delayed discharges or mental health crises.
- Foster close collaboration between mental health services, housing authorities, adult social care, and other partners.
- Prioritise the safety and wellbeing of individuals at risk of homelessness or unsafe housing conditions.
- Commit to regular review and evaluation of the protocol to adapt to emerging needs, challenges, and best practices, incorporating feedback from staff, partner agencies, and individuals with lived experience.
- Promote recovery by supporting long-term stability and independence through suitable housing solutions.
- Agencies must operate in compliance with statutory laws, ensuring actions are lawful, equitable, and uphold individual rights.

Legal Framework

The Surrey Mental Health and Housing Protocol operates within a legal framework designed to protect the rights and wellbeing of individuals with mental health needs. The key elements of this framework include:

- **The Care Act 2014:** Establishes duties for local authorities to promote wellbeing, ensure access to suitable accommodation, and collaborate to prevent homelessness and safeguard individuals.
- **The Mental Health Act 1983 (amended 2007):** Governs detention, treatment, and discharge, with a focus on aftercare (Section 117) to support recovery, including housing needs.
- **The Housing Act 1996 as amended by the Homeless Reduction Act 2017:** Requires early intervention to prevent homelessness and introduces the Duty to Refer (DtR) for public bodies to notify housing authorities of individuals at risk.
- **Statutory Guidance on Adult Safeguarding and Homelessness:** Mandates multi-agency collaboration to address safeguarding risks, including neglect and unsafe hospital discharges, for those at risk of homelessness.
- **The Mental Capacity Act 2005:** Provides a framework to empower and protect individuals who may lack the capacity to make decisions for themselves, ensuring their best interests are upheld in decisions about housing and care.

Defining the Lead Professional Roles

Throughout this protocol, the Lead Professional is identified as the person responsible for coordinating support for individuals with mental health and housing needs. The specific individual serving as the lead professional may vary depending on the person's circumstances and the stage of their care.

Below are examples of roles that may take on this responsibility, along with the conditions under which they may be appointed:

- **Clinical Staff:** Ward nurses, such as registered general nurses or mental health nurses, may act as the lead professional in hospital settings. They provide care, support treatment adherence (e.g., administering medication), and guide the individual toward appropriate social or therapeutic activities.
- **Discharge Coordinator:** For individuals admitted onto a ward, the discharge coordinator may take on the role to facilitate a smooth transition back into the community, including arrangements for housing. Please note, this role may be undertaken by different people in different acute trusts.
- **Mental Health Case Worker:** If the individual is already engaged with mental health services, their assigned case worker (e.g., a community mental health nurse) will typically act as the lead professional.
- **Social Worker:** When the individual has broader social care needs in addition to mental health and housing concerns, a social worker may serve as the lead professional.

The identity of the lead professional should be reviewed at regular intervals or whenever there is a significant change in the individual's circumstances. It is important to acknowledge that the lead professional will differ between settings as referenced between hospital or community settings. This ensures the assigned lead professional remains the most appropriate person to address the individual's evolving needs.

Each organisation involved is responsible for determining who will act as the lead professional in specific cases. However, decisions should align with the principles outlined in this protocol to ensure continuity and quality of care.

Sharing information, confidentiality and safeguarding

Timely information sharing is crucial to addressing housing needs early and ensuring effective care and support. Under the Care Act 2014, agencies must share information to promote wellbeing and avoid delays in service provision.

While consent to share information will be sought wherever possible, it is not always required. Under GDPR, information can be shared lawfully to provide health or social care. In certain cases, such as safeguarding or preventing delays, sharing without consent is necessary and permissible. Staff should follow their organisation's information governance policies for guidance on sharing appropriately. All shared information must be proportionate and relevant, ensuring partner agencies can respond effectively to individual needs while safeguarding confidentiality. Agencies involved in this protocol commit to:

- Maintaining a Privacy Notice explaining information sharing for housing and safeguarding purposes.
- Ensuring staff follow the Caldicott Principles for proper use of personal data.
- Prioritising safeguarding enquiries and assessments for individuals at risk of homelessness, including safeguarding concerns about neglect or unsafe discharge.
- Agencies operating within statutory timescales to deliver care and interventions with more guidance outlined in the Multi Agency Information Sharing Protocol MAISP.

Multi-agency adult safeguarding has led to increased scrutiny of poor hospital discharge practices highlighted by Safeguarding Adult Reviews (SARs) into the deaths of people at risk of or experiencing homelessness. **If safeguarding concerns are indicated, make a safeguarding referral or contact Surrey County Council on 0300 200 1005**

Admission to an Emergency Department Unit (ED), Mental Health Inpatient Unit or Acute General Hospital

The following process should be followed for all admissions, regardless of whether a person has been admitted informally or under a detention.

Step 1: Upon a person's admission, the clinical staff on duty will complete the initial assessment form to determine the individual's needs within 72 hours (for a person attending ED, this is done at the point of triage; for Mental Health Inpatient Units, this is done by the Discharge Coordinator):

- Ascertain the individual's discharge destination upon admission
- Include questions about discharge accommodation availability and suitability (e.g., utilities, cleanliness, pets, repairs, and visitor access).
- If the individual is not registered with a GP, ward staff should support them to do so. No fixed address or immigration status is required for this.

The treating clinician in ED must do a Duty to Refer if the person is already homeless, is at risk of becoming homeless within 56 days or expresses concerns about housing stability. Refer to the Addressing the lack of identified accommodation section for next steps and Duty to Refer Directory.

Step 2: If admitted to a ward, the Discharge Coordinator is informed of any potential barriers to discharge during the next daily Multi-Disciplinary Team (MDT) Review within 1 working day, which may be referred to as a Board Round or Ward Round, depending on the trust.

- Within 72 hours, the MDT reviews care plans, identifies discharge barriers, and assigns actions to resolve issues.
- Any external referrals will be discussed with the Discharge Coordinators, social worker, MDT or any other external agency needed to support with pre-planning discharge. This may include Local Housing Authorities, Adult Social Care (ASC), Psychiatric Liaison (who will liaise with the Community Mental Health Recovery Service [CMHRS]), and the Department for Work and Pensions (DWP).

Step 2a: For the Mental Health Inpatient Unit, the Discharge Coordinator will contact the CMHRS rapid response worker to coordinate an action plan at the earliest stage possible. The Discharge Coordinator informs the ward of any accommodation concerns and attends a ward review to share this information with the team. The Discharge Coordinator facilitates collaboration between the individual and community teams to jointly plan for discharge.

Step 3: If the person is on benefits, has capacity and consents to sharing information, the clinical staff on duty should notify an agreed contact at the DWP of the expected duration of their stay (approx.) and any changes to the persons income or family situation or assist the individual in updating their Universal Credit journal. More information is provided on what happens to benefits on the GOV.UK benefits website**.** Further information can be found in the section on Managing Benefits.

Step 4: If the person is already in accommodation, the clinical staff on duty should take the following actions forward:

- **For social housing tenants**, inform the landlord with the tenant's permission.
- **For private housing tenants**, notify the local housing options team with the tenant's permission if the admission might negatively impact their housing where the individual could lose their tenancy, home may no longer be suitable for their needs, or the individual is part of the Council's rent deposit scheme.
- **For people paying their own rent or mortgage**, ensure that the person claims whatever benefits they are entitled to by making a referral to the Citizen's Advice Bureau (CAB) with the tenant's permission.

- **For supported living tenants**, with the individual's consent, notify the provider to confirm the person can return on discharge.
- **For residential and nursing placements**, with the individual's consent, contact their care placement to inform them of their admission and to keep them updated throughout the admission. Ensuring that if the accommodation is no longer suitable as a result of their admission, a more appropriate placement be found. Hospital staff should consult the Local Housing Authority if there is any uncertainty.
- **If having trouble with neighbours:** please refer to the section on Experiencing Difficulties with Neighbours.

Spotlight on: Lacking capacity with regards to the Mental Capacity Act

A person must be assumed to have capacity, unless it has been established via a documented and thorough assessment that they lack capacity. It is important to consider who is best placed to complete the assessment, whether their capacity is fluctuating and whether they are likely to regain capacity. The Mental Capacity Act Code of Practice should be consulted as appropriate,

If a person has been assessed to lack capacity regarding the specific decision required (at the time the decision or action needs to be taken), this should not delay their discharge planning. A Best Interests Meeting, involving relevant healthcare professionals, family members, carers, social workers, legal representations (where necessary) and other professionals must be convened.

An application for homelessness assistance cannot be made on behalf of a person who lacks the mental capacity to make it themselves. It is the responsibility of the local housing authority to assess the individual's capacity in the context of the application. Local authority housing officers must have regard to the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice as they are acting in a professional role. A professional medical opinion could be appropriate, but the professional cannot make a decision on behalf of the local authority.

Under the Mental Health Act 2005, the Court of Protection can make decisions about the welfare and affairs of a person who lacks capacity. This includes the power to appoint a deputy to act and make decisions on that person's behalf. The Court of Protection can authorise a deputy to make a homeless application on behalf of a person who lacks capacity. The deputy can decide whether to accept an offer of accommodation and enter a tenancy agreement on behalf of the person whose interests they represent.

In cases where the individual has eligible care needs under the Care Act 2014, the local authority has a duty to ensure their housing and support needs are met. Safeguarding concerns should be addressed under sections 42–45 of the Care Act, ensuring the individual's safety and well-being.

If the person has no suitable family or friends to represent them, an Independent Mental Capacity Advocate (IMCA) must be involved. During this meeting, the team should discuss and consider all aspects of the person's welfare, including their medical, emotional, and social needs The goal is to make a decision that reflects the individual's best interests, considering their past and present wishes, and the potential risks and benefits of the proposed decision. All decisions and the rationale behind them should be carefully documented to ensure transparency and accountability.

Step 5: If the person has an unpaid carer, clinical staff should identify them early, keep them informed about the care and discharge plan, and involve them in supporting the person's return home. With the carer's consent, staff should refer them to Adult Social Care (ASC) for a carer's assessment.

Spotlight on: Unmet care and support needs

If the person has an appearance of care and support needs, the discharge coordinator submits a referral to ASC for assessment while the person is still on the ward and with their consent. If the individual refuses the referral for ASC to carry out an assessment, the responsible clinician may refer the individual to the local authority under Section 11 of the Care Act 2014 if they believe the individual lacks mental capacity to refuse or is experiencing or at risk of abuse or neglect (including self-neglect). ASC will triage within 72 hours, if accepted, they will allocate a key worker and begin assessment and discharge planning. Eligibility for ASC services is determined based on the national criteria outlined in the Care Act 2014. As the Estimated Discharge Date (EDD) approaches, the discharge plan is finalised, ensuring all necessary services are in place before discharge.

Addressing the lack of identified accommodation

If no accommodation is identified upon admission or the person is at risk of homelessness within the next 56 days, then all public bodies have a statutory Duty to Refer, which includes referring admitted individuals at risk of or experiencing homelessness to a Local Housing Authority. The following activity should take place (see Appendix B for a flow diagram of this process):

What is the Duty to Refer (DtR)

Certain named public bodies have a Duty to Refer (DtR) users of their service who they have reason to believe are homeless or threatened with becoming homeless within 56 days, to a local authority of the service user's choice. The specified public authorities that are subject to the DtR (in England only) are:

- Prisons
- Young offender institutions
- Secure training centres
- Secure colleges
- Youth offending teams
- Probation services (including community rehabilitation companies)
- Jobcentres in England
- Social service authorities (both adults' and children's)
- Emergency departments
- Urgent treatment centres
- Hospitals in their function of providing inpatient care
- Secretary of State for defence in relation to members of the regular armed forces.

Read more about the DtR in the guide to the Duty to Refer on GOV.UK. In most circumstances, you must have the patients consent to refer and it is recommended you refer to the local authority where they have a 'local connection'.

Step 1: The Lead Professional will meet with the individual within **48 hours** (or less in Emergency Departments) to discuss a DtR referral being made to the Local Housing Authority of the individual's choice (recommending it be sent to where the individual has a local connection – use this website to find your local council). Where consent is not given, a referral can still be made to a housing authority under safeguarding reasons.

Risks to the person or the public

Staff may proceed with a housing DtR without consent in specific situations. This includes cases of Significant Risk of Harm to the individual or others, Public Interest concerns where withholding the referral poses wider risks, or Mental Capacity issues where the individual cannot make informed decisions. Legal Duties, such as under the Care Act 2014 or the Housing Act 1996, may also require action. In emergencies involving Imminent Danger to life, health, or safety, immediate action to prevent harm takes precedence over consent.

Step 2: The Lead Professional must complete the DtR referral within **24 hours** of meeting the individual (information and forms to refer are on the Duty to Refer Directory). The referral should include:

- Individual's name, date of birth, contact details, previous address and
- Immigration status (to determine eligibility).
- For hospital admissions, include likely discharge date, hospital admission notes, and discharge summaries and aftercare plan details.
- Relevant documentation: risk assessments, medication details, care plans, ASC referral (if applicable) and OT reports (if applicable).
- For hospital admissions, the date of the next ward round meeting (to facilitate housing officer attendance).

Step 3: A Housing Options Officer (HOO) from the Local Housing Authority will respond within two working days to confirm receipt and request any additional information. If no response is received, contact the housing authority directly.

Step 4: The Housing Options Officer (HOO) will conduct a Housing Assessment within a maximum of **7 working days** of the DtR being received to conduct an initial housing options interview.

Step 5: The Housing Assessment meeting will assess whether the Local Housing Authority has a duty to provide accommodation and explore other housing options. Feedback will be given to the referrer within **1 working day**.

Step 6: The HOO should be included in any relevant meetings (e.g. ward rounds, CPAs, discharge planning) and regularly updated with risk assessments. For hospital admissions, ward round minutes and risk assessments should be shared before each meeting. It may not be necessary for the HOO to attend every ward round, but they should be kept up to date by

the discharge coordinators and care coordinators of when a potential discharge is imminent to allow for a planned approach.

Spotlight on: Local connection

A person is considered to have a local connection with a housing authority's district if they meet one or more of the following criteria:

- **Residence**: They are, or have been, normally resident in the district by choice. A practical working definition of normal residence sufficient to establish a local connection is at least 6 months of residence in the past year, or 3 years of residence in the past 5 years.
- **Employment**: They work in the district.
- **Family Associations**: They have close family members living in the area for a period of 5 years or more and still currently residing in that area
- **Special Circumstances**: They need to be near specialist medical or support services available only in that district.

For individuals who are street homeless or insecurely accommodated (e.g., sofa surfing), housing authorities must carry out different inquiries to establish "normal residence" compared to applicants who become homeless from settled accommodation. While individuals at risk of homelessness within 56 days can choose any Local Authority to approach, they are typically referred to one where they have a local connection. Local authorities are obligated to assess needs, provide advice, and offer prevention or urgent support under the law, regardless of connection. If no local connection exists, referrals may redirect individuals to appropriate districts. There are some exceptions to local connections guidelines such as people who cannot be in a particular area due to Domestic Abuse or other violence, young people in the care system and refugees.

Misconceptions about what establishes a local connection can cause delays. For instance, hospital stays or supported living placements do not automatically create a local connection. For more detail, see the Homelessness Code of Guidance for Local Authorities

Spotlight on: Intermediate care – Step-Down

When the hospital discharges an individual to step-down care, this should not be classified as ‘supported housing’ or ‘temporary accommodation’. Step-down care is fully funded by the hospital as an extension of care, designed to provide short-term accommodation with support while the person's ongoing needs are assessed, temporary or permanent accommodation is explored. It serves as a short-term solution to ensure continuity of care until more permanent arrangements can be made, but it does not meet the criteria for supported housing.

Step 7a: If a person is medically fit for discharge after a Section 2 or Section 3 detention and a homelessness duty is triggered, housing services will identify a suitable address for discharge.

Ward staff, or psychiatric liaison services in acute general hospitals, must ensure that a home treatment or MH clinician conducts a visit within 72 hours of discharge, with a preference for visits within 24 hours. Ongoing visits should then be provided for a duration of 7 to 21 days. They should notify Housing Benefit or the DWP if the person receives benefits and invite relevant parties, such as substance misuse services (I-Access) or Probation, to the discharge meeting. For Section 3 detentions, a Section 117 meeting must be arranged with ASC to coordinate the discharge plan.

Step 7b: If the applicant is homeless during the 56-day relief stage (see Section 189B, Housing Act 1996) and may have priority need, the Local Housing Authority will provide them with interim accommodation pending enquiries into their homeless application. If there are no available interim accommodation options, emergency bed and breakfast accommodation may be required. The Local Housing Authorities will aim to place the person within Surrey to ensure continued support from SABP services.

Step 7C: If the person is not eligible for assistance under the Homelessness Reduction Act, the local authority must provide information and advice to help the individual prevent or resolve their homelessness. This may include exploring alternative accommodation options, such as night shelters or emergency housing. If the individual has care or support needs, the local authority may need to consider additional support options, potentially under the Care Act 2014 or Section 117 of the Mental Health Act, ensuring the individual is not left without essential care or housing. In cases where the local authority cannot provide immediate accommodation, the hospital or mental health services may need to arrange temporary accommodation, such as a bed and breakfast, as part of discharge planning.

Step 8: If the person is being rehoused and they are in hospital, the relevant Local Housing Authority / Housing Association (in some cases where an existing social housing tenant) should be invited to a professionals meeting to discuss whether there are any support needs to help the tenancy succeed and agree actions to achieve this.

Spotlight on: No Recourse to Public Funds (NRPF)

If a person has 'No Recourse to Public Funds' (NRPF) due to their immigration status, they are still entitled to a Care Act assessment by Surrey County Council (ASC) to determine eligibility for support if unmet social care needs are identified.

If needed, professionals can verify their status using the Home Office's Status Verification Enquiries and Checking (SVEC) service, with the individual's consent. Regardless of immigration status, individuals should be referred to the housing authority early under the Duty to Refer (Housing Act 1996, Section 213B). If it is clear their status is NRPF, then they would be ineligible for local authority homeless support due to their immigration status, which would end the Housing Duty.

However, even if a person is ineligible for local authority homeless support due to their immigration status, the housing authority will still provide advice and explore options such as night shelters, NRPF-specific accommodation (e.g., via NACCOM), or asylum support through Migrant Help. Surrey and Borders Partnership NHS Foundation Trust would not generally fund or arrange emergency accommodation directly unless the accommodation is integral to a mental health treatment or recovery plan for someone under their care.

Care and support for individuals “in breach of immigration laws” can only be provided if necessary to prevent a breach of their rights under the European Convention on Human Rights, such as when returning to their home country is not feasible or would violate their rights.

They may also qualify for support under Section 117 of the Mental Health Act if criteria are met, with suitable accommodation provided through a Section 117 aftercare plan or under Human Rights Act provisions when appropriate. Legal advice on immigration status should be offered if needed.

Addressing the risks of homelessness

1. Eviction by Private Landlord:

- If a person is facing imminent eviction by a private landlord and has no alternative accommodation, the Lead Professional should contact the Local Housing Authority through a DtR with a copy of the eviction notice attached (refer to section 2 on Addressing the lack of identified accommodation for an overview of this process). Housing will make relevant enquiries into their cause of homelessness and if they are satisfied that the individual is eligible and homeless, they will arrange a housing assessment.
- If the individual approaches the housing team directly, Housing will liaise with the Lead Professional who is supporting the individual to ensure mental health support is provided. If the individual is in the community and there is not a Lead Professional supporting the individual, Housing will need to provide a referral to Community Mental Health Services. Where appropriate and proportionate, the Lead Professional must share an updated care plan, risk assessment, and preferably a crisis and contingency plan detailing support during a crisis.

2. Eviction from Council, Supported Accommodation, or Housing Association Accommodation:

If a person is facing imminent eviction by a Register or Supported Housing Provider, they should submit a DtR (refer to section 2 on Addressing the lack of identified accommodation for an overview of this process). The Local Housing Authority will assess the situation, arrange a housing assessment, and collaborate with the housing association to prevent eviction or assist the client into alternative suitable accommodation. The Local Housing Authority will coordinate with the Lead Professional or other mental health professionals to provide appropriate support.

Where appropriate and proportionate, the Lead Professional must provide an updated care plan, risk assessment, and crisis contingency plan. If the Local Housing Authority is approached directly by the person, they must consult with the lead professional to understand any collaborative measures to prevent the tenancy being lost/evicted (neglect, mental health support, care packages).

3. Eviction from Friends or Family Housing:

If a person is living with friends or family and is going to be evicted, the Lead Professional must refer them to the Local Housing Authority via a DtR (refer to section 2 on Addressing the lack of identified accommodation for an overview of this process) for a housing assessment. Interim solutions, such as mediation services, may be explored. Where appropriate and proportionate, the Lead Professional must provide an updated care plan, risk assessment, and crisis contingency plan. If the Local Housing Authority is approached directly by the person, they must consult the Lead Professional to ensure ongoing mental health support. If unmet social care needs are identified, a referral to the ASC mental health hospital discharge team should be made by the responsible agency (e.g., GP, CMHRS, Housing Officer).

4. Environmental Health Concerns

A decline in the physical aspect of a person's home may lead to eviction due to tenancy breaches. It could also pose a serious risk of harm to the individuals living at the property. Landlords have certain responsibilities to address repairs and comply with health and safety rules. The tenant should be encouraged to contact the landlord to resolve any issues. For conditions involving pest infestations, severe filth (such as faecal matter), hazardous hoarding, damp, mould, or other forms of property disrepair, the council's environmental health team must be notified. If there is a risk of homelessness, then a DtR should also be submitted into the local housing team. The environmental health team ensures homes are safe and healthy, with enforcement powers to address health and safety risks. They cannot assist with general dirtiness or non-putrescible hoarding, such as newspapers.

The lead professional should coordinate with an Environmental Health Officer to visit the home and encourage necessary cleaning. CMHRS should continue monitoring the situation after the property is cleaned. Note that if the property does need cleaning services, the individual should be responsible for this, however there are discretionary funds available to support this need from Housing and Social Care if required. However, some local councils may have a hoarding team. Consult the relevant council for available support.

If the person is unable to maintain their home environment due to mental illness, ASC can assess for eligible social care needs within the scope of the Care Act 2014. Safeguarding procedures should be implemented if:

- Significant degree of self-neglect and the individual lacking capacity around understanding their care and support needs.
- Another person is preventing access to care or necessary facilities.

5. Experiencing Difficulties with Neighbours

- **For private Rented Tenants:** The Lead Professional should encourage the individual to meet with a Housing Options Officer to understand their rights. The officer can liaise with the landlord about neighbour-related issues and involve mediation services if needed.
- **For council, supported accommodation, or Housing Association Tenants:** The Lead Professional should notify the tenancy management officer, who can collaborate on resolving issues and planning next steps.

- **For serious Anti-Social Behaviour:** In cases of severe anti-social behaviour, police, councils, and social landlords have legal powers such as closure orders or civil injunctions. Individuals with mental health challenges may face such actions, especially if disengaged from services. These cases are discussed at Community Harm and Risk Management Meetings (CHaRMMs), held monthly by local Community Safety Partnerships. Referrals to CHaRMMs can be made through ECINS and allow multi-agency collaboration to create risk management plans.
- For more information, refer to the county-wide Anti-Social Behaviour Policy: Surrey Community Safety.

6. Suspicions of Cuckooing

Cuckooing occurs when vulnerable individuals are exploited, and their homes are taken over for illegal activities such as drug dealing or criminal behaviour. Victims may also be coerced into participating. The Lead Professional should refer the case to the relevant CHaRMM for a coordinated, multi-agency response. Attendance by mental health professionals or designated housing link workers is mandatory. Specialist outreach services, such as those offered by Catalyst, can provide targeted support. **If safeguarding concerns are indicated, make a safeguarding referral or contact Surrey County Council on 0300 200 1005.**

7. An offer of re-housing by the Council / Housing Association

When a person under Mental Health Services care is nominated for housing or allocated a property, the local authority housing team will share relevant information with the Housing Association or social landlord. A professionals meeting may be arranged to address support needs and ensure tenancy success. This meeting will be arranged by the Local Housing Authority allocations or options team. Before the person is nominated to a property, Mental Health Services must provide an updated care plan, risk assessment, and, if available, a crisis contingency plan within 48 hours of request. Mental Health Services should ensure that practical arrangements are addressed, including benefits, home adaptations, care and support services, utilities, and moving logistics, working in collaboration with Surrey ASC or the care and support provider where necessary. Mental Health Services or the care and support provider should liaise with DWP and tenancy officers to ensure benefits are correctly managed. The housing allocation officer will request on the nomination form that Mental Health Services is invited to the viewing and signing up meetings.

Supporting individuals in a mental health crisis in the community

When someone is in a mental health crisis or at risk of suicide, it's crucial to act swiftly to ensure their safety. A crisis occurs when someone feels they urgently need help. Signs may include:

- Suicidal thoughts or self-harming behaviour
- Severe anxiety or panic attacks
- Psychotic episodes, such as hallucinations, delusions, or paranoia
- Mania or hypomania, involving extreme mood swings or hyperactivity

- Behaviours that feel out of control and may pose a danger to oneself or others

1. Immediate risk of harm:

If a person requires emergency support for an imminent life-threatening situation, where there is an immediate and impending threat of death or serious physical harm to a person or others, call 999. 999 Respondents will assess whether it's safe for the person to make their own way to A&E, or to be seen elsewhere.

A safeguarding referral for an adult in crisis should only be made when the person has care and support needs and they are experiencing or at risk of abuse or neglect, and, as a result of their needs, the adult is unable to protect themselves. **If safeguarding concerns are indicated, make a safeguarding referral or contact Surrey County Council on 0300 200 1005.**

2. Emergency Support:

If a person requires urgent support for a mental health crisis professional can utilise the following support based upon their need:

- If a person requires urgent support, they should call 111 Option 2.
- **Health Care Professionals Line:** The professional can contact The Health Care Professionals Line at 0300 222 5794 for advice.
- **CMHRS**: If the person is already under the care of CMHRS or Community Mental Health Team for Older People (CMHT), the professional or the individual can phone them to discuss their concerns during office hours (see Appendix A for contact details).
- **Safe Havens:** The individual can access the Safe Havens, which provide out-of-hours help and support to people and carers who are experiencing a mental health crisis or emotional distress. There are five services open in town centre locations across Surrey and North East Hampshire, open to residents from the relevant district or borough. Each of our five Safe Havens is now also offering an out-of-hours virtual service. This means people can receive expert guidance and support from mental health nurses and trained mental health practitioners without leaving home. For more information, visit the Safe Havens website or access guides to set up virtual consultations.
- **Mental Health Crisis Helpline:** The individual can contact the Mental Health Crisis Helpline: Available 24/7 at 0800 915 4644 (SMS: 07717 989 024, Text Relay: 18001 0800 915 4644).
- **GP Appointment**: GPs can make referrals through the Electronic Referral System (E-Rs) and also offer support through **GP Integrated Mental Health Service (GPimhs)**.

3. National Helplines and Resources:

- **Samaritans**: Call 116 123 (24/7) or email jo@samaritans.org.
- **Shout UK**: Text 85258 for a confidential crisis text line.
- **CALM (Campaign Against Living Miserably)**: A national charity offering support to men in the UK, of any age, who are down or in crisis via the CALM website or helpline (call 0800 58 58 58, 5 pm–midnight).
- **SANEline**: A national out-of-hours telephone helpline offering emotional support and information for people affected by mental health problems. Call 0300 304 7000 (4:30 pm–10:30 pm)

- **Surrey First and Rescue Service Safe and Well Checks**: A free safe and well visit by calling free on 0800 085 0767 tips and advice on the steps you can take to reduce the risk of a fire. You can also make a Person At Risk Referral (PARR) for individuals who could have an increased vulnerability towards fire.

By understanding these resources and protocols, housing professionals can better support individuals in mental health crises, ensuring swift access to care and reducing risk.

Managing benefits for individuals at risk of homelessness

For information and guidance on benefits entitlements, either contact Citizen's Advice Bureau (CAB) or use this helpful online Benefits Calculator.

1. New Claims

For new claims, working-age adults should apply for Universal Credit unless they live in supported or exempt accommodation (e.g., housing with additional care, sheltered housing such as a hostel, supported, domestic abuse refuge, temporary accommodation or supervision).

Informing the DWP:

The Lead Professional should notify the DWP via the individual's Universal Credit journal if a person with mental health needs is in social or private rented accommodation and receiving benefits (with their consent). The Lead Professional could be anyone who is working closely with the individual with mental health needs at the time. This could be a ward nurse, a discharge coordinator or a MH professional from the CMHRS team. Written consent is required for CMHRS to act on their behalf.

Transition from Housing Benefit to Universal Credit:

Housing Benefit is gradually being replaced by Universal Credit. Universal Credit includes rent support for most under pension age. For queries, the Universal Credit helpline is 0345 600 0723. Housing Benefit queries remain the responsibility of local councils (contact details are at the end of this protocol).

2. Rent arrears or payment issues

If rent arrears arise, Lead Professionals must act quickly by contacting the DWP (via the Universal Credit journal) or the local Housing Benefit office. Delays in addressing arrears can worsen the situation. Contact should occur within three working days of becoming aware of the issue.

Common causes of payment issues:

- Non-payment of the housing element in Universal Credit or Housing Benefit.
- Unsubmitted review forms or missing requested evidence.
- Benefits reduced, suspended, or stopped due to unreported changes in circumstances.

Resolving payment issues:

- Investigate why payments were stopped, e.g., incomplete claims or missed deadlines.

- Appeal decisions if necessary - the benefit notification holds details of appeal rights. Appeals must be made within one month of notification, though extensions up to 13 months may be granted in some cases.
- **Supporting individuals**: Lead Professionals should ensure individuals understand how to update their Universal Credit accounts online and assist them if needed.

3. Available Financial Support

Discretionary Housing Payment (DHP):

- DHP can help cover rent arrears, deposits, advance rent, or shortfalls caused by caps or allowances.
- Eligibility requires receiving Housing Benefit or the housing element of Universal Credit.
- Applications can typically be submitted online via local council websites.

Alternative Payment Arrangements (APA):

- If managing monthly payments is challenging, claimants can request direct landlord payments, more frequent payments, or split payments.
- Applications can be made via the Universal Credit journal or by calling 0800 328 5644.

Homelessness Prevention Funds:

- Some local housing authorities offer funds to address rent arrears and prevent homelessness. This should be discussed by the Housing Options Officer if appropriate.

4. Managing benefits during hospital admission

If a person receiving Universal Credit or Housing Benefit is admitted to hospital, the Named Nurse must notify the DWP (via the Universal Credit journal) or the Housing Benefit office within one working day. Information to provide:

- Admission date
- Expected discharge date
- Any changes in financial or personal circumstances

Housing Benefit continues for up to 52 weeks if the person intends to return home and the property remains unlet. Changes should be updated through the Universal Credit account. Ward staff should assist individuals in managing this process.

5. Re-housing and new claims

By taking timely and proactive measures, professionals can help prevent payment interruptions, address rent arrears, and reduce the risk of homelessness.

If a person is receiving Universal Credit, they can make a new claim via their online account – “report a change – where you live and what it costs” section. If the person is not on Universal Credit, they must apply for Housing Benefit through their local council. If circumstances have changed, the individual may need to transition from Housing Benefit to Universal Credit. Local Housing Benefit departments can provide guidance. Council Tax Benefit is not included in Universal Credit and must be applied for separately: Apply for Council Tax Reduction.

People can contact the Help to Claim service for support with a new claim. This service, delivered by Citizens Advice, provides tailored support for individuals making new claims for Universal Credit. Help to Claim advisers can help with answering questions about the claim; setting up email and bank accounts; preparing for a jobcentre appointment; and gathering evidence for the application. People can contact them by calling 0800 144 8 444 Monday to Friday from 8am to 6pm.

Escalation routes

The escalation process will follow three levels: Case Discussion, System Escalation, and Homeless Review.

1. Level one: Case Discussion

Criteria: If the follow-up from the Duty to Refer (DtR) does not achieve a resolved and appropriate housing pathway, an escalation will be initiated.

This starts with a pan-organisational decision-making call to ensure the decision-making process is safe, lawful, and appropriate. This call should take place within 24 hours of the issue being identified and must be scheduled during working hours (excluding weekends and bank holidays).

The initial escalation call should include the following key representatives:

- Nurse in charge / Ward manager
- Clinical lead / Service manager (community team)
- District/Borough Housing Options Officer or Team Leader
- Hospital discharge social worker
- ASC locality team practitioner

At the end of this call, escalation steps (with designated action owners and deadlines) will be agreed upon to ensure swift resolution, potentially involving other relevant parties as necessary. The goal is to resolve most issues in the initial escalation call. However, if further action is required, this must be agreed during the call.

2. Level two: System Escalation

Criteria: If the case discussion cannot be arranged, or the organisations involved are unable to reach an agreement on a solution, the matter should be escalated to senior directors.

This should only be done if all organisations agree the escalation should go ahead. Each representative is responsible for briefing the appropriate contact should further escalation be necessary. Further escalation calls may involve senior-level managers, including:

- Level 3 managers from SABP (e.g., Associate Director)
- Senior Manager from SCC
- Housing Needs Manager (from local authorities)

This process ensures that cases are resolved in a timely and structured manner, with clear ownership and escalation pathways. Once senior staff have been briefed, there should be a call to agree next steps. This is an opportunity to identify any system failures (i.e. gaps in provision, unsuitable pathway, etc) which should be raised as a risk or issue to the Elective and Urgent Care Committee (EUCC).

3. Level three: Homeless Review

Criteria: If an individual disagrees with a local authority's decision regarding their homelessness application, they are entitled to request an internal review in most circumstances.

This process allows the authority to reassess its decision, ensuring it aligns with legal obligations and accurately reflects the applicant's circumstances.

Applicants typically have 21 days from receiving the decision notice to request a review. It's crucial to request a review within the statutory time frames. All Local Authorities review procedure will be published on their council websites.

Upon receiving a review request, the local authority must:

- Acknowledge Receipt: Confirm the request and inform the applicant of the review timeline.
- Conduct the Review: Assess the original decision, considering any new evidence or information provided.
- Decision Notification: Inform the applicant of the review outcome, including reasons for any changes or confirmations of the original decision.

The law permits up to eight weeks to complete most reviews, though some cases may require longer.

If the applicant disagrees with the review outcome, they may appeal to the County Court. This appeal must be lodged within 21 days of receiving the review decision. The court will examine whether the local authority's decision was legally sound and properly executed.

Monitoring arrangements

Monitoring arrangements for a Surrey Mental Health and Housing Protocol should ensure accountability, evaluate the effectiveness of the partnership, and identify areas for improvement.

- **Improving governance and oversight (from January 2025):** A joint, quarterly Mental Health and Housing forum with representatives from housing and mental health services will be set up to oversee protocol implementation, review progress, and address challenges.
- **Developing performance indicators (from May 2025):** A Housing and Mental Health Dashboard will be developed to track a reduction in delayed hospital discharges due to housing issues.

- **Case Audits (from January 2025):** Conduct periodic audits of cases to ensure protocol compliance and effective communication between services.
- **Incident Reviews (from January 2025):** Review any tenancy breakdowns, evictions, or escalations of mental health crises to learn from these cases and improve the protocol.
- **Knowledge Assessments (from April 2025):** Evaluate staff understanding of the protocol through surveys or feedback sessions.
- **Annual report (April 2026):** The Mental Health and Housing forum publish an annual report summarising progress, successes, and recommendations for improvements.

By implementing these monitoring arrangements, the protocol can be continuously improved to meet the needs of individuals more effectively.

Appendix A – Key Contacts

1. Housing

Council Name	Council Number	Housing Options/ Homelessness/ Housing Benefit	Tenancy Management	Environmental Health
Elmbridge	*01372 474474*	01372 474590	0300 123 2221	01372 474748 / 50
Epsom and Ewell	01372 732000	01372 732000	01372 814000	
Guildford	01483 505050	01483 444244	01483 505050	01483 444418
Mole Valley	01306 885001	01306 885001 / 01306 879187		01306 879233
Reigate and Banstead	01737 276000	01737 276000	0300 123 3399	0173727600026
Runnymede	01932 838383	01932 425811	01932 425821	01932 425734
Spelthorne	01784 451499	01784 446380	0800 432 0077	01784 446251
Surrey Heath	01276 707100	01276 707100	0345 678 0555	
Tandridge	01883 722000	01883 722000		
Waverley	01483 523333	01483 523188 / 01483 523596	0330 1193000	01483 523393
Woking	01483 755855	01483 755888	01483 743915	01483 743840

2. Hospitals

Hospital Name	Main Hospital Number	Ward Contacts
Farnham Road Hospital Guildford	0300 555 5222	Juniper ward – 01483 443640 Mulberry ward – 01483 443792 Magnolia Ward – 01483 443795 Rowen ward (PICU) – 01483 443615
Royal Surrey	01483 571122	**Site Nurses:** 01483 571122 x2155 **Discharge Team:** 01483 571122 x4519
Ashford and St Peters	01932 872000	**Discharge Team:** 01932 723591 **CSNP:** 01932 726406 bleep 5001
Surrey and Sussex Healthcare	01737 768511	
Epsom	01372 735735	
Frimley Park	0300 614 5000	**Site Manager:** 0300 612 3052 x 133052

Margaret Laurie House	01737 277724	

3. Community Mental Health Recovery Service

CMHRS	Address	Email
Elmbridge	Joseph Palmer Centre, 319a Walton Road, West Molesey, Surrey, KT8 2QG	rxx.elmbridgecmhrsduty@nhs.net
Epsom & Ewell	Farmside, West Park Hospital, Epsom, Surrey, KT19 8PB	EEBMVDuty@sabp.nhs.uk
Guildford	Redwood Centre, Farnham Road Hospital Guildford, Surrey, GU2 7LX	rxx.guildfordduty@nhs.net
Mole Valley	Clarendon House, 28 West Street, Dorking, Surrey, RH4 1QU	MVDuty@sabp.nhs.uk
Reigate	Gatton Place, St Matthews Road, Redhill, Surrey, RH1 1TA	reigate.cmhrs@nhs.net
Runnymede & Spelthorne	Unither House, Curfew Bell Road Chertsey, Surrey, KT16 9FG	rxx.rmedeandspelthrr@nhs.net
Surrey Heath	Theta House, Lyon Way, Frimley, Surrey, GU16 7ER	RXX.nehants-surreyheathhtt@nhs.net rxx.shcmhrsadmin@nhs.net
Tandridge	Tandridge Hub, Caterham Dene, Church Road, Caterham, Surrey, CR3 5RA	rxx.tandridgeduty@nhs.net
Waverley	Berkeley House, 11-13 Ockford Road, Godalming, Surrey, GU7 1QU	rxx.waverleycmhrs@nhs.net
Woking	Bridgewell House, 29 Claremont Ave, Woking, Surrey, U22 7FS	rxx.wokingduty@nhs.net
NE Hants	Aldershot Centre for Health, Hospital Hill, Hampshire, GU11 1AY.	RXX.NEHantscmhrs@nhs.net

4. Adult Social Care

Team Name	Main Number	Email
Mental Health Discharge Team	01483 518368	mhhospital.discharge@surreycc.gov.uk
Mental Health DutyTeam	0208 547 8030	MHSocialCareDuty@surreycc.gov.uk
MASH	0300 470 9100	ascmash@surreycc.gov.uk
Emergency Duty Team (Out of Hours)	01483 517898	edt.ssd@surreycc.gov.uk
Contact Centre	0300 200 1005	asc.infoandadvice@surreycc.gov.uk

5. Department of Work and Pensions

Universal Credit Team: 0800 328 5644

6. Citizens Advice Bureaux

Name	Main Number
Contact us - Citizens Advice **(Main)**	0800 144 8848
Runnymede and Spelthorne (North West)	01932 874766

Surrey Heath Home (West)	01276 21711
Epsom & Ewell (Mid & East)	01372 732630
South West Surrey (South West)	07749 011888

Appendix B: Addressing the lack of identified accommodation