Hospital Discharge Protocol
Reduction of prolonged hospital stays and Homeless Prevention and Rehousing

1. Introduction

1.1 This protocol aims to provide a clear framework for identifying and responding to the housing needs of patients being discharged from hospital to reduce prolonged hospital stays and prevent homelessness.

1.2 People often need to draw on housing and community-based services, temporarily or permanently, when they are discharged from hospital. The availability of the right services, and the ability to access them in a timely way, is critical if delayed discharge is to be avoided.

1.3 The most important step in preventing homelessness and reducing prolonged unnecessary hospital stays is to identify as early as possible the destination that the patient will be discharged to.

2.0 Duties and Responsibilities: Hospital Setting

2.1 Each hospital has a duty to ensure it is gathering accurate and pertinent information in relation to the person's social and housing history using established verification processes. This will help to decide any action that needs to be taken to make sure the patient's home is safe to return to and will support their recovery.

2.2 Partnership working with the local authority social worker and hospital homeless teams is an essential part of this process as it will enable the hospital to gather all information relating to housing or homelessness issues including any care and support needs (Care Act 2014).

2.3 Each hospital will utilise the 'Think Home, Get Akting' (see Appendix 1) screening tool to help detect and action issues relating to the persons home or housing situation including the duty to refer to housing.

3.0 Identification of Homelessness, those in unsuitable Housing or Housing not available

3.1 Issues which commonly contribute to the need for alternative housing are:

- Loss of accommodation if they do not return within a certain time
- Domestic violence
- Sofa surfing- staying with friends
- Staying in a hostel or night shelter

3.2 Where possible on admission to hospital or as soon as reasonably possible afterwards, as much information should be obtained - and kept updated - about a person's housing and home circumstances. Questions about an individual's housing and home circumstances should be included as part of wider medical assessments. Key information includes:

- Occupation type, address and contact details of landlords (if applicable)
- Understanding whether they have somewhere to safe to stay when they leave hospital,
- Previous homelessness history,
- Prior evictions,
- Health and safety history (hoarding, disrepairs, deep cleans)
- Understanding of whether their current home still able to meet their needs (with adaptations, care and support if required)?
- If homeless, what access to temporary accommodation and/or support services is required to meet their needs?

3.3 Within the hospital setting either the Discharge team or Homeless teams will lead on identifying the case load of patients where the home or housing situation is unsuitable or not available. They will be responsible for ensuring the necessary referral to housing has been made as part of discharge planning.

3.4 This will take into account persons approaching being medically optimised and in advance of the Expected Date of Discharge (EDD) in order to facilitate timely discharge from the hospital

3.5 There is a different process for managing hospital discharges depending on whether the concerns related to homelessness or whether it relates to a non-homeless person requiring a housing solution. Each process is outlined in the sections below:

Section 4 Support and Referral for Homeless Patients

4.1 Support for Homeless Patients

4.1.1 These cases are primarily led by the KHP Homeless Team if the person has care needs the Homeless Team wok jointly with the Hospital Discharge Team.

4.1.2 The KHP Pathway Homeless Team works across the Kings Health Partner In-patient and Accident Emergency Services to provide advocacy, support and quality discharge interventions for homeless clients attending or admitted to any of the Kings Health Partner hospitals. The Pathway Homeless Team works in close collaboration with the wider hospital discharge teams. The team currently operates within St. Thomas', Guys, Kings, Maudsley and Lambeth hospitals.

4.1.3 The dual aims of the Pathway Homeless Team are to improve the quality of care for homeless patients, whilst reducing potential delayed and premature discharges and unplanned readmissions. The Homeless teams work very closely with Southwark housing colleagues to ensure all required application forms, supporting letters and ID verification documents are submitted with homelessness application forms.

4.2 Admission Support

4.2.1 The KHP Pathway Homeless Team assesses all referred patients to ascertain the best way to support the person both during admission and in the lead up to discharge (and sometimes follow ups depending on capacity).

4.2.2 Given the high rate of hospital readmission and poor engagement often associated with homelessness a key priority of the team is to make recommendations and interventions to prevent readmissions.

4.2.3 The type of support provided may involve an OT / Nursing / GP review

4.2.4 Intervention may also involve befriending / volunteer support to reduce premature self-discharge, which may result in readmission.

4.3 Discharge Support

4.3.1 The KHP Pathway Homeless are provide discharge support to patients, this may include the following activities:

- Preventing homelessness through reconnection with families or home area or landlord advocacy and referral to legal support
- Homeless persons' application and presentations where appropriate
- Liaising with street outreach teams to follow up on rough sleepers
- Liaising with community homeless nurses (Health Inclusion Team) to follow up at Day Center and hostel-based clinics regarding certain nursing intervention and monitoring
- Referral to the Local Authority for supported housing and Social Care Assessments where appropriate
- Referral to Clinical Commissioning Groups for Continuing Healthcare Assessments
- Liaison with hostel staff when a client is returning to ensure discharge is sustained
- Referral to voluntary services, citizens advice bureau and law centre

- Referral to the No Recourse to Public Funds teams
- Referral to specialist Trafficking, Overseas Reconnection, Substance Misuse teams
- Liaising with immigration/criminal justice services where appropriate

4.2 Identification of re-housing preferences

4.2.1 If a patient has been identified as requiring a referral, then it needs to be identified whether the patient wants to be re-housed within Southwark.

4.2.2 Southwark Council have limited resources and may only be able to assist patients wanting housing within the borough and are eligible for housing within Southwark.

4.2.3 If the patient has no accommodation, or is unable to return to an address, then it needs to be identified if the patient has a local connection to Southwark (See referral Form – Appendix 2).

4.2.4 In order to meet the local connection criteria the Council will need to establish whether the patient or a member of their family has a connection to Southwark. A local connection could be if:

a) they have lived in Southwark in the last 6 months out of 12 or the last 3 years out of 5
b) they work in the area
c) they are members of Her Majesty's forces who are currently in the forces and / or enlisted from
d) an address in the borough within 5 years of discharge or will have permanent employment in
e) Southwark
f) they want to live near to a close relative who has lived in Southwark for more than 5 years or
g) there is another very specific reason why they need to live in Southwark, (for example severe social or medical needs).

4.2.5 If the patient comes from / wants to return to somewhere else in the country, please contact the Homelessness and Housing Options service, who will make enquiries about the procedures to follow for that local authority area. Depending on the individual's circumstances, it may be possible to complete a statutory homelessness assessment here and then formally refer the patient back to their 'home' Council.

4.3 Making a referral to Southwark Council

4.3.1 The hospital has a duty to refer all patients they consider to be homeless; threatened with homelessness or due to be discharged to accommodation which is not suitable. All referrals should be made using the referral form in Appendix 2.

4.3.2 It is vital that the Homelessness and Housing Options service receive the information requested on the referral form before the patient is discharged in order to have time to complete their assessment, and to help to find accommodation for the patient. If the decision to discharge is made late on a working day, it is unlikely that accommodation can be found for that night.

4.3.3 The Homelessness and Housing Options Services is a housing service provided by Southwark Council for customers who require alternative accommodation and have a housing need.

4.3.4 It aims to help people with a range of circumstances e.g. fleeing domestic abuse, young single homeless households, homeless families, people with complex multiple needs, alcohol and or drug addiction, a history of offending, learning difficulties, physical disabilities and mental health needs.

4.3.5 The Homelessness and Housing Options service role is to undertake a detailed housing needs assessment of people referred to them. The Homelessness and Housing Options work with colleagues elsewhere in the housing service, to secure affordable permanent housing for their customers i.e. a secure tenancy with a council, housing association or private sector landlord.

4.2.3 A referral can be made at any time of day, all referral forms should be sent in the first instance to:

dutytorefer@southwark.gov.uk.
Telephone 020 7525 4140

4.3 Step 4: Dealing with the referral

4.3.1 The Homelessness and Housing Options service will deal with all initial hospital discharge referrals.

4.3.2 A referral can be made at any time of day and will be picked up within 24 hours. An assessment will be offered within 72 hours.

4.3.3 A Homelessness/Housing Options officer will contact the patient and the referrer and arrange to complete a housing assessment either in person or telephone to identify how we can help the patient secure accommodation upon discharge.

4.3.4 The Homelessness and Housing Options service will then work together with the patient and referrer to secure appropriate accommodation for the patient provided the patient is eligible.

4.3.5 **Southwark Council will endeavour, where possible and appropriate, to re-house patients as soon as is practicably possible following a referral.**

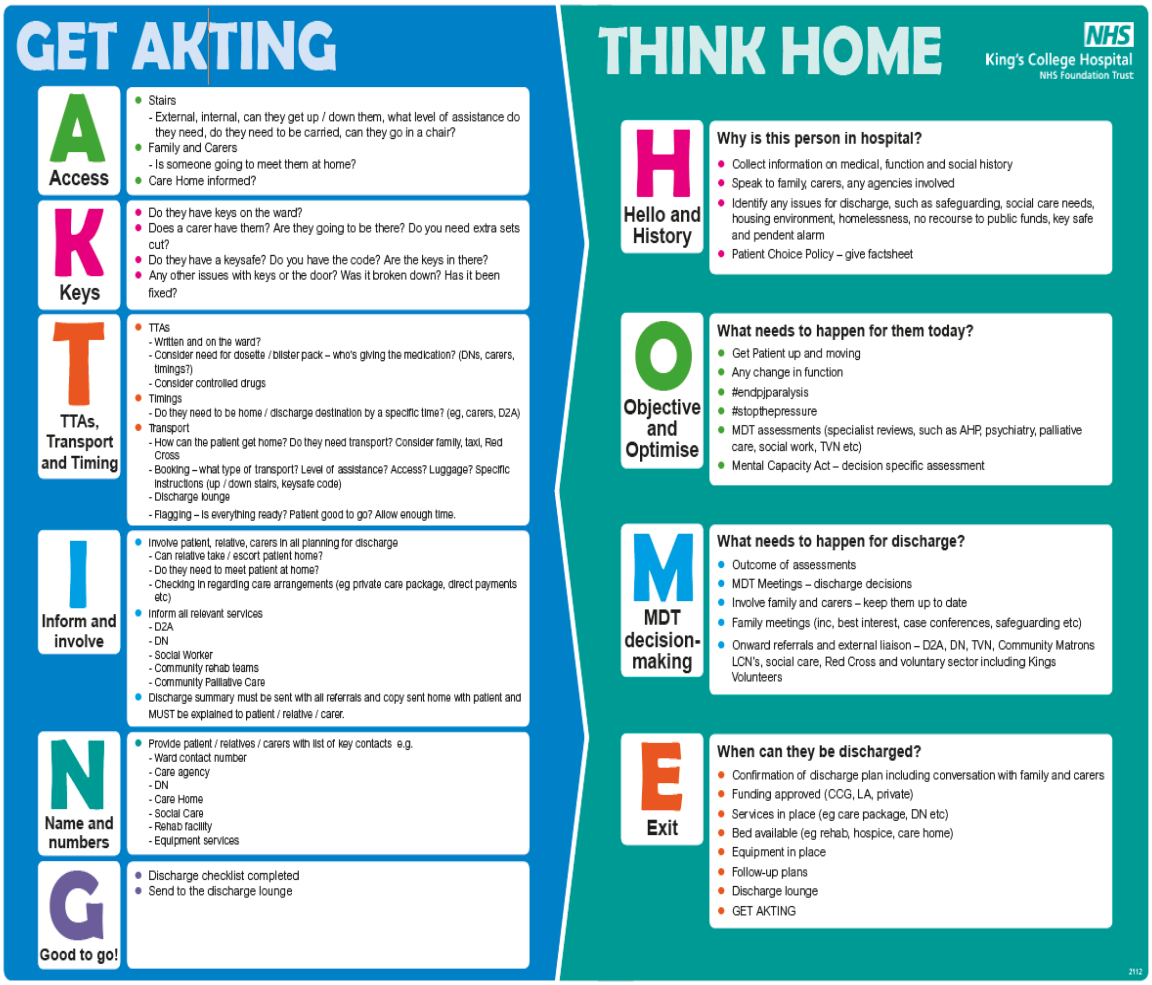
4.3.6 There may be some instances where the above timescales are not met, to follow up on assessment interviews and visiting officers, queries should be referred to Daniel Ferlance, Housing Solutions Manager, email: Daniel.Ferlance@southwark.gov.uk.

4.3.7 To follow up on the Temporary Accommodation offer, once it has been agreed, queries should be referred to Ricky Bellot, Housing Choice and Supply Manager, email: Ricky.Bellot@southwark.gov.uk

4.3.8 For complex cases, disputes, safeguarding please escalate to Ian Swift, Group Services Manager Homelessness and Housing Options, Ian.Swift@southwark.gov.uk, or telephone 0207 525 4089.

4.3.9 Appendix 3 outlines the accommodation routes available at Southwark Council.

Appendix 1 Get Akting



Appendix 2

Southwark Council - Homelessness Reduction Act Referral Form

Please forward all referrals to: dutytorefer@southwark.gov.uk
Group Services Manager Homelessness and Housing Options
Telephone 020 7525 4140

Required fields are marked with an asterisk.

Please note: It's important for the household to consider whether they will be deemed by Southwark Council to have a local connection. In order to have a local connection to the London Borough of Southwark they must have resided in the borough for 6 out of the last 12 months or 3 out of the last 5 years. If you think you don't have a local connection, you may approach any local authority you think you do have a connection with.

Please see the guide to the duty to refer for further advice on the duty and local connection.

1.Consent to release information*:

I agree for information on this form to be released to Southwark Council's Housing Solutions service for the purpose of obtaining advice, homelessness assistance and support regarding my housing need and for them to make contact with me regarding this. Please place a cross in the box to give consent for this.

☒ **Date: 06/03/19**_____

2. Personal Details

Family Name*:	Title*:
Forename*:	Preferred name:
DOB:	Gender:
NI:	Preferred language? Is an interpreter required? Yes ☐/ No ☐

3. Agreed reason for referral to Southwark Council*:

E.g. current accommodation is unsuitable/service user is homeless upon discharge, please explain….

4. Accommodation:

Current Address: (if applicable)	Home Tel*: Mobile: Email:
Postcode:	Borough:

Current Accommodation type:
A. Owner Occupier ☐ B. Private Rented ☐ C. Council Tenant ☐
D. Housing Association ☐ Name of Housing Association:
…….
E. Living with parents ☐ F. Staying with friends / family ☐
G. Sleeping Rough ☐ H. Hostel ☐ I. Night Shelter ☐
J. Other (Please specify): ☒
……**……..**
What date is the service user likely to become homeless?

……..
If the service user is at risk of sleeping rough or is already sleeping rough or you have reason to believe they are; please additionally signpost them to the homelessness service at Southwark Homesearch Centre, 25 Bournemouth Road, Peckham, London, SE15 4UJ.

Opening times:
Monday and Tuesday **9am** to **4pm**
Wednesday **10am** to **4pm**
Thursday and Friday **9am** to **4pm**

For out of hours service, see page 4.

5. Referring Public Sector or voluntary sector organisation details (to be completed by the referring organisation):

Service user's location (hospital ward, prison, social care location, school, probation location, GP practice, police location etc.):	Prison
Name and contact details of Referrer: Email address Landline telephone number Mobile telephone number **Contact details of advocate if known** Name and contact details of Advocate: Email address Landline telephone number Mobile telephone number	

6. Benefits

Is the service user in receipt of any benefits? Yes ☐/ No ☐
Which benefits does the service user get? Please specify including any PIP payments:

7. Does the service user have any links with Southwark Council's area?

Currently resident: ☐	Previously resident: ☐
Parent or sibling in area: ☐	Other family association (describe): ☐ …….
Employed in the area: ☐	
Rough sleeping in the area (sleeping where): ☐ ……..	

Other (please explain): ☐ ……..

8. Medical Information:

Please provide details of any on-going medical issues and any medication prescribed: **Falls ☐ Stroke ☐ Parkinson's ☐ Multiple Sclerosis ☐ Restricted Mobility ☐ Wheelchair dependant ☐ Mental illness ☐ Learning difficulties ☐ Alcohol dependent, ☐ Drug dependent ☐ Multiple complex needs ☐ Other (Please specify below) ☐ Deterioration expected due to condition Yes ☐/No ☐**
What date is the service user due to be discharged from hospital, prison, probation accommodation etc.?

9. Aids and Adaptations/facilities

Is the Hospital OT or Southwark Council's OT involved? Yes ☐/ No ☐ Name and contact details of OT….....
OT assessment recommended: ☐ stair lift ☐ hoist ☐ through floor lift ☐ wet room ☐ hand rails/ grab rails ☐ ramp ☐ remote opening ☐ other (please specify)
On return to home without appropriate facilities, will there be serious risk to health of or accident to the person or the carer?(comment)..... ....
Without necessary or appropriate facilities the needs of this person will be affected long term? (please circle) Yes ☐/ No ☐
The service user's long term ability to stay home is consequently compromised without aids/adaptations/facilities? ☐ unlikely ☐ possible ☐ likely ☐ probable ☐ definite

10. Support needs identified for the service user

E.g. will the service user require floating support to help maintain a tenancy and why is this support required?

11. Risk assessment

Has a risk assessment been done for this service user? If so by who and what was decided?

12. Local Connection to Southwark Council

Has the service user lived in Southwark for the last 6 out of the last 12 months or 3 of the last 5 years?

If Yes please provide the addresses for the above period.

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If No please provide the addresses for the above period.

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Internal Only:

Date referral received……..

Referral received and actioned by……..

Matter Closed (insert date):

Documents required for assessment appointments

Attached is a list of original documents that service users will need to provide in relation to their current circumstances at any appointment that is arranged. Unfortunately if service users do not bring in the documents that we need this will delay our assessment of their case and the help we can offer them.

Out of Hours service

If you've been made homeless outside of our normal working hours, we operate an emergency out of hours service. However, be aware that if you don't qualify for emergency accommodation we won't be able to help you out of hours.

You can contact our emergency out of hours service at 020 7525 5000

Appendix 3

Accommodation Routes available at Southwark Council.

1. A Homeless Application.

Southwark Council can only re-house homeless patients who are eligible for assistance in accordance with the Homelessness legislation.

All referrals made will be to the Homelessness and Housing Options service if a patient is likely to be owed a legal duty under the Homelessness legislation. A referral will be made to the Homelessness and Housing Options service, the Homelessness and Housing Options caseworker will have responsibility of the case and will liaise with the patient, the hospital referrer and the support agencies.

If patient's homeless application is successful, Southwark Council will place the patient, where possible, in temporary accommodation and the patient will be placed on the Housing Register and will be eligible to 'bid' on accommodation available via the Housing Register.

2. The Housing Register

The Council manages around 38,000 homes. People wanting to be housed must apply to the council and put their names on the waiting list, known as the Housing Register.

The council faces a serious shortage of properties that it is able to offer because very little social housing has been built over recent years and there have been significant increases in the number of people approaching the council to be housed.

There have been some changes which apply to who can join the Housing Register for social housing. These are in place to help manage expectations and ensure people do not join the Register when there is no realistic prospect of being able to obtaining social housing. The changes help Southwark Council to continue to provide social housing to those in most need.

To be eligible to join the Register applicants need to meet a number of criteria including having qualifying nationality and immigration status, have a local connection with Southwark, be within the earnings and savings limits and not have a record of unacceptable behavior (this includes anti-social behavior and serious tenancy breach) or have housing-related debt.

Applicants also need to show that they are either in significant housing need or are in one of our reasonable preference categories (please see Appendix 2 Allocations Policy)

Once the applicant has joined the housing register they may be eligible for general needs housing, Sheltered housing or Extra Care Housing. Once accepted the applicant will need to 'bid' on available properties. Due to applicants being able to bid on properties they are interested in, placing a timeline or guidance upon how long it takes to re-house an applicant is very difficult. For Extra Care Housing, these properties are not included in the bidding process, see further information below.
Applicants can bid for up to three affordable properties each bidding cycle, and unlimited private rented properties. Bids can be cancelled and reassigned to another property if desired.

Since applicants can bid for accommodation they want to live in it is very difficult to advise on how quickly an applicant can be re-housed via this route.

Sheltered Housing

Once the applicant has been accepted on the housing register, if eligible, they can bid for sheltered housing. This accommodation is for older people younger disabled people to support them to live independently in their own home and manage their own affairs, for as long as possible.

Sheltered properties are flats or bungalows linked to a control centre so that help can be summoned in an emergency at any time of day or night. Support staff also visit residents to check on their wellbeing, help them to maintain their independence, signpost them to other agencies and provide information and advice.

The benefit of sheltered housing is that it provides support to people in a flexible way, when they need it most. Some residents may need a lot of support and may also have care provided through social services, voluntary agencies, family and friends. Other residents may only need help from time to time.

In order to be eligible for Sheltered housing the applicant will need to be on the council's housing register, be in receipt of Disability Living Allowance and have a support need.

Since applicants bid for sheltered accommodation it is difficult to put a time limit on how long it takes for an applicant to be re-housed via this route.

Extra Care Housing

Extra Care Sheltered Housing is aimed at people who may be frail or more dependent on care services but who can still manage in their own home with extra support that is provided by on site carers. For many people it can delay the need for residential or nursing home care.

To be considered for Extra Care the individual will need a Social Care assessment of needs and for their case to be presented to the Extra Care Housing Panel. The Extra Care Sheltered panel allocates accommodation on the basis of the assessed needs of applicants; as mentioned above, this is outside of the allocations policy. The Sheltered Housing Panel will consider all factors of the customers housing and support needs when allocating the available accommodation. The wait times for extra care sheltered accommodation are not able to be predicted as it depends on many factors including the number of properties available at the time.

3. Applying directly to private landlords via Rent Deposit Scheme.

Southwark Council work with private landlords within the borough ensuring properties are let, managed and maintained according to common standards.

Southwark Council also offers a Rent Deposit to help prevent people becoming homeless by providing assistance to cover their deposit. It is a guarantee from the council for up to the value of at least one month's rent.

Households who wish to be considered for the scheme need to fulfill the following criteria:

- live in Southwark
- be threatened with homelessness
- be in priority need and not be intentionally homeless (see Appendix 2)
- be able to live independently
- be on low income which does not meet their housing needs
- have no other available housing options or financial resources.