Draft

Housing, mental health and substance misuse protocol

Cambridgeshire and Peterborough

Plan to publish Autumn 2021.

Add logos of supporting organisations here.

# 

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# Introduction: What, who and why?

## What is this protocol about?

This protocol has been developed by professionals working in mental health, substance misuse teams and housing. It sets out the process to follow when mental health, substance misuse and housing issues occur. It came about following a conference, *Improving Pathways* which was held in Autumn 2019[[1]](#footnote-1).

Teams must work together to help secure better outcomes for people experiencing these situations, informed by Lived Experience of the person in question, or others who have been through it.

The aim of this protocol is to make it easier for each team to find out what to do and who to contact.

## Who is the protocol for?

* Mental health teams
* Substance misuse teams
* Housing teams including housing options, tenancy support, welfare benefits and environmental health. They may be located in housing associations, housing charities and local authority housing teams and specialist/supported accommodation
* Hospital based workers including nurses, specialist matrons and discharge co-ordinators
* Social care including safeguarding and early help teams
* Police, including local Neighbourhood Policing Teams

## How to use this protocol

The booklet has been designed to be a quick and easy reference guide. It goes through some common scenarios, with notes on what to do and who to contact for each. All contacts, names and numbers are listed at the back of this booklet under Useful contacts. There is also a glossary which explains terms and jargon commonly used, though we have tried to avoid jargon as much as possible in the booklet.

To help find your way around, some links are included in the protocol, these are blue and underlined. If you click on the link, or press “Ctrl” and click, you should be taken quickly to that spot in the protocol.

## Who is in charge?

The Improving Pathways conference held in 2019 was organized by the Homelessness Trailblazer team, under the guidance of the Cambridgeshire, Peterborough and West Suffolk Housing Board[[2]](#footnote-2).

The Housing Board will keep ownership of the protocol, with the assistance of the Homelessness Strategy Group who will continue to work with the Drug and Alcohol Reference Group and the Community Mental Health Forum to keep it up to date.

This will include an annual review and updating as necessary.

You can find contact information for each of these boards, under Making contact about this protocol

The Housing Board and others will look for help from people with lived experience, who have been / will be? involved in creating the first version, but also whose input if vital to keeping the content up to date in future.

If you have suggestions or improvements to make, or want to add to the booklet, please contact the team, using the contacts listed under Making contact about this protocol so your suggestions can be incorporated in the next update.

## Version control

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# A quick guide to housing, mental health and substance misuse services

This protocol looks at how the three areas; mental health, substance misuse and housing; all based in separate organisations, need to cooperate to help.

By working together we can help minimize the stress and upset caused to the person facing the situations outlined, and we can work together to get them what they need as quickly and efficiently as possible.

However in this process we need to respect each organisation’s slightly different roles, resources and drivers, and to do all we can to overcome barriers for our customers.

So here we set out a quick guide to the most relevant teams in housing, in substance misuse and in mental health services. This is only a starting point, we will all learn as we work together, and as we encounter different scenarios. All phones numbers, opening hours etc are covered in Useful contacts.

Throughout, we have used colour coding to help keep focus on which team is being described. The code is:

* Housing = Blue
* Mental Health = Red
* Substance Misuse = Green

Housing

Local authorities have a variety of roles in relation to housing. The main ones are outlined below, to help when using the scenarios in the next section. The services on offer might be different for a home owner, a local authority tenant, a private tenant or a housing association tenant. We have tried to make this clear but services will vary a little form one team to another. So this is just a “quick guide”.

Housing advice

Summary: Team provides information and advice on options

Housing advice and options teams provide information and advice to anyone in the local authority area on preventing and relieving homelessness, the rights of homeless people, or those threatened with homelessness, and on help available and how to access that help.

Homelessness assessment

Summary: Team carries out an assessment, works with the person to agree a personalised housing plan and makes onward referrals to other support services as appropriate

Homelessness teams carry out an assessment to establish if an applicant is eligible for housing assistance and if they are threatened with homelessness within 56 days. They work with the person to agree reasonable and achievable actions to be taken by the local authority and the individual to help retain suitable accommodation. This forms a personalised housing plan.

Prevent homelessness

Summary: Helps person stay in their current accommodation or find a new place to live as part of the local authority’s “prevention duty”

Homelessness teams help to prevent any eligible person who is at risk of becoming homeless from becoming homeless. This may be helping them to stay in their current accommodation or finding a new place to live, regardless of priority need status, intentionality and whether they have a local connection. The Local Authority is not required to secure accommodation themselves but can do so, or can help the person to do so, like providing a rent deposit or family mediation.

Relieve homelessness

Summary: Helps secure accommodation if prevention fails as part of the local authority’s “relief duty”. If the relief stage fails - the final main homeless duty is owed for those in priority need and not intentionally homeless

Homelessness teams help resolve homelessness if an eligible applicant is already homeless or prevention work has not been successful. This help could be, for example, providing a rent deposit or debt advice. The duty lasts for 56 days, regardless of whether someone has a priority need. Those who have a priority need will be provided with interim accommodation while these steps are being taken. Any accommodation offered must be expected to be available for at least six months.

#### The Duty to Refer

Public authorities are required to notify a housing authority about people they consider may be homeless or threatened with homelessness, meaning it’s likely they will become homeless within 56 days. Before making a referral, the referring authority must:

* Have consent to refer from the individual.
* Allow the individual to identify which housing authority they want the referral to be made to.
* Have consent from the individual that their contact details can be shared, to allow the housing authority to make contact with them.

This is called the duty to refer. The ideal process is to get in touch with the housing authority as early as possible to try to secure the best possible outcome in each individual situation.

Clients can choose to contact any local authority - but will get the best options from a local authority they are ‘locally connected’ to. The connection could be via mum, dad, adult brothers & sisters, or adult children who have lived there for 5 years and currently do so; having a stable job in that local authority area; or having lived in that area for 6 out of the last 12 months, or 3 out of the last 5 years. In practice a local authority can try and help those not locally connected to prevent homelessness before it happens, however if the person does become “statutorily homeless”, they will be referred to the local authority they have a connection with, unless they are under threat of violence.

Please use the contacts provided under Homelessness, housing advice & housing options teams to do a duty to refer.

Letting social housing

Summary: Administers application process for social housing (local authority and housing association homes), the bidding system and finally letting the homes to individuals and families.

People can apply to the local authority for help accessing social housing. Across Cambridgeshire, local authorities use a system called Home-Link to manage applications for social housing (that is, local authority or housing association rented homes). In Peterborough the system is called Jigsaw. Both systems gather information about a persons’ current housing situation and aware a priority status, so social housing (which is in short supply) is rented to the people who need it most.

The systems also provide regular advertising cycles, so that applicants with the right priority and who need a home of that type, size, location etc can “bid”. In general, the successful bidder who usually has the highest priority and the oldest application date is then allocated the home and can move in.

Management of Social Housing

Summary: Local authorities (Cambridge City and South Cambridgeshire) and housing associations own and manage social housing. The majority is rented. This includes repairs, maintenance, administering the rent and neighbour disputes.

Housing Officers the properties and fulfil the duties as a landlord. They deal with repairs, rent arrears, neighbour disputes and other tenant issues. They also deal with evictions and make sure that all tenants are aware of their rights and obligations of the tenancies they are signing up to.

#### A word about debt

Debt can be both the cause of, and caused by, mental health issues and substance misuse. This protocol cannot go into a great deal of detail on debt advice and money matters, but there are resources available.

There are useful links provided under Local housing & welfare benefit teams and National welfare benefits to seek more advice and support if debt is affecting your client, as well as Citizens Advice (CAB). Other useful links are also provided at Money and debt.

Community Safety / anti social behaviour

Summary: Local authorities have a duty to tackle anti social behaviour and to promote community safety in their area.

The teams involved are accountable to the county wide Community Safety Partnership and contribute to the delivery of Crime and Disorder and Anti Social Behaviour reduction strategies. Community safety teams will get involved with

* Perpetrators of persistent anti social behaviour
* Perpetrators of persistent alcohol related disorder
* Perpetrators of persistent drug related nuisance
* Know perpetrators of race/hate crime
* Persistent truants

Private rented housing

Summary: Private housing or sometimes Environmental Health teams deal with private accommodation. They have powers under the Housing Act, The Environmental Protection Act 1990 and Public Health Legislation to take action and in some circumstances can order private landlords to carry out repairs.

Local authorities also run schemes to encourage private landlords to let their homes to people who would otherwise be waiting on the Home-Link or Jigsaw register. This might be through a letting scheme or a Rent Deposit guarantee scheme.

Mental health

In this protocol, we focus on getting access to mental health services, known as primary mental health services and just mention some of the longer-term help and support available, known as secondary and tertiary services. We have tried to avoid using jargon, but sometimes included an acronym, if that might be useful to know – like the First Response Service often being called FRS.

Through the GP

* GPs provide a great “first stop” for health issues of any kind. GPs often refer people to other more specialist services. The person should call the GP in the normal way and make an appointment, making it clear if there is a crisis.
* Every GP gets support from the Enhanced Primary Care Service. This is a team of community mental health clinicians. There are time limits set for action if the level of concern is quite high, should be action taken within 72 hours.
* The Enhanced Primary Care Service will signpost and refer if someone needs a different mental health service or they can give help via social prescribing[[3]](#footnote-3).
* In a crisis, and outside the GP office hours, please call FRS (see below)

The First Response service (FRS)

* The First Response Service is a 24/7 phone line. Call 111 then option 2.
* Members of the public living in Cambridgeshire and Peterborough can call FRS to access clinicians working in CPFT. They will give specific mental health crisis advice. Their task is either to resolve the issue, or to signpost to other help, for example they might call an ambulance, refer the person to their GP or refer to a Sanctuary project. If it’s a crisis, FRS can refer to the Crisis Resolution Home Treatment Team (see below).
* As a professional, you can help a member of the public who calls 111 the option 2, if the person tells the FRS call handler, they give permission to hand the phone over to the professional to help relate the situation which they find themselves in.
* In addition to the public phone number, there is also a professional’s phoneline which housing and other support officers can use when needing a little support dealing with somebody who is having mental health problems. The number is 01480 442 007.

Voluntary and charitable partners

* There are a number of voluntary and charitable agencies working hard to support peoples’ mental health.
* There are also a number of useful websites available to find help around mental health.
* Contact information is provided at Mental health self-help and community support and some useful websites are listed under On-line resources.

In an emergency

* In case of an emergency, please do not hesitate to contact 999, 24 hours a day 7 days a week.
* In the North of Cambridgeshire there is a special service which is hoped to extend across Cambridgeshire, so in a mental health crisis, both a paramedic and a mental health practitioner are sent out to help. However you can call 999 wherever you are in the county.

Other mental health services

Primary services described above are at the “front line”. People usually need a referral from a primary service to access a secondary mental health service, but for awareness secondary services (briefly) include:

* Psychological therapies (known as IAPT) which includes cognitive behavioural therapy (CBT)[[4]](#footnote-4) and counselling for people in need.
* Locality teams
* Crisis resolution and home treatment team
* [Personality Disorders Community Team](https://www.cpft.nhs.uk/services/personality-disorders-community-team.htm)
* Eating disorder service
* Learning Disability Partnership
* Criminal Justice
* Liaison and Diversion services (LADS)
* Older people’s mental health
* Children’s mental health services

You can find out more about all these teams at <https://www.cpft.nhs.uk/ourservices>.

Substance misuse services

Change-Grow-Live (also known as CGL) provides substance misuse services and support across Cambridgeshire and Peterborough.

There are also a large number of other organisations who also provide support, including Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Alcohol Concern, Talk to Frank and Drink Aware. People can refer themselves to support agencies, getting mutual aid and peer support to help on their pathway.

There is specialist drug and alcohol treatment for young people and for adults. There is also some inpatient detox or residential rehabilitation. How to access these teams:

* For adults in Cambridgeshire, contact CGL.
* For young people (up to 18 years old) in Cambridgeshire, contact CASUS.
* For any age in Peterborough, contact Aspire CGL.
* All are listed under Substance misuse: local

1. Cambridgeshire & Peterborough substance misuse pathway

Individual with substance misuse issue - can self-refer or be referred by professionals

Inpatient detox or residential rehab through CGL

Specialist drug & alcohol treatment. Adults via CGL in Cambridgeshire, or Aspire CGL in Peterborough

Structured treatment for young people in Cambridgeshire (CASUS)

Advice and information including short term and extended brief interventions from range of professionals including GPs, specialist treatment services, lifestyle service and specialist helplines / websites like Talk to Frank, Alcohol Concern & Drinkaware

Harm reduction provision including needle and syringe exchange, naxolone kits, either from participating community pharmacies or from CGL fixed sites

Mutual aid / peer support including Alcoholics Anonymous, Narcotics Anonymous, The Edge Cafe Cambridge

# Scenarios

We have set out ten situations, or scenarios, where housing, mental health and substance misuse services need to work together to get a good outcome. These are:

* Person in hospital
* Applying for social housing
* Threat of eviction
* Living with relatives or friends but it’s not working out
* Anti social behaviour
* Home is in poor condition
* Home is being taken over, or person being exploited
* Immigration issues
* Release from prison
* More than one issue

For each scenario we have set out:

* The situation
* Who should act
* Then under side headings, actions for each relevant team.

Scenario ➊ Person in hospital

Situation

A person with drug and alcohol or mental health issues has been taken into a general hospital or a specialist psychiatric unit. Where they have come from and where they can return to are important considerations so we can make sure their time in treatment is positive, and wherever possible they can return to suitable, stable and affordable housing.

When a person with drug and alcohol or mental health issues is admitted to hospital, an initial assessment will include questions on what accommodation the person can return to when they are discharged. This applies equally whether it’s a general hospital or a psychiatric unit. For example:

* Have they got a home to return to?
  + They may be sharing with others
  + They may be living in temporary accommodation such as a homeless hostel
  + They may be living in the streets
* If they own their home…
  + Is anyone else (spouse, family etc) living there and looking after the place?
  + If not, is the electricity, gas, water still connected
  + State of cleanliness
  + Are there any animals in the property?
  + Are there repairs which need doing
  + Is anyone visiting the property regularly.
* If they are renting (privately or from the local authority or a housing association)
  + Is the landlord aware they are in hospital? Do they need to let the landlord know?

Hospital teams start to plan a patient’s discharge from hospital almost as soon as they come in. The considerations made include:

* Assessing what needs might be when they are ready to leave hospital
* Talking to colleagues who can help meet these needs (such as social workers, occupational therapists, physiotherapists or district nurses)
* Making arrangements for any equipment or services which need to be in place when they are fit to leave hospital
* Making sure the person’s carer or support worker is given any information, help or advice that may be needed to help with recovery.

Hospital staff work with someone the person trusts to discuss the plan for release. It is helpful to discuss any concerns at the earliest opportunity. For example, if there are worries about safety at home, managing personal care or any domestic arrangements. By talking about this sooner than later, staff can ensure everything is in place in time to depart from the hospital. There will be a predicted date for discharge, based upon when it is expected the treatment will be completed. All those involved in the person’s care will be aware of this date and will be working towards it.

For many patients, being discharged from hospital back home is straightforward. Some may need information or advice or may need support from social care or the local authority. Some people have ongoing health, care and support needs which require a more detailed assessment.

Staff from health and social care will work together to plan and deliver services that support people after their hospital discharge. Sometimes it is necessary to move to an interim care setting while awaiting a home care package or a care home of your choice. If it is not possible to stay in hospital until such arrangements are made, the hospital discharge team may arrange any interim care destination.[[5]](#footnote-5)

Fig 1 and Fig 2 provide an outline flowchart of the process for hospitals to liaise with and consider housing issues.

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other / hospital |
| * Local authority Housing Options Officer via duty to refer * Housing benefit / welfare benefit / local authority tax teams * Homeless accommodation caseworker or keyworker * Home Improvement Agency if adaptations are needed to the home | * Mental health care coordinator or support worker | * Substance Misuse Hospital Liaison Workers * CGL * Aspire CGL | * Hospital admissions team * Emergency Department team * Discharge Co-ordinator * Mental Health matron |

1. Outline of hospital discharge process[[6]](#footnote-6)

Individual presents to Emergency Department

Yes

No

Are they homeless? Do they disclose a risk of homelessness e.g. rent arrears, eviction, domestic abuse?

presents to Emergency Department

Is their accommodation specifically for people who are homeless? i.e. temporary accommodation, foyer or hostel?

Complete “Duty to Refer” for relevant local authority, and log this has been completed on EHIC (or other system)

Yes

No

Is the individual admitted to a ward?

No

Yes

Hospital contacts the housing provider and provides:

Name

Date of birth

Address (if any)

Health problem

Possible difficulties with mobility / access due to health problem.

If admitted, likely discharge date.

Details of aftercare required, including medication prescribed.

Discharge planning process begins immediately

Is their existing home suitable to return to?

Will the patient’s recovery be seriously impeded if they have no accommodation to return to?

Ward staff check Duty to Refer has been done and complete, if not

Yes

No

Possibility of discharge to supported Accom (MH or D&A)? See Fig 4

Can the property be adapted?

**Process ends**

The hostel provides hospital with name and contact details of the individual’s key worker, if allocated

No

Yes

No

Yes

**Process ends**

Hospital contacts local authority

Discharge planning or ward complete a Duty to Refer

Discharge planning arrange for this to happen

Hospital and housing provider work together to plan for discharge

See Homelessness, housing advice & housing options teams for office hours & and out of hours contacts

**Process ends**

No

Can the housing provider continue to accommodate?

**Process ends**

Yes

1. Possible move from hospital to mental health supported accommodation

If planning to go to Mental Health Supported Accommodation (or drug / alcohol treatment / detox?) from hospital, there is no risk of discharge to homelessness

No

Yes

If there is a risk of homelessness on discharge, the ward

1. makes a referral to the local authority via the ‘Duty to Refer’ system, requesting help to prevent them being discharged homeless.

**This referral can only be done with the patients consent. It is the ward’s legal duty to offer to do this.**

See The Duty to Refer for notes

(2) Makes a referrals to any Homeless Prevention Officer in place. At Fulbourne, this is james.southwick@cgl.org.uk

The Homeless Prevention Officer can then call the ward to arrange to assess the patient.

Ward liaises with Mental Health Care Coordinator and requests a slot as soon as possible at the next mental health accommodation forum to present their case & proceed with referrals. How to do that referral? What is equivalent for D&A?

Hospital actions

General hospitals

At a general hospital, within 72 hours of admission a multi-disciplinary meeting will be held to discuss the care and treatment plan and establish any issues that may impact on a safe discharge.

Addenbrooke’s, Hinchingbrooke and Peterborough Hospitals all provide for people with mental health or drug and alcohol issues. To help the hospitals maintain a “throughput” of patients, it is important that housing issues don’t delay a release form hospital; and that people with mental h health or substance misuse issues do not stay in hospital any longer than necessary if their path back into settled life after a period in hospital is to be a smooth one.

Having established any issues, if it looks like there are potential housing barriers AS SOON AS POSSIBLE the hospital team need to get in touch using The duty to refer process. The duty to refer emails are all monitored during office hours Monday to Friday, and outside these hours will be picked up as soon as the next working day begins.

Mental health inpatient units

The main inpatient hospitals for psychiatric patients are Fulbourn in Cambridge, and Cavell Hospital In Peterborough.

* If the person was sectioned, their discharge will be coordinated under a section 117 discharge plan.
* If the person is known to the community mental health team, the team will take a Care Programme Approach, meaning the person is
  + Allocated a care coordinator
  + Has a care plan which all agencies are part of and sign up to
  + The Care Plan is reviewed by all the agencies involved, according to any risks and challenges felt by the person whose plan it is.

**Housing actions**

The housing team in each district receiving a duty to refer commits to making contact within **5 working days**, possibly sooner, but the essential factor is that the referral is sent to the duty to refer email address as soon as possible - as housing issues can take some time to sort out, the more time that is available the better the outcomes are likely to be.

If the person has no home to return to

The local authority must assess anyone who may be homeless or threatened with homelessness within 56 days. Other professionals can get in touch with the homelessness team using the duty to refer process; for more, see The duty to refer.

When using the duty to refer process, background information really helps so the local authority can begin its enquiries as soon as possible and try to fund a suitable housing option. Please provide as much detail as possible on the applicant.

Where a client has no immediate home to return to after a hospital stay and the local authority has a reason to believe that the applicant is homeless, eligible and in priority need then the local authority has a duty to provide emergency accommodation. This may be a hostel or other temporary housing.

The sooner housing teams are involved, the better

A medical assessment may be required as part of deciding whether someone is homeless and in priority need. If so, it is essential that as much information as possible is provided to enable this assessment to take place. This could be a letter detailing the medical condition from the psychiatrist/consultant, a medical report, or a risk assessment from a health professional.

In some cases where a person is suddenly homeless, the only option may be emergency Bed & Breakfast accommodation. This may be outside the local authority area, and possibly outside the county. If this seems a likely outcome but would negatively impact the person’s wellbeing due to the distance from professionals, friends/family support, it will be important to have that discussion with the district local authority housing options or homelessness team. There may be no alternative accommodation but every avenue must be explored rather than cause harm to the person’s mental health or exacerbate their substance misuse.

Not all clients will be found to be homeless or in priority need, in which case there is no duty on the local authority to provide emergency accommodation. However they will need to provide advice on available housing options.

The sooner housing teams are involved, the better; and more likely a better alternative to Bed & Breakfast will be found. If a referral can be made as early as possible, the district local authority can deal with the homelessness application while they are in hospital. If they are found to be homeless, plans can be made to avoid the need for B&B, resulting in a better outcome for the service user’s recovery.

The likelihood that a client may relapse if placed out of area in bed and breakfast needs to be taken into account when making the decision to discharge from hospital. The Housing Officer will need to know if it is safe for the person to be placed in B&B. If it’s not safe then discharge needs to be delayed so other alternatives can be considered.

If adaptations are needed to the home, housing teams will work with their local Home Improvement Agency to investigate getting those adaptations done. See Home improvement agencies in useful contacts for details.

Mental health actions

*I am not clear what the mental health teams can do, to support discharge from hospital. In the “hospital” actions I have included some mental health HOSPUTAL staff and discharge coordination services, but am I missing something about CPFT and others?*

Substance misuse actions

If the person in hospital needs any support around drug and alcohol misuse, this needs to be flagged with Substance Misuse Hospital Liaison Workers. The Liaison Workers work with people aged 18 and over and are based at:

* Peterborough City Hospital
* Hinchingbrooke Hospital
* Addenbrookes Hospital

The Liaison Workers can undertake a substance misuse assessment at the hospital and link up the patient with substance misuse services in the community. These workers are not in the hospitals all the time, so call the number provided under Substance misuse: local.

Someone needing support who is not in these hospitals cannot access the Substance Misuse Hospital Liaison workers, but they can get in touch with or be referred to CGL who provide support, see Substance misuse.

For information on housing and welfare benefits while in hospital, please see Appendix 3: About housing and welfare benefits while in hospital

Scenario ➋ Applying for social housing

Situation

A person with substance misuse or mental health issues has applied for help to find housing, or to move home, from the local authority and has now found something suitable and has bid for it.

In Cambridgeshire and Peterborough a system of “choice based lettings” operates, whereby people who want to apply for local authority or housing association homes complete an application form and are given a “priority banding”. In Cambridgeshire the system used is called [Home-Link](https://www.home-link.org.uk/choice/content.aspx?pageid=1) and in Peterborough the system is called [Jigsaw](https://peterborough.housingjigsaw.co.uk/). You can find more detail on how to get in touch under Choice Based Lettings schemes***.***

The applicant then looks out for suitable properties being advertised on these sites and can put in a bid. The person with the highest priority band and who has waited the longest will tend to be the successful bidder, but there are circumstances where people in lower priority bands may also be successful.

Housing, mental health and substance abuse teams will need to work together to make sure the property is suitable and the person has the support needed to maintain their tenancy in the long term.

### A word about temporary housing

These are slightly different, aiming to get people into a safe and secure space, off the streets, rather than providing a long-term home. However, temporary housing still needs to be suitable for the individual’s needs.

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Housing Options Officer at the local authority or the housing register holder * Housing support worker * Welfare benefits team * P3 floating support | * Mental health care coordinator or support worker if known to services * GP or First Response Service if not | * CGL * Aspire CGL |  |

Housing actions

Getting an offer

A person with mental health, or substance misuse issues, has found a suitable home, and has put in a bid. Before they can “sign up” …

* To get into social housing a person needs to be registered on the Home-Link or Jigsaw system, and to bid for properties as they become available. A support worker can bid if the person needs support to use the system or a request can be made for auto-bidding.
* The bids made for any home are prioritised and the local authority/registered provider makes an offer – usually to the person who has the highest priority and who has waited the longest.
* The local authority as part of its duties must ensure that the any offer of accommodation is suitable.
* If support is needed in the accommodation, P3 offers a floating support service across Cambridgeshire and Peterborough. You can find contact details listed under Floating Support.
* A Housing Options Officer would only be actively involved in an offer of housing to a client where there is a current, active homeless application.

Having trouble finding a suitable home

Offers of rehousing may be made that are outside of the area of choice for the client.

If this is the case, housing and health professionals should liaise to try to reduce any impact this may have on the client’s recovery. The local authority as part of its duties must ensure that any offer of accommodation is suitable. Sometimes offers are made directly from the housing register, instead of having to bid, in particular circumstances (this is known as a “direct let”).

Across Cambridgeshire and Peterborough some local authorities manage the housing register themselves, whereas others use a registered provider to manage this process. In Useful Contacts you can find which team to contact, listed under Who manages the housing register locally?

Not getting an offer

There are a few occasions where there may not be a duty for a person to be re-housed in social housing despite being homeless. In these cases, it is important that attempts are made to assist the person in securing accommodation within the private rented sector. The local authority housing options team will give help and advice about what to do in these situations.

If floating support might help, please contact P3 using the links under Floating Support.

Help getting welfare benefits set up

Support should be given to ensure housing benefit is set up for the start of any tenancy or as soon as possible. Please contact the local housing and welfare benefits team to get advice, see Local welfare and housing benefits***.***

Mental health actions

* If a person is applying for social housing and has a mental health issue, if they are known to the mental health service, they should have a care coordinator or support worker who can help with the application process.
* If during the application process mental health issues surface, the person will need to approach their GP to get advice and help, or to call the First Response Service. The GP or FRS can help access other teams as needed.
* Alternatively they can reach out for voluntary and community sector support, some contacts are provided at Mental health self-help and community support, and there is an area-wide directory of mental health support at <https://www.keep-your-head.com/>.

Substance misuse actions

Ideally a person’s substance misuse needs will be identified as they make their housing application.

However, if it only comes to light at the time the offer is being made, consideration should be made about whether the client needs and/or wishes to have support around their substance misuse. If they do, the next steps would to either:

* Book a substance misuse assessment with CGL when meeting with the client OR
* Signpost the client to the local CGL Service in Cambridgeshire or Peterborough.

You can find CGL contact numbers under Local substance misuse.

Scenario ➌ Threat of eviction

Situation

A person with substance misuse or mental health issues is either being evicted or is under threat of eviction. If this is related to a build-up of debt, please see A word about debt.

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Local authority Housing Options Officer * Local authority or Housing Association Rents or Tenancy Management Officer | * Mental health care coordinator or support worker | * CGL * Aspire CGL | Court officer? |

**Eviction and medicine management**

Medicine Management is important when dealing with a person who is on prescription medication or has substance misuse meds

If all other options fail, people being evicted may become street homeless with no medicine planning in place.

So, prior to an eviction, housing providers need to make sure that all agencies working with the person, are aware of the eviction and that medicine management is arranged.

This will hopefully support care and help and avoid overdose or, at worst, a drug related death

When someone is evicted in Cambridge City they can be linked to Cambridge’s Street Outreach Team (see Dual diagnosis street outreach service) or in Peterborough City, they can link with Peterborough’s Mental Health Exemplar team (see (need to add link here and in Useful Contacts) – to support them back into re-engagement with services they need.

Housing actions

Where any person is threatened with homelessness within 56 days a homeless application can be made and a housing options interview offered.

This interview will seek to establish the situation, the persons rights, and if there is potential to negotiate with the landlord to allow them to remain in their accommodation.

A personal housing plan (PHP) will be created jointly between the Housing Officer and client. This plan will outline what steps housing will take, to alleviate the current housing situation along with what steps the person needs to be taking, depending on what type of housing they are living in.

To get onto this pathway, if the person is under threat of eviction then other professionals can use the duty to refer. It is important to include in the duty to refer form, any dates coming up which are part of the notice or eviction process, to make sure the housing team can take appropriate actions within the timeframe required. Please see The duty to refer for contact details.

There are many things that homelessness teams can do to prevent someone from becoming homeless. The key is to maximise the time that they have to work with the individual and therefore early notification is essential. It is never too early to refer someone for advice and support.

Mental health actions

* People with mental health needs can sometimes exhibit behaviour that disturbs or is unacceptable to their neighbours. This may affect the use of their home and may lead to friction with neighbours or other effects. Equally some people can be intolerant and even hostile to those with mental health needs and may make up or exaggerate behaviour in an attempt to have the client moved. Any or all these possibilities might lead a landlord to seek an eviction.
* If an eviction is due to anti social behaviour, please see Anti social behaviour for more detail on what support can be called upon.
* If the eviction is for another reason, the person with mental health issues may not be getting the support they need which has led to a breakdown in the tenancy or a problem with the mortgage. In this situation, the best route is via the GP or FRS if the person is not being helped by mental health services.
* If known to mental health services, their care coordinator or support worker will need to be involved. Professionals can call the FRS while they are with the person, as described in Appendix 2: Q & A on the First Response Service or they can call the professionals line to seek further guidance – see Mental health services for the contact numbers.

Substance misuse actions

It is important to understand whether a threat of eviction is linked in some way to a person’s substance misuse. Substance misuse services may be able to help stabilise someone’s drug use which may reduce the threat of eviction.

For example a person may be behind in their rent because they are spending the money on drugs and alcohol. The message is to intervene early to try and engage the client in substance misuse support. At any stage and as early as possible support services should:

* Book a substance misuse assessment with CGL
* Signpost them to the local CGL Service in Cambridgeshire or Peterborough.

You can find CGL contact numbers under Local substance misuse.

Other actions

Is there work a Court Officer might do here, which others should know about or be able to refer to?

Scenario ➍ Living with relatives or friends but it’s not working out

Situation

A person with substance misuse or mental health issues is living with relatives of friends, but there are problems arising and they come to you for help, or the problem gets reported via a different route.

Even when relations between persons and their hosts have been good, problems can arise which may become detrimental to the person’s well-being. Professionals may be aware that a situation is becoming difficult early on, or a situation may flare up very unexpectedly. In any event housing should be informed immediately.

Parents or friends are often uncomfortable telling people that they can no longer stay with them. This can be a very stressful situation for all concerned. It is important that action is taken as swiftly as possible even if the person's situation may improve and they decide not to move.

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Local authority Housing Options Officer * Other housing provider * Floating support provider | * Mental health care coordinator or support worker | * CGL * Aspire CGL | * Early Help Hub (EHH) * Multi Agency Safeguarding Hub (MASH) * Social Care team * GP |

It may be that a multi agency meeting is needed, involving for example

* The housing provider
* Social care
* Mental health team
* GP
* Any support workers involved such as P3 or CGL

This meeting can discuss the best course of action whether that is mediation, support, or alternative accommodation.

Where behaviour is unacceptable, unsafe or abuse, **anyone** can make a referral to MASH. You can do this by…

Where there is no safeguarding issue but there are concerns and more support is needed, make a referral to social care by contacting the Early Help Hub – see **xxx** (contact)

Housing actions

Other professionals can contact the district Housing Options Team as soon as possible so that they can discuss available alternative housing options. This can be done by using the duty to refer. Please see The duty to refer for contact details. Mediation may be offered to help overcome differences and explore possible options.

Mental health actions

People with mental health needs can sometimes exhibit behaviour that disturbs or is unacceptable to their family and friends. When living in the same house, small issues can build up and become explosive; there is the possibility of family breakdown in the same way for someone with mental health issues as for any other person. There is also the possibility that behaviour in the home is unacceptable, unsafe or abusive.

If a person with mental health issues is having trouble maintaining happy relationships at home, with friends, family or other residents, they may need some help and support to work through the issues and to decide whether living with those people is working well for them or not.

Substance misuse actions

Substance misuse can have significant impact on home situation and can strain relationships between friends and family members. The person misusing substances can refer themselves for treatment, and there is also support for family members such as support groups run by CGL which can be accessed by friends and relatives of those misusing substances. These can be accessed even if the person using substances is not actually currently engaged in substance misuse treatment services. Please contact the CGL services direct to find out more, they are listed under Substance misuse.

Other actions

* Early Help Hub (EHH)
* The Early Help Hub (EHH)
* The Early Help Hub sits alongside the Multi-Agency Assessment Hub (MASH). It is Cambridgeshire County Council and Peterborough City Council’s point of contact for families and professionals doing an Early Help Assessment.
* It coordinates access to targeted early help services in Cambridgeshire and Peterborough and provides advice and guidance on cases managed by the professionals already involved. The Early Help Hub receives contacts that do not need a statutory service (Social Care) but require multi agency support through Early Help Services to support a family’s needs.
* You can contact the EHH – for contact details here is the link Early Help
* Multi Agency Safeguarding Hub (MASH)
* The Multi Agency Safeguarding Hub (MASH)
* The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service (and Peterborough City Council) and Cambridgeshire & Peterborough NHS Foundation Trust that supports joint working around child protection safeguarding adults and domestic abuse.
* It provides a single point of contact where concerns about a person’s safety can be reported.
* You can contact the MASH – for contact details here is the link Multi Agency Safeguarding Hub
* Social Care team
* GP

Scenario ➎ Anti social behaviour

Situation

A person with substance misuse or mental health issues is either experiencing anti social behaviour, or is being accused of ASB

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Private, local authority or housing association landlord * Local authority anti social behaviour team * Local authority Housing Options Officer * Local authority or Housing Association Rents or Tenancy Management Officer | * Mental health care coordinator, support worker * Possibly LADS team | * CGL * Aspire CGL | * Police, if harassment or other illegal activity is involved and where there is either arson, or a risk of arson * Early Help * MASH |

### The Cambridgeshire view of anti social behaviour: making a complaint

If you suffer from anti social behaviour you should keep a record or diary of problems as they occur (be as specific as you can in recording names, times, locations and what actually happened).

Report it. On average 7 out of 10 cases reported have a successful outcome.

If the incident is a crime contact the police on **101** (non-emergencies). In case of emergency please call **999**.

Each district local authority has a slightly different approach to ASB, you can find out more by following the link under Anti social behaviour (ASB)

The police, local authorities and social landlords have a duty to deal with antisocial behaviour. They frequently work together, and with other organisations and agencies, to resolve problems. The local authorities and other are members of local Cambridgeshire Community Safety Partnership.

**What is anti social behaviour?**

The Anti Social Behaviour, Crime and Police Act 2014 defines anti-social behaviour as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person.' ASB can include

* Aggressive begging
* Animal related problems such as pet nuisance and uncontrolled animals
* Arson or arson risk
* Crimes based on discrimination
* Domestic abuse
* Drinking when under age
* Drug and substance misuse including selling drugs
* Dumping rubbish (for example, fly tipping)
* Graffiti
* Harassment and intimidation
* Inappropriate sexual behaviour
* Noise nuisance (for example, loud music or shouting)
* Rowdy or drunken behaviour
* Vandalism or criminal damage
* Vehicle related nuisance
* Violence, or threats of violence, verbal and physical abuse

**Where there is a mental health, or substance misuse issue:**

It may be that a multi agency meeting is needed, involving for example

* The housing provider
* Social care
* Mental health team
* GP
* Any support workers involved such as P3 or CGL
* Police, especially when there is an arson risk

This meeting can discuss the best course of action whether that is mediation, support, or alternative accommodation.

Where there is a safeguarding issue, **anyone** can make a referral to MASH.

Where there is no safeguarding issue but there are concerns and more support is needed, make a referral to social care by contacting the Early Help Hub (SB to check) – see **xxx**

Housing actions

Who complains, and who to, if there is anti social behaviour

* Private tenants can report ASB to their landlord
* Local authority and housing association tenants can report ASB to the local authority or their housing association landlord.
* Other residents (such as home owners or businesses) can report ASB to the local authority’s community Safety team - see Anti Social Behaviour.
* Other residents can also complain to a neighbour’s landlord if they rent privately, from the local authority, or from a housing association.
* Anyone can report harassment or other illegal activity to the police, by calling the police on 101 or by [reporting to the police online](https://www.cambs.police.uk/report/Report).

The report will be investigated, and the local authority can

* Write to the person being complained about and request an interview
* Gather further evidence such as statements from other affected people, photographs, and medical evidence
* Refer the complaint to another department or agency or to a [Neighbourhood Resolution Panel scheme](https://www.cambridge.gov.uk/neighbourhood-resolution-panel-scheme) or a mediator
* Present the complaint to the tenancy enforcement panel or the multi-agency antisocial behaviour problem solving group
* Take appropriate enforcement action such as using acceptable behaviour contracts (ABCs), community protection notices, civil injunctions or (for tenants) demotion orders

A person advises that they have been complained about

* A Housing Options Officer or Tenancy Sustainment Officer can look into it and begin mediation along with any other appropriate actions such as liaising with partner organisations to create multi-disciplinary meetings.
* These meetings will carefully consider any complaint in a balanced way, taking into account the health and welfare of both the person complained about, and the person complaining.

Mental health actions

People with mental health needs can sometimes exhibit behaviour that disturbs or is unacceptable to their neighbours. Equally some people can be intolerant and even hostile to those with mental health needs and may make up or exaggerate behaviour in an attempt to have the client moved.

If a person with mental health issues is accused of anti social behaviour, whether the police have been involved or there are concerned raised by the community, the Liaison and Diversionary Service (LADS) can get involved to assess them and signpost to help and other service on offer.

To do this, the LADS team needs a referral form to be completed. The referrer (for example the housing officer) needs to get consent from the person complained about, to make the referral; and make it clear on the referral form that they are concerned the person may be criminalized if LADS does not step in. The person being complained about may not accept the claims, even so the job of the LADS team is to try to avoid such cases progressing to the Courts wherever possible.

Substance misuse actions

Most tenancy agreements will say a person can’t do anything illegal in the property. If a person is using, supplying or producing drugs in the home, or letting anyone else do this, and the landlord finds out then they can go to court try to evict. The Police may also be involved. If any of these activities cause anti-social behaviour at the home, the landlord might have stronger grounds for eviction.[[7]](#footnote-7)

The ideal path is to encourage the user to seek help from substance misuse services if they have a drug an alcohol problem that is impacting on their tenancy, to work in partnership to prevent eviction wherever possible.

Other actions

* Police, if harassment or other illegal activity is involved and where there is either arson, or a risk of arson
* Early Help
* MASH

Scenario ➏ Home is in poor condition

Situation

A person with substance misuse or mental health issues is living in a property which is becoming an environmental health concern, or unusual levels of hoarding. There is a Hoarding Protocol setting out good practice in these sensitive situations (see Spotlight on hoarding)

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Private landlord * The local authority’s anti social behaviour team * Local authority Housing Teams; Private Sector Housing Team or Environmental Health Team * P3 specialist hoarding support | * Mental health care coordinator or support worker or LaDS | * CGL and CLG Aspire, in liaison with other officers | * Hoarding Forum * Fire service (especially where there is hoarding) * Adult Social care (for re-assessment of care and support needs) |

### Spotlight on hoarding

Across Cambridgeshire and Peterborough there is a Hoarding Protocol in place, which guides our thinking on hoarding and how best to approach it. This page gives brief highlights, but for the full picture please visit the protocol itself. *[[8]](#footnote-8)* Hoarding can be a symptom of an underlying mental disorder. Hoarding is classified under the International Classification of Disorders system as a mental disorder.

Hoarding Disorder is distinct from the act of ‘collecting’ or keeping your home in a generally cluttered or messy state. The main difference between a person who has hoarding and a collector is that people who have hoarding have strong emotional attachments to their items, and these attachments are well in excess of the real value of the items. Anything may be hoarded by the person at their home – inside or outside the property. Hoarding has no relation to gender, age, ethnicity, socio-economic status, educational or occupational history, or tenure type.

‘Hoarding’ is the excessive collection and retention of any material to the point that it impedes day to day functioning.[[9]](#footnote-9)

Pathological or compulsive hoarding is a specific type of characterised by:

* Severe “cluttering” of the home so that it is no longer able to function as a viable living space.
* Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
* Significant personal distress or impairment of work or social life.[[10]](#footnote-10)

Housing actions

There may be a gradual decline in the cleanliness in a person’s accommodation. There is the possibility of the person being evicted if they are in breach of their tenancy agreement. This can be avoided if action is taken at an early stage. If the situation is such that:

* there is a pest infestation from rats, mice, fleas, bed bugs etc or
* the premises are filthy (i.e. with animal or human faecal material) or
* the premises have become prejudicial to health or is causing a nuisance to neighbouring properties the environmental health division of the local authority needs to become involved or
* there is hoarding that presents a potential health and safety risk to the tenant or visitors.

Mental health actions

If a person’s care co-ordinator or support worker believes their accommodation is becoming an Environmental Health concern, the worker needs to consult with and follow the guidance in the Hoarding Protocol.

Hoarding can be a symptom of an underlying mental disorder and is classified under the *International Classification of Disorders* system as a mental disorder. When a person’s hoarding behaviour poses a serious risk to their health and safety, professional intervention is required. With the exception of statutory legal requirements, any intervention or action proposed must be with the person’s consent.

Where there is extreme hoarding behaviour, the very nature of the person’s environment must mean that professionals question whether the person has capacity to consent to their proposed action/ intervention, and this should therefore trigger a capacity assessment.

This is supported by the Mental Capacity Act code of practice, which states that one of the reasons why people may question a person’s capacity to make a specific decision is “the person’s behaviour or circumstances cause doubt as to whether they have capacity to make a decision”[[11]](#footnote-11).

For more on mental capacity please see Mental capacity under Sharing information and confidentiality. A mental capacity assessment is made in addition to any other risk assessment and follows County Council guidance: the Hoarding Protocol provides more detail and the risk assessment form.

Substance misuse actions

Anti-social behaviour officers and Environmental Health Officers can contact CGL direct if they have concerns about the tenancy of someone who is currently using CGL services. This is a tricky area though as it may not be possible for CGL to share information on treatment being received without a signed waiver form being in place.

However CGL can still note down the issues that are taking place and discuss them with the service user direct. This intelligence may also trigger a welfare check or a need to take further action around safeguarding of the service user or another vulnerable person at the property.

Other actions

* Hoarding Forum
* Fire service (especially where there is hoarding)
* Adult Social care (for re-assessment of care and support needs)

Scenario ➐ Home is being taken over, or person being exploited

Situation

A person with substance misuse or mental health issues lives in accommodation which you discover is being taken over by others and/or person being exploited by others who live in the property, or by the landlord. This can be referred to as “cuckooing”.

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * If social rented, Local authority or Housing Association Tenancy Management Officer * If owned or privately rented, Environmental Health or Private Sector Housing team | * Mental health care coordinator or support worker * LaDS | * ? not sure | * EHH * MASH / Safeguarding * Police as a supportive service, especially Neighbourhood Policing Teams |

Housing actions

Modern slavery

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Modern slavery is a complex crime and may involve multiple forms of exploitation. It encompasses human trafficking, slavery, servitude, and forced or compulsory labour.

Modern slavery encompasses human trafficking, slavery, servitude, and forced or compulsory labour

An individual could have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour.

Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. If you think that modern slavery has taken place, the case should be referred to the NRM so that the Single Competent Authority (SCA) can fully consider the case. You do not need to be certain that someone is a victim.

Cuckooing

Some points to consider around cuckooing:

* Decision making should be centred around building a relationship and trust with the victim, supporting them to maintain their tenancy and/or find alternative accommodation, as well as accessing support services; whilst at the same time preventing visitors to the address, reducing community impact and improving confidence and engagement with services.
* Neighbourhood Policing Team officers will undertake to conduct frequent reassurance visits to the address and the local area to deter exploiters away from the property, provided there is no conflict with other police operations concerning the address and offenders at the location.
* Professionals to consider if a Closure Notice/Order will help protect the victim in their home (excluding visitors to the address) and help reduce community impact.
* Other interventions to be considered such as CBOs, Injunctions or Community Protection Notices requiring perpetrators to stay away from the victim and other vulnerable adults in the community, etc.

Following the draft cuckooing pathway, Fig 5 set out some of the steps to be taken.

1. Cuckooing pathway

The SPP professional meeting \* attendees should include but not be limited to

* Local Neighbourhood Policing Team
* Registered Social Landlord (if appropriate)
* Liaison and Diversionary Service (LaDS)
* CGL and CGL Aspire
* Probation
* Peterborough City Council Prevention & Enforcement Service
* Mental Health services (if appropriate)
* Peterborough City Council’s Housing Needs service
* TYSS/YOS

County Lines

Drug networking, also known as county lines, involves organised crime groups extending their drug dealing business from big cities into new areas. These groups often use a phone number, known as a 'drugs line', to contact their customers and sell class A drugs.

Drug dealing groups often use young people to deliver their drugs, by paying them or by forcing them through violence and grooming. These young people, known as 'runners', are usually male and aged between 12 and 20. The young people travel between cities and other areas to deliver drugs and collect cash on behalf of the dealers.

In most cases, those delivering drugs across the country are being forced to do so by the dealer. Members of organised crime groups target vulnerable people to handle drugs for them, to take away the risk of getting caught with drugs themselves. The targeted vulnerable drug transporters are often;

* children in care
* children absent from school
* children missing from home
* single parents on low incomes.

The organised crime groups are known to use violence and manipulation against these vulnerable people. Human trafficking forms another part of this type of crime as dealers often force young and vulnerable people into storing and supplying drugs. They are also usually forced to swallow drugs in order to avoid police finding them.

Recognising drug networking

Would you recognise if drug dealing was happening where you live or work in Cambridgeshire? Would you know if someone was being used as a drugs mule by a drug gang? It's important to spot the signs of drug activity and how to report it to us.

Drug dealers often take over the home, make them sell drugs and use the home as a place for others to take drugs. Unusual activity could include;

* lots of different people coming and going from an address
* people coming and going at odd times of the day and night
* strange smells coming from the property
* windows covered or curtains closed all the time
* cars pulling up to or near the house for a short period of time.

Signs of a runner or drug dealer can include;

* someone having more cash, clothing or phones than normal
* talk of gang names in the area
* someone using nicknames when speaking about others.

These signs are often a good indicator that someone is involved in county lines drug crime, and needs to be reported to the police.

Mental health actions

* A person with mental health issues may be particularly susceptible to cuckooing and other exploitation.
* If a person with mental health issues appears to be being exploited, whether the police have been involved or there are concerned raised by the community, the Liaison and Diversionary Service (LADS) can get involved to assess them and signpost to help and other service on offer.
* To do this, the LaDS team needs a referral form to be completed. The referrer (for example the housing officer) needs to
  + get consent from the person complained about, to make the referral
  + make it clear on the referral form that they are concerned the person may be criminalized if LADS does not step in.
  + The person thought to be being exploited may not accept the claims, even so the job of the LADS team is to try to avoid such cases progressing to the Courts wherever possible.

Substance misuse actions

This can be a big issue linked to substance misuse and in particular drug dealing. Sometimes properties get taken over by drug dealers and the tenant is forced to abandon or they are exploited or given cheap or free drugs whilst their property is taken over for drug dealing.

Please inform the Substance Misuse Service if you think a service user if having their accommodation taken over or is taking over another person’s accommodation or causing anti-social behaviour. You can find the contact details under Substance misuse.

It is also likely the Police or landlord may need to be contacted and a case may need to be referred for safeguarding to the Police. Some support agencies who help in cases of County Lines activity are listed under County Lines: agencies that can help.

Other actions

* Hoarding Forum
* Fire service (especially where there is hoarding)
* Adult Social care (for re-assessment of care and support needs)

Scenario ➑ Person has immigration issues

Situation

A person with substance misuse or mental health issues has unsettled / unresolved immigration status or has no recourse to public funds. There is a protocol in place to help guide a number of agencies, when someone has no recourse to public funds. This can be found at <https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/09/NRPF-protocol.pdf> [[12]](#footnote-12).

The protocol sets out:

* Types and Definitions of NRPF
* Policy, Practice and Partnership in Cambridgeshire and Peterborough
  + Effective Support for Children and Families (Threshold) Document
  + NRPF National Practice Guidance for Local Authorities
* Myth-busting NRPF and availability of financial support
* No Recourse to Public Funds and Access to NHS Services
* Organisational Responsibilities
  + Cambridgeshire & Peterborough Families with No Recourse to Public Funds Policy
  + Children and Families with NRPF
  + Adults with NRPF

#### Immigration and health services

NHS treatment can be accessed by anyone regardless of their immigration status, including a person who has ‘no recourse to public funds’ (NRPF). However, a person’s immigration status will affect whether they are required to pay for treatment[[13]](#footnote-13).

As this protocol deals with mental health and substance misuse, some excerpts on access to health service may be useful. Fig 7 gives a “rough guide”.

Notes on Fig 5

\* Most treatment provided in a hospital setting is chargeable if the person is not exempt.

A person will be exempt if they:

* + Have paid the health surcharge or are covered by transitional arrangements
  + Are entitled under an EU/EFTA reciprocal healthcare agreement
  + Are a vulnerable patient and those detained[[14]](#footnote-14)
  + Are a UK Government employee or war pensioner
  + Are covered by other reciprocal healthcare arrangements and other international obligations. This includes e.g. asylum seekers, those granted asylum, humanitarian protection or temporary protection under the Immigration Rules, individuals receiving s.95 support of the Immigration and Asylum Act 1999

\*\* …except where the patient has travelled to the UK for the purpose of seeking that treatment

\*\*\* Prescription, Dentistry and Ophthalmology Charges: Generally, charges may apply unless the person meets particular exemption criteria for the service being delivered. Those with NRPF in receipt of local authority support will not receive free prescriptions unless they fall into an exempt group, which are:

* + 60 or over
  + under 16
  + 16 to 18 and in full-time education
  + pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate
  + have a specified medical condition and have a valid medical exemption certificate
  + have a continuing physical disability that prevents you going out without help from another person and have a valid medical exemption certificate
  + hold a valid war pension exemption certificate and the prescription is for your accepted disability
  + an NHS inpatient

Further detail is available at <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/> including the medical conditions which mean free prescriptions and help if you are on a low income.

1. Links to further guidance are included in this footnote[[15]](#footnote-15).A rough guide to NHS free and chargeable services

Free

Chargeable

**How to check you're eligible for free prescriptions**

* There's a simple way to find out if you're eligible for free NHS prescriptions and other NHS costs.
* Use the eligibility checker, at <https://services.nhsbsa.nhs.uk/check-for-help-paying-nhs-costs/start>.
* There are some useful phone numbers listed under Prescriptions.
* However, those who are not exempt from paying prescription charges may be entitled to full or partial help through the NHS Low Income Scheme, which covers NHS prescriptions, NHS dental treatment, Sight tests, glasses and contact lenses, Travel to receive NHS treatment and NHS wigs and fabric supports

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * If threat of homelessness, need housing options / advice * May need to secure immigration advice to see if can resolve, working with the Home Office to clarify immigration status | * ? | * ? | * Cambs/ Peterborough safeguarding teams * NRPF protocol / process |

Housing actions

Free housing advice via the housing needs teams is available to everyone regardless of circumstance. However housing needs can only assist clients if they have a reason to believe that the client is eligible for housing support, this includes offers of emergency accommodation. In this scenario housing would only be able to offer advice. You can find contact details using this link for district local authority Homelessness, housing advice, housing options teams

People who are not eligible for homelessness assistance may be able to claim assistance under the Children Act 1989 if there are children in the household, or the Care Act 2014 if an adult in the household has unmet needs for care and support because s/he suffers from illness or disability. Housing can make a safeguarding referral with consent, for those applicable.

There is a useful toolkit for general use, to talk a person through their family situation and get a guide as to their immigration status, at <https://nrpfnetwork.org.uk/information-and-resources/web-tool>. This can help clarify whether they are in fact NRPF, or whether there a different issue.

Further information is available at <https://nrpfnetwork.org.uk/>

Mental health actions

* To access mental health services, a person needs to be registered with GP.
* As set out above, immigration status is no barrier to registering with a GP, legally. However there may be reticence and a person may need to be encouraged to register. *Doctors of the World* produced this note clarifying the situation for any GP who may be unclear on the regulations – see link in footnote[[16]](#footnote-16).
* Once registered, a person who is not “resident” may legally have to be charged for secondary and other health services. This will include many mental health services. There are exceptions and exemptions so it is important to review these when working out what individual clients can access.

Referring to Fig 5, we can see that the following will be freely accessible:

* Primary care delivered through GP practices and NHS walk-in centres. This includes family planning, treatment of specific infectious diseases, STDs, palliative care provided by a charity or CIC, treatment where there has been domestic violence, sexual violence, torture or FGM (…except where the patient has travelled to the UK for the purpose of seeking that treatment
* A&E services, NHS 111 telephone advice line, walk in centres, minor injury units, urgent care centres. However this does not include emergency services provided **after** a patient has gone through the doors out of A&E and onto a ward - i.e. been accepted as an inpatient, or follow-up appointments. Where emergency treatment is given after admission to the hospital, such as in intensive care or coronary care, the treatment is chargeable regardless of how the patient became an in-patient.

Substance misuse actions

People who have No Recourse to Public Funds can still receive help from substance misuse services. They may not be able to benefit from interventions that would be considered secondary care like inpatient detox or rehabilitation but they should still be able to:

* Have a full assessment by substance misuse services
* Receive short-term extended brief interventions for those who need it
* Be able to benefit from group work interventions
* Can attend mutual aid from AA or NA
* Can have community based detoxes
* Can be prescribed Opiate Substitution Medication

See Substance misuse contacts.

Other actions

* Cambs/ Peterborough safeguarding teams
* NRPF protocol / process

Scenario ➒ Release from prison

Situation

A person with substance misuse or mental health issues is being released from prison or police custody.

For people coming out of prison, partners need to follow the *Cambridgeshire and Peterborough Accommodation Protocol - Pathways home for people with experience of the Criminal Justice System*[[17]](#footnote-17) which sets out the roles of the organisations involved.

When being released from police custody… (add here)

Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| * Local authority housing teams * Housing options team for access to social and affordable homes * Advice & information about making a housing application * Access to grants to disabled persons to allow adaptation | * LaDS | * CGL * CGL Aspire | * Prison * Probation * BeNCH CRC * ‘Through the Gate’ services in HMP Peterborough * St Giles Trust * Adult Social Care * Jobcentre Plus |

Housing actions

Housing should be notified of a prison release as early as possible as outlined in the CJS pathway protocol. This can be done by using the duty to refer. See The duty to refer

If housing become aware of a mental health or substance misuse issue they will liaise as needed with the prison release teams and criminal justice services to help make sure the housing made available is suitable and sustainable.

Housing will work collaboratively with prison, probation and any other applicable professionals to ensure that suitable accommodation is found where possible.

Mental health actions

The Liaison and Diversion Service (Criminal Justice Pathway) supports people in custody, courts and the community with a wide range of vulnerabilities by diverting them out of prison and signposting to other services where there are no public protection issues.

Support can include:

* Vulnerability assessment in custody or place of individuals choosing
* Bespoke court reports if required highlighting vulnerabilities and support required to attend court
* Primary mental health treatment requirements for women
* Signposting and referrals to other longer-term services.
* Support to attend initial appointments
* Liaising with other services such as GP, housing, drug and alcohol services, probation
* Supporting those aged 10 years old and upwards with any vulnerability
* Person centred support plans, with short term support (6-12 weeks can be offered).
* Referrals can be made by any service using the referral form, or self-referrals can be requested by emailing or phoning the main office. The service covers custody and magistrates courts across Cambridgeshire and Peterborough.

You can find LaDS contact details under Mental health services.

Substance misuse actions

CGL services are closely linked with prison system. There is a dedicated team within CGL in the community who manage the transition of treatment from community to prison.

Please contact the single point of contacts found at Substance misuse and ask for more details about linking in with the prison workers in Cambridgeshire CGL and Peterborough CGL Aspire.

Other actions

**Adult Social Care**

* Assess and meet eligible social care and support needs of adult prisoners, residents of Approved Premises and people who move from their usual home as a condition of bail

**Jobcentre Plus**

* Local vulnerable work coaches case manage and support vulnerable claimants until first full payment is received by them and then supporting transition to another work coach to continue the customer journey.
* Prison
* Probation
* BeNCH CRC
* ‘Through the Gate’ services in HMP Peterborough
* St Giles Trust

Scenario ➓ Person has more than one issue

Across Cambridgeshire and Peterborough, partners have signed up to the “Cambridgeshire and Peterborough: Our commitment to better care for people with co-occurring Mental Health and Substance/Alcohol use.” This sets out how teams will work together when a person has both substance misuse, and mental health issues, and can be found following this link[[18]](#footnote-18).

The teams involved include the Clinical Commissioning Group (CCG), Local Authorities, Public Health and Office of the Police and Crime Commissioner (OPCC).

Fig 6 sets out who leads, in which situations.

1. People with both mental health and substance misuse issues (adapted from Appendix 1 of the co-occurring principles document)

|  |  |  |
| --- | --- | --- |
| Roles:  Lead = substance misuse team  Support = mental health team  Example:  A dependent drinker who experiences increasing anxiety. | **HIGH** SEVERITY OF SUBSTANCE MISUSE | Roles:  Lead = Mental health team  Support = Substance misuse team  Example:  An individual with schizophrenia who uses cannabis daily to compensate for social isolation |
| SEVERITY OF MENTAL ILLNESS  **LOW** |  | SEVERITY OF MENTAL ILLNESS  **HIGH** |
| Roles:  Lead = Enhanced Primary Care team acts as a gateway  Example: Illicit user of prescription drugs begins to struggle with low mood | SEVERITY OF SUBSTANCE MISUSE  **LOW** | Roles:  Lead = Mental health  Support = Substance misuse team  Example:  Individual with bipolar disorder who occasionally binge drinks and misuses other substances finds their mental health destabilizing |

To use this approach, teams need to determine whether mental health or substance misuse professionals are best placed to lead the care. In deciding this, must consider immediate risk, patient motivation to engage with either service and whether they are already accessing any substance misuse or mental health pathways.

If the client has complex needs they can also be part of a multi-disciplinary case review discussion. For clients needing an integrated approach or where there are challenges co-ordinating mental health and substance misuse care, the case can be referred to fortnightly client case review conferences. If you want to know about these care review conferences, ask about a client being considered for the conferences, or to know more about this protocol, please contact the Public Health Joint Commissioners for Substance Misuse, listed under Making contact about this protocol.

# Glossary

Explains any terms we have used throughout the document, or which you may come across.

| Jargon | In full | Notes |
| --- | --- | --- |
| AEH | Adult early help | Cambridgeshire’s Adult Early Help team have been in place since April 2016 and receive all requests for social care and support for anyone over the age of 18. The team consists of Social Workers, Occupational Therapists and Coordinators from a variety of backgrounds. The team offers support and advice to those looking for support and also to families and carers. |
| ASB | Anti social behaviour | See Scenario ➎ Anti social behaviour for a full description |
| Aspire CGL | CGL stands for Change-Grow-Live | Change-Grow-Live services in Peterborough (see CGL) |
| CAB | Citizens Advice Bureau | The CAB is a charity that gives free, confidential information and advice to help people with their money, legal, consumer and other problems. The service aims to provide the advice people need for the problems they face, and to improve the policies and principles that affect people’s lives. Trained advisers help write letters, make phone calls, negotiate with creditors and represent clients at tribunals and courts. |
| CASUS |  | Supported treatment for young people in Cambridgeshire |
| CCG | Cambridgeshire and Peterborough Clinical Commissioning Group |  |
| CGL | Change Grow Live | CGL provides substance misuse services and support across Cambridgeshire and Peterborough.  In Cambridgeshire the service is called CGL; in Peterborough it’s known as CGL Aspire. |
| Co-occurring needs |  | Co-occurring needs include all substances of use (including prescribed medications); all levels of dependency and states of intoxication; all mental health problems and all ages  See ➓ More than one issue |
| CPFT | Cambridgeshire and Peterborough NHS Foundation Trust |  |
| CUH | Cambridgeshire University Hospitals NHS Foundation Trust |  |
| Dual Diagnosis Street Outreach Service |  | The service works with entrenched rough sleepers who are still rough sleeping or who have recently moved into a hostel or temporary accommodation.  We enable access to mainstream services for our service users, most of whom also experience mental health difficulties and use substances to manage.  The team works as part of the homelessness partnership in Cambridge which brings together non-statutory and statutory services to overcome homelessness in the city.  To refer, please call or email us (see Dual diagnosis street outreach service). We take self-referrals but will accept referrals via the Cambridge Access Surgery as well. |
| Duty to Refer |  | This is a mechanism for partners to refer someone to the local authority team which deals with preventing homelessness as early as possible in the process. See The duty to refer |
| EHH | Early Help Hub | The Early Help Hub sits alongside the Multi-Agency Assessment Hub (MASH). It is Cambridgeshire County Council and Peterborough City Council’s point of contact for families and professionals doing an Early Help Assessment.  It coordinates access to targeted early help services in Cambridgeshire and Peterborough and provides advice and guidance on cases managed by the professionals already involved. The Early Help Hub receives contacts that do not need a statutory service (Social Care) but require multi agency support through Early Help Services to support a family’s needs. |
| EPCS | Enhanced Primary Care Service | EPCS employs community mental health clinicians who each serve a small group of GPs, known as a primary care network. They signpost and refer if someone needs a mental health service or some other kind of support. (Formerly known as PRISM). |
| Floating support / Housing related support (P3) | P3 stands for People, Potential, Possibilities | P3 offers floating support services across Cambridgeshire and Peterborough, providing support for people who need this to manage and maintain their accommodation if it is at risk.  This includes support to address any difficulties preventing someone from living independently, such as mental ill-health or debt and financial issues. P3 offers a tailored package of support including   * Managing your tenancy * Mental health support * Housing advice * Budgeting and debt * Accessing financial support * Social and community groups * Employment, education & training opportunities * Signposting to other services |
| FRS | First Response Service | FRS is a 24/7 phone line on 111 then option 2 which members of the public can call to access clinicians who work for CPFT.  FRS is a service which puts mental health first. It provides 24-hour access, seven days a week, 365 days a year, to mental health care, advice and support. For someone worried about their mental health, contact the FRS by dialling 111 and selecting option 2.  The phone will be answered by a trained mental health professional who will be able to listen to any concerns and help get the support needed to the person.  With their permission, FRS can access the person’s medical records to better meet needs and to avoid having to repeatedly tell their story.  FRS can offer advice over the phone, put people in contact with crisis services or refer someone to a Sanctuary – which are safe places run by mental health charity, Mind in Cambridgeshire. The Sanctuaries offer short-term practical and emotional support between 6pm and 1am, seven days a week. |
| GP | General Practitioner, or doctor |  |
| Home-Link |  | Cambridgeshire and West Suffolk’s choice based lettings system for social housing |
| IAPT | Improving Access to Psychological Therapies | Access to psychological therapies including counselling or cognitive behavioural therapy (CBT) or secondary services. |
| Jigsaw |  | Peterborough’s choice based lettings system for social housing |
| Kooth |  | Free safe and anonymous online support for young people. “Your online mental wellbeing community” |
| LaDS | Liaison and Diversion Service (Criminal Justice Pathway) | LaDS supports people in custody, courts and the community with a wide range of vulnerabilities by diverting them out of prison and signposting to other services where there are no public protection issues.  You can find out more at ➒ Release from prison |
| LDP | Learning Disability Partnership | The LDP brings together specialist health and social care services for people with a learning disability. It is responsible for commissioning and providing these services on behalf of Cambridgeshire Primary Care Trust and Cambridgeshire County Council |
| MASH | Multi Agency Safeguarding Hub | The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service (and Peterborough City Council) and Cambridgeshire & Peterborough NHS Foundation Trust that supports joint working around child protection safeguarding adults and domestic abuse.  It provides a single point of contact where concerns about a person’s safety can be reported. |
| Sanctuary Project |  | This is a service to provide a safe space to talk through issues when someone feels a crisis approaching. Can be accessed via the First Response Service |
| Special Needs Panels |  | Special Needs Panels consider housing applications from people with special needs such as mental health needs / sensory impairment / physical disability. |
| SPOC | Single Point of Contact | One phone line or email to use, to access a service or team. |

# Useful contacts

This list provides useful contacts for organisations seeking help, advice and referrals for their customers. If you spot any contact information which is out of date, please get in touch and put us right, we want this listing to be as useful as possible to everyone. Please e-mail [sue.beecroft@cambridge.gov.uk](mailto:sue.beecroft@cambridge.gov.uk)

| What is it? | 🌍 website | 🖄 email | ✆ phone | 🕘 hours |
| --- | --- | --- | --- | --- |
| Local authority locator | Where to apply for emergency housing from the local authority by entering the postcode where you have a [local connection.](http://england.shelter.org.uk/get_advice/homelessness/help_from_the_council_when_homeless/local_connection) This might be where you’ve lived recently, have close family or work, at <https://www.gov.uk/homelessness-help-from-council> | | | |
| The duty to refer | Guidance, referral form and national directory of contact emails around the homelessness duty to refer at <https://www.gov.uk/government/publications/homelessness-duty-to-refer> | | | |
| Cambridge |  | [Dutytorefer@cambridge.gov.uk](mailto:Dutytorefer@cambridge.gov.uk) |  |  |
| East Cambridgeshire |  | [Dutytorefer@eastcambs.gov.uk](mailto:Dutytorefer@eastcambs.gov.uk) |  |  |
| Fenland |  | [Dutytorefer@fenland.gov.uk](mailto:Dutytorefer@fenland.gov.uk) |  |  |
| Huntingdonshire |  | [Dutytorefer@huntingdonshire.gov.uk](mailto:Dutytorefer@huntingdonshire.gov.uk) |  |  |
| Peterborough |  | [Dutytorefer@peterborough.gov.uk](mailto:Dutytorefer@peterborough.gov.uk) |  |  |
| South Cambridgeshire |  | [Dutytorefer@scambs.gov.uk](mailto:Dutytorefer@scambs.gov.uk) |  |  |
| Homelessness, housing advice & housing options teams |  |  |  |  |
| **Cambridge** City Council Housing Advice Service | On-line referral form: <https://www.trownhousingconsultancy.co.uk/camtriage/> |  | 01223 457918  Out of Hours: 0844 335 3944 |  |
| **East Cambridgeshire** housing advice and homelessness team | [ECDC homelessness](http://www.eastcambs.gov.uk/housing/homelessness) |  | 01353 665555  Out of hours: 07710 978900. |  |
| **Fenland** District Council’s housing advice webpage | [FDC housing advice](http://www.fenland.gov.uk/housingadvice) |  | 01354 654321  Out of hours: 01354 654321 |  |
| **Huntingdonshire** District Council housing advice | [Huntingdonshire housing advice](http://www.huntingdonshire.gov.uk/housing/advice-for-tenants/housing-advice) |  | 01480 388218  Out of hours: 01480 434167 |  |
| **Peterborough** City Council  Second and third links to advice and assistance for housing association tenants, private renters, home owners a property or have no fixed address. | Online referral form: <https://live.housingjigsaw.co.uk/alert/duty-to-refer>  [Peterborough housing advice](https://www.peterborough.gov.uk/residents/housing/housing-advice/)  [Peterborough homelessness](https://www.peterborough.gov.uk/residents/housing/homelessness/) |  | 01733 864064  Out of hours: 01733 864157 |  |
| **South Cambridgeshire** District Council’s housing advice | <https://www.scambs.gov.uk/content/housing-advice-service> |  | 03450 450 051  Out of hours: 01253 501117 |  |
| Dual diagnosis street outreach service |  |  |  |  |
| The service works with entrenched rough sleepers who are still rough sleeping or who have recently moved into a hostel or temporary accommodation in Cambridge City.  The Bridge, 152-154 Mill Rd, Cambridge CB1 3LP |  | [DDSP@CPFT.nhs.uk](mailto:DDSP@CPFT.nhs.uk) | 01223 271015 or 01223 271011 | Business / visiting hours Monday to Friday, 0900 to 1700 excluding Bank Holidays |
| Choice Based Lettings schemes |  |  |  |  |
| **Home-Link**, covers Cambridgeshire and West Suffolk | [https://www.home-link.org.uk/](https://www.home-link.org.uk/choice/content.aspx?pageid=1) |  |  |  |
| **Jigsaw**, for Peterborough only | <https://peterborough.housingjigsaw.co.uk/> |  |  |  |
| Who manages the housing register locally? | In East Cambridgeshire and Fenland, a registered housing provider manages the housing register process. In other areas, the district local authority does these tasks. All contacts are listed here, labelled as “district council” or “register holder”. | | | |
| **Cambridge City Council** (District council & register holder)  Mandela House, 4 Regent Street, Cambridge CB2 1BY |  | cbl@cambridge.gov.uk | 01223 457917 |  |
| **Sanctuary Housing** (Register holder in East Cambs)  Avro House, 49 Lancaster Way Business Park, Ely, Cambs CB6 3NW |  | east.lettings@sanctuary-housing.co.uk | 0800 131 3348 or  0300 123 3511 |  |
| **Clarion Housing** (Register holder in Fenland)  Reed House, Peachman Way, Broadland Business Park, Norwich NR7 0WF | [www.myclarionhousing.com](http://www.myclarionhousing.com) | March-Home-Link@myclarionhousing.com | 0300 500 8000 (from a landline)  0300 333 6557 (from a mobile) |  |
| **Huntingdonshire District Council** (District council & register holder)  Pathfinder House, St Marys Street, Huntingdon, Cambs, PE29 3TN |  | [housingservices@huntingdonshire.gov.uk](mailto:housingservices@huntingdonshire.gov.uk) | 01480 388388 |  |
| **South Cambridgeshire District Council** (District council & register holder)  South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge CB23 6EA |  | cbl@scambs.gov.uk | 03450 450051 |  |
| **West Suffolk Partnership** (WS council & register holder)  West Suffolk House, Western Way, Bury St Edmunds, Suffolk IP33 3YU | www.westsuffolk.gov.uk | customer.services@westsuffolk.gov.uk | 01284 757 178 |  |
| District council tenants |  |  |  |  |
| **Cambridge** City Council Tenants |  |  | 01223 457833 |  |
| **South Cambridgeshire** District Council Tenants |  |  | 0345 045 0051 |  |
| Housing associations |  |  |  |  |
| On-line listing of housing providers (including housing associations and almshouses) who own and manage homes in each district across Cambridgeshire and Peterborough. | [https://cambridgeshireinsight.org.uk/housing-providers/](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-providers/) |  |  |  |
| Private rented housing teams & environmental health |  |  |  |  |
| **Cambridge** on-line advice for private renters and landlords | [Advice for private landlords and tenants](https://www.cambridge.gov.uk/private-rented-accommodation) |  |  |  |
| **East Cambridgeshire** Environmental Services, Domestic Team provides information for landlords and tenants to make sure they are safe in their homes. Tenants can contact the Domestic Team and ask for an inspection if housing repairs are not carried out by the landlord or if advice about condition of the home needed. | East Cambridgeshire [private sector housing](http://www.eastcambs.gov.uk/housing/private-sector-housing) - information for landlords and tenants.  Contacts for the team and on-line help can be found at [ECDC domestic team](http://www.eastcambs.gov.uk/housing/private-housing-accreditation). |  |  |  |
| **Fenland District Council** private rented accommodation info and team contacts | [FDC private rented accommodation page](http://www.fenland.gov.uk/privaterented)  On-line advice for private landlords at [FDC landlord advice](http://www.fenland.gov.uk/emptyhomes) |  |  |  |
| **Huntingdonshire District Council** enforcement officers help make sure private homes are fit, safe and healthy to live in. You can find a page of advice and information for landlords and tenants using these two links… | [advice for landlords](http://www.huntingdonshire.gov.uk/housing/advice-for-landlords/)  [advice for tenants](http://www.huntingdonshire.gov.uk/housing/advice-for-tenants/) |  |  |  |
| **Peterborough City Council** link to page on private housing advice | [Peterborough private housing advice](https://www.peterborough.gov.uk/residents/housing/private-housing-advice/) |  |  |  |
| **South Cambridgeshire District Council**pages on tackling private housing which is in poor condition and guide to private renting | [Housing in poor condition page](https://www.scambs.gov.uk/housing/housing-advice/housing-in-poor-condition/)  [Guide to private renting](https://www.scambs.gov.uk/housing/housing-advice/guide-to-private-renting/) |  |  |  |
| Floating Support |  |  |  |  |
| **P3 Floating Support Service** covers Cambridgeshire and Peterborough. Services are run slightly differently in the 2 areas. Self-referral best using on-line form.  All support is offered via appointment, you can call or email to make an appointment.  Professionals can also call to seek some guidance about the service. | Cambridgeshire <https://www.p3charity.org/services/cambridgeshire-floating-support-service->  Peterborough <https://www.p3charity.org/services/peterborough-floating-support-service->  On-line form <https://cpfss.p3charity.org/index.php> | [cpfss@p3charity.org](mailto:cpfss@p3charity.org) | 0808 169 8099 (freephone) |  |
| Anti social behaviour teams |  |  |  |  |
| Cambridge | [Cambridge anti social behaviour team](https://www.cambridge.gov.uk/antisocial-behaviour).  <https://www.cambridge.gov.uk/noise> | [community.safety@cambridge.gov.uk](mailto:community.safety@cambridge.gov.uk) or [asbsection@cambridge.gov.uk](mailto:asbsection@cambridge.gov.uk) | 01223 457950 |  |
| East Cambridgeshire | <https://www.eastcambs.gov.uk/community-safety/anti-social-behaviour> ASB |  |  |  |
| Fenland | <https://www.fenland.gov.uk/antisocialbehaviour> ASB |  |  |  |
| Huntingdonshire | <http://www.huntingdonshire.gov.uk/people-communities/crime-and-community-safety/anti-social-behaviour/> ASB | [asbcomplaints@huntingdonshire.gov.uk](mailto:asbcomplaints@huntingdonshire.gov.uk) | 01480 388388 |  |
| Peterborough | <https://www.peterborough.gov.uk/residents/saferpeterborough/saferpeterborough-priorities/anti-social-behaviour> |  |  |  |
| South Cambridgeshire | <https://www.scambs.gov.uk/housing/council-tenants/neighbourhood-issues/anti-social-behaviour/> ASB | [Duty.Housing@scambs.gov.uk](mailto:Duty.Housing@scambs.gov.uk) | 03450 450 051 |  |
| Home improvement agencies | For people who need adaptations or assistance to make their home more suited their needs | | | |
| **Cambs HIA** (operates in Cambridge, Huntingdonshire and South Cambridgeshire) | <https://www.cambshia.org/> | [hia@cambshia.org](mailto:hia@cambshia.org) | [01954 713330](tel:01954713330) |  |
| **Kings Lynn & West Norfolk** Care & Repair (operates in Fenland) | <https://www.careandrepair-wn.org/> | <http://jo.russell@west-norfolk.gov.uk> | 01553 616677 |  |
| **East Cambs** Care & Repair Services | <https://www.eastcambs.gov.uk/care-and-repair> | [contact](file:///\\MH_SHARED_SERVER.ccc.local\SHARED\MH\Data\Strategic%20Housing%20Team%20Plans%20and%20info\Sue%20Beecroft\Housing\4%20Housing%20need%20&%20homelessness\mh%20drug%20alcohol%20work\marie.beaumont@eastcambs.gov.uk) | 01353 616950 |  |
| **Peterborough** Care and Repair | <https://www.peterborough.gov.uk/residents/housing/adapt-repair-improve> | [careandrepair@peterborough.gov.uk](mailto:careandrepair@peterborough.gov.uk) | 01733 863895 |  |
| Local housing & welfare benefit teams |  |  |  |  |
| **Cambridge**: First point of contact for benefit issues and advice | <https://www.cambridge.gov.uk/benefits> |  |  |  |
| **East Cambridgeshire**: Link provides an “entry level” web page for the finance and benefits service | <http://www.eastcambs.gov.uk/finance-benefits/welcome-finance-benefits> |  |  |  |
| **Fenland** **District Council**, council tax, housing benefit and business rates and a “do it online” button | <http://www.fenland.gov.uk/counciltaxandbusinessrates> |  |  |  |
| **Huntingdonshire District Council** benefits, council tax and money page | <http://www.huntingdonshire.gov.uk/benefits/> |  |  |  |
| **Peterborough City Council** link to options about various benefits and benefit related issues  The second link takes you to contact details for the revenues and benefits service | <https://www.peterborough.gov.uk/council/benefits/>  <https://www.peterborough.gov.uk/council/benefits/contact-benefits-service/> |  |  |  |
| **South Cambridgeshire District Council:** First point of access for benefit issues. However South Cambridgeshire customers are encouraged to get help using the “contact us” facility (use the second link). | <https://www.scambs.gov.uk/services/benefits>  <https://www.scambs.gov.uk/contact-council> |  |  |  |
| Local Council Tax Teams |  |  |  |  |
| **Cambridge City Council,** council tax team | <https://www.cambridge.gov.uk/council-tax> |  |  |  |
| **East Cambridgeshire District Council,** Council tax team | <https://www.eastcambs.gov.uk/content/council-tax> |  |  |  |
| **Fenland District Council,** council tax, housing benefit and business rates and a “do it online” button | <http://www.fenland.gov.uk/counciltaxandbusinessrates> |  |  |  |
| **Huntingdonshire District Council** benefits, council tax and money page | <http://www.huntingdonshire.gov.uk/benefits/> |  |  |  |
| **Peterborough City Council,** council tax team | <https://www.peterborough.gov.uk/council/council-tax> |  |  |  |
| **South Cambridgeshire District Council,** Council tax team: | <https://www.scambs.gov.uk/council-tax> |  |  |  |
| Mental health services |  |  |  |  |
| **First Response Service** public number for those in mental health crisis requiring an immediate telephone triage |  |  | 111 and Option 2 |  |
| **First Response Service professional line** for professionals seeking some guidance and advice |  |  | 01480 442 007 |  |
| **Liaison and Diversionary Service** (LaDS) (Criminal Justice Pathway)  53 Thorpe Road, Peterborough PE3 6ANT |  | [cpm-tr.LADS@nhs.net](mailto:cpm-tr.LADS@nhs.net) | 01733 317560 | Main office 0800 to 1700 Monday to Friday, excluding Bank Holidays.  In custody hours are 0800 to 2000, 7 days a week. |
| **Learning disability partnership:** If you require information about care and support, please contact us. The Partnership brings together specialist health and social care services for people with a learning disability. |  | [careinfo@cambridgeshire.gov.uk](mailto:careinfo@cambridgeshire.gov.uk) | [0345 045 5202](tel:03450455202) | 0800 to 1800 Monday to Friday; 0900 to 1300 Saturdays |
| Cambridgeshire and Peterborough **Psychological Wellbeing Service** |  |  | 0300 300 0055 |  |
| **CPFT** website | [www.cpft.nhs.uk](http://www.cpft.nhs.uk) |  |  |  |
| **CPFT Lifeline**: Confidential and anonymous telephone helpline service for adult CPFT’s service users who are experiencing a crisis in their mental health. The service is also available for carers who are concerned about the mental health of a service user. |  |  | 0808 808 2121 | 1400 to 2300 |
| **CPFT Lifeline out-of-hours number** for mental health service users. |  |  | 0808 808 2121 | 1900 to 2300, 365 days a year. |
| **NHS 111 service**: Call if you urgently need medical help or advice but it’s not a life-threatening situation. |  |  | 111 |  |
| Mental health self-help and community support |  |  |  |  |
| **Keep Your Head:** A directory of mental health support across Cambridgeshire, with sections for children and young people, for adults, and for professionals. | <https://www.keep-your-head.com/> |  |  |  |
| **CPSL Mind:** Working across Cambridgeshire, Peterborough and South Lincolnshire for better mental health. Gives community-based mental health support, including wellbeing and peer support activities | [www.CPSLMind.org.uk](http://www.CPSLMind.org.uk) | [enquiries@cpslmind.org.uk](mailto:enquiries@cpslmind.org.uk) | 0300 303 4363 | 0900 to 1630 |
| **Kooth:** Free safe and anonymous online support for young people. Your online mental wellbeing community. | [www.kooth.com](http://www.kooth.com) |  |  |  |
| **Mind** (National Association for Mental Health):The leading mental health charity in England and Wales. We work to create a better life for everyone with experience of mental distress. | <https://www.mind.org.uk/> | [info@mind.org.uk](mailto:info@mind.org.uk) | Infoline: 0300 123 3393 | Infoline: Weekdays 0900 to 1800 |
| **QWELL:** Online emotional wellbeing and mental health support. | [www.qwell.io](http://www.qwell.io) |  |  |  |
| **Saneline** |  |  | 0845 767 8000 | Everyday 1800 to 2300 |
| **Cambridge Mental Health Community Support** (Riverside Housing Group): Provides support for people 18+ who need help to maintain their accommodation and who are not already supported by NHS mental health services. | <https://www.riverside.org.uk/in-your-neighbourhood/south-cambridgeshire-2/care-and-support/cambridge-mental-health-community-support/> |  |  |  |
| **Centre 33 phone lines**  We are here to listen and to help. Supporting young people in Cambridgeshire and Peterborough up to the age of 25 with mental health, caring responsibilities, housing, sexual health and more. | [www.centre33.org.uk](http://www.centre33.org.uk) |  | 0333 414 1809 or text / WhatsApp 07514 783 745 | 1200 to -1600, Mon to Fri |
| Substance misuse |  |  |  |  |
| **Local substance misuse single point of contact** |  |  |  |  |
| Find local support from CGL on this page | <https://www.changegrowlive.org/local-support/find-a-service> |  |  |  |
| Adults in Cambridgeshire (Over 18 years only) from CGL | [https://www.changegrowlive.org/drug-alcohol-service-cambridgeshire/](https://www.changegrowlive.org/drug-alcohol-service-cambridgeshire/cambridge) | [cambridgeshirereferrals@cgl.org.uk](mailto:cambridgeshirereferrals@cgl.org.uk) | 0300 555 0101 or 0300 555 0202 |  |
| Young persons Cambridgeshire (12-18 years only), from CASUS | [Service detail | CPFT NHS Trust](https://www.cpft.nhs.uk/service-detail/service/cambridgeshire-child-and-adolescent-substance-use-service-casus-180/) | [casus@cpft.nhs.uk](mailto:casus@cpft.nhs.uk) | 01480 445 316 |  |
| Adults 18+ and young person’s 12-18 Peterborough from CGL Aspire | <https://www.changegrowlive.org/aspire-recovery-peterborough/> | [peterborought@cgl.org.uk](mailto:peterborought@cgl.org.uk) | 01733 895 624 or 0800 111 4354 |  |
| Substance misuse: national |  |  |  |  |
| **Talk to Frank** - confidential and friendly advice on drugs | <http://www.talktofrank.com/> |  |  |  |
| **Alcoholics Anonymous (AA):** supports the recovery and continued sobriety of individuals. Meetings are available online and in person. | [www.alcoholics-anonymous.org.uk/](http://www.alcoholics-anonymous.org.uk/) | [help@aamail.org](mailto:help@aamail.org) | 0800 917 7650 | 24/7 |
| **Drug Addicts Anonymous** (DAA) | [www.drugaddictsanonymous.org.uk/](http://www.drugaddictsanonymous.org.uk/) | [wecanhelp@daa-uk.org](mailto:wecanhelp@daa-uk.org) | 0300 0303000 | 1000 to 2200, 7 days |
| **Al-Anon** offers support to families and friends affected by someone else’s drinking. | <https://www.al-anonuk.org.uk/> | <https://www.al-anonuk.org.uk/send-an-email/> | 0800 0086 811 | 1000 to 2200, 7 days |
| **Narcotics Anonymous** | <https://ukna.org/> |  | 0300 9991212 | 1000 to midnight |
| **Alcohol Change:** Alcohol Change UK is a leading UK alcohol charity, formed from the merger of Alcohol Concern and Alcohol Research UK. | <https://alcoholchange.org.uk/> | [contact@alcoholchange.org.uk](mailto:contact@alcoholchange.org.uk) | 020 3907 8480  *(Please note that we do not offer a helpline. Drinkline is the national alcohol helpline.)* |  |
| **Drinkline:** If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. |  |  | 0300 123 1110 | Weekdays 0900 to 2000  Weekends 1100 to 1600. |
| **Drink Aware**: website bringing alcohol support services together on-line | [www.drinkaware.co.uk/advice/alcohol-support-services](http://www.drinkaware.co.uk/advice/alcohol-support-services) |  |  |  |
| **Drinkchat:** Free online chat service for anyone who is looking for information or advice about their own, or someone else’s, drinking. Our trained advisors are on hand to give you confidential advice. | [www.drinkaware.co.uk/chat-with-an-advisor/](http://www.drinkaware.co.uk/chat-with-an-advisor/) |  |  |  |
| **We Are With You** (formerly Addaction): UK-wide treatment agency, helping individuals, families and communities to manage the effects of drug and alcohol misuse. | [www.wearewithyou.org.uk/](http://www.wearewithyou.org.uk/) |  |  |  |
| **ADFAM:** Information, advice and local support services for families affected by alcohol and drugs. | <https://adfam.org.uk/> |  |  |  |
| **National Association for Children of Alcoholics** (NACOA): Information, advice and support for children of alcohol-dependent parents and anyone concerned with the welfare of a child. | <https://www.nacoa.org.uk/> | **Email helpline:** [helpline@nacoa.org.uk](mailto:helpline@nacoa.org.uk) | 0800 358 3456 |  |
| **NHS** Alcohol support services and healthcare in England | [www.nhs.uk/live-well/alcohol-support/](http://www.nhs.uk/live-well/alcohol-support/) |  |  |  |
| Finances & work |  |  |  |  |
| National welfare benefits |  |  |  |  |
| Universal Credit | [Your Universal Credit online account](https://www.gov.uk/sign-in-universal-credit)  [Universal Credit – introduction at gov.uk](https://www.gov.uk/universal-credit)  [Can I apply for Universal Credit?](https://www.mentalhealthandmoneyadvice.org/en/mental-health-care/how-do-i-manage-my-money-if-i-have-to-go-into-hospital/i-was-claiming-benefits-when-i-went-into-hospital-what-will-happen-to-them/) |  |  |  |
| Report a hospital stay of 24 hours or longer using your UC online account | [Universal Credit helpline](https://www.gov.uk/universal-credit/how-to-claim) |  | 0800 328 5644 |  |
| **Pension-age benefits**: Call the Pension Service helpline if you get any of these: State Pension, Pension Credit, Attendance Allowance. The link provides phone numbers, hours etc. | [Pension Service helpline](https://www.gov.uk/contact-pension-service) |  |  |  |
| **Attendance Allowance**: call thehelpline if you only get Attendance Allowance. | [Attendance Allowance helpline](https://www.gov.uk/attendance-allowance/how-to-claim) |  |  |  |
| **Disability Service Centre**: call if you get Disability Living Allowance (DLA) or Personal Independence Payment (PIP) | [Disability Service Centre](https://www.gov.uk/disability-benefits-helpline) |  |  |  |
| **Jobcentre Plus**: callif you get Income Support, Jobseeker’s Allowance (JSA) or Employment and Support Allowance (ESA). See Job Centre Plus | [Jobcentre Plus](https://www.gov.uk/contact-jobcentre-plus/existing-benefit-claims)  [Am I eligible for Income Support](https://www.mentalhealthandmoneyadvice.org/en/welfare-benefits/can-i-claim-welfare-benefits-if-i-m-living-with-a-mental-illness/income-support/), [Employment and Support Allowance](https://www.mentalhealthandmoneyadvice.org/en/welfare-benefits/am-i-eligible-for-employment-support-allowance-esa/) |  |  |  |
| **Child Benefit**: Tell the Child Benefit Office if your child goes into hospital or ‘residential care’ for more than 12 weeks. | [Child Benefit Office](https://www.gov.uk/child-benefit-for-children-in-hospital-or-care) |  |  |  |
| **Bereavement Allowance or Carer’s Allowance**: visit these sites to find phone numbers to call to report a hospital stay if you get Bereavement Allowance or Carer’s Allowance. | [Bereavement Allowance](https://www.gov.uk/bereavement-allowance/further-information)  Carer's Allowance: report changes - GOV.UK (www.gov.uk) |  |  |  |
| DWP |  |  |  |  |
| DWP website | [www.dwp.gov.uk](http://www.dwp.gov.uk) |  |  |  |
| Find your nearest office (need to type in your postcode) | <https://find-your-nearest-jobcentre.dwp.gov.uk/> |  |  |  |
| Job Centre Plus |  |  |  |  |
| Cambridge JCP  Henry Giles House, 73-79 Chesterton Road, Cambs, CB4 3BQ |  |  | 0845 6043719 |  |
| Ely JCP  52b Market Street, Ely, CB7 4LU |  |  | 0800 0556688 |  |
| Wisbech JCP  Albion House, Albion Place, Wisbech, PE13 1AN |  |  | 0800 1690190 |  |
| Huntingdon JCP  Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN |  |  | 0800 1690190 |  |
| Peterborough JCP  Clifton House, 84 Broadway, Peterborough PE1 1QZ |  |  | 0800 1690190 |  |
| HMRC |  |  |  |  |
| Tax Credits Helpline |  |  | 0345 300 3900 |  |
| Money and debt |  |  |  |  |
| **Mental health and money advice**: Helping you understand, manage & improve your mental health and money issues | <https://www.mentalhealthandmoneyadvice.org>  Plus further useful contacts at  <https://www.mentalhealthandmoneyadvice.org/en/help-contacts/> |  |  |  |
| **Government** webpage on financial support | <https://www.gov.uk/universal-credit/other-financial-support> |  |  |  |
| **Money and Pensions Service** (MaPS): promoting financial wellbeing | <https://moneyandpensionsservice.org.uk/> |  |  |  |
| **Money Helper**: free impartial help with money (backed by the government) for individuals | <https://www.moneyhelper.org.uk/en> |  |  |  |
| Social care |  |  |  |  |
| Early Help |  |  |  |  |
| Adult Early Help, Cambridgeshire |  | [careinfo@Cambridgeshire.gov.uk](mailto:careinfo@Cambridgeshire.gov.uk) | 0345 045 5202 |  |
| Adult Early Help, Peterborough |  | [earlyhelp@peterborough.gov.uk](mailto:earlyhelp@peterborough.gov.uk) |  |  |
| Cambridgeshire early help hub | <https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work> | [early.helphub@cambridgeshire.gov.uk](mailto:early.helphub@cambridgeshire.gov.uk) | 01480 376 666 |  |
| Peterborough early help hub | <https://www.peterborough.gov.uk/healthcare/early-help> | [earlyhelp@peterborough.gov.uk](mailto:earlyhelp@peterborough.gov.uk) | 01733 863649 |  |
| Multi Agency Safeguarding Hub (MASH) |  |  |  |  |
| MASH on-line referral process for children and adultswith guidance, links and notes | <https://safeguardingcambspeterborough.org.uk/concerned/> |  |  |  |
| Other health |  |  |  |  |
| General hospitals |  |  |  |  |
| Addenbrooke’s (CUH)  Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge CB2 0QQ | <https://www.cuh.nhs.uk/> | <https://www.cuh.nhs.uk/contact-us/contact-enquiries/> | 01223 245151 |  |
| Addenbrooke’s Discharge Planning Specialist Nurse Team |  |  | 01223 586951 |  |
| Hinchingbrooke Hospital  Hinchingbrooke Park, Huntingdon PE29 6NT | <https://www.nwangliaft.nhs.uk/our-hospitals/hinchingbrooke-hospital/> |  | 01480 428964  01480 416416 |  |
| Peterborough Hospital  Bretton Gate, Peterborough PE3 9GZ | <https://www.nwangliaft.nhs.uk/our-hospitals/peterborough-city-hospital/> |  | 01733 673405 |  |
| Mental health inpatient units |  |  |  |  |
| Cavell Centre, Peterborough  Edith Cavell Healthcare Campus, Dept 506, Bretton Gate, Peterborough, PE3 9GZ | [Overview - Cavell Centre - NHS (www.nhs.uk)](https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=101012) |  | 01733 776000 |  |
| Fulbourn Hospital  Fulbourn, Cambridge CB21 5EF | <http://www.cpft.nhs.uk/> |  | 01223 219400 |  |
| GPs across Cambridgeshire & Peterborough |  |  |  |  |
| Listing of GP surgeries | <https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/> |  |  |  |
| Prescriptions | <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/> |  |  |  |
| NHS Help with Health Costs helpline |  |  | 0300 330 1343 |  |
| Prescription services helpline |  |  | 0300 330 1349 |  |
| Queries about medical exemption certificates |  |  | 0300 330 1341 |  |
| To order a paper copy of the HC12, HC5 and HC1(SC) forms |  |  | 0300 123 0849 |  |
| **Policing** |  |  |  |  |
| **Neighbourhood policing teams** |  |  |  |  |
| This link takes you to listings of Neighbourhood Policing Teams in each district | <https://www.cambs.police.uk/Neighbourhood-Policing/Your-Neighbourhood-Policing-Teams> |  |  |  |
| County Lines: agencies that can help |  |  |  |  |
| Fearless – where you can report any crime, anonymously, using an online form | <http://www.fearless.org/> |  |  | 24/7 |
| Childline | <https://www.childline.org.uk/> |  | 0800 1111 | 24/7 |
| Victim and Witness Hub | <https://www.cambs.police.uk/information-and-services/Victims-and-Witnesses/Victim-and-Witness-Hub> | [victimandwitnesshub@cambs.pnn.police.uk](mailto:victimandwitnesshub@cambs.pnn.police.uk) | Freephone: 0800 781 6818 | Monday to Friday 0900 to 1700  Saturdays: 1000 to 1400 |
| Child Exploitation and Online Protection Centre - to make an online report of sexual abuse | <http://www.ceop.police.uk/> |  |  |  |
| The Office of the Children's Commissioner for England | <http://www.childrenscommissioner.gov.uk/> |  |  |  |
| Barnardos | <http://www.barnardos.org.uk/> |  |  |  |
| NHS ‘live well’ pages | <http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx> |  |  |  |
| Other support |  |  |  |  |
| Citizens Advice (CAB) |  |  |  |  |
| **Cambridge & District CAB:** Covers Cambridge City and South Cambridgeshire  66 Devonshire Road, Cambridge CB1 2BL | [www.cambridgecab.org.uk](http://www.cambridgecab.org.uk) | [caba@cambridgecab.org.uk](mailto:caba@cambridgecab.org.uk) | Adviceline Freephone: 08082 787808  Switchboard: 01223 222660 | 0900 to 1700 Monday to Friday |
| **Rural Cambs CAB:** Covers Fenland and Huntingdonshire and a limited service for East Cambridgeshire | <http://www.ruralcambscab.org.uk/> |  | 0808 278 7807 |  |
| **Peterborough CAB** | <http://www.citapeterborough.org.uk/>  Contact info at <http://www.citapeterborough.org.uk/contact-us/> |  |  |  |
| **Samaritans**: Confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress, despair or suicide. |  | Email helpline [jo@samaritans.org](mailto:jo@samaritans.org) *(will try to get back to your email within 24 hours)* | 116 123  08457 90 90 90 | 24/7 |
| Childline | <https://www.childline.org.uk/> |  | 0800 1111 | 24/7 |
| Age UK Cambridgeshire & Peterborough  2 Victoria Street, Chatteris, Cambs, PE16 6AP | [www.ageuk.org.uk/cambridgeshireandpeterborough/](http://www.ageuk.org.uk/cambridgeshireandpeterborough/) |  | 0300 666 9860 |  |
| Alzheimer’s Society  The UK’s leading dementia charity, working tirelessly to challenge perceptions, fund research and improve and provide care and support.  Unit 1, Stow Court, Stow-cum-Quy, Cambridge, CB25 9AS | [www.alzheimers.org.uk](http://www.alzheimers.org.uk) | [cambridgeshiredementia@alzheimers.org.uk](mailto:cambridgeshiredementia@alzheimers.org.uk) | 01954 250322 |  |
| Elderly Accommodation Counsel (EAC) is a national charity that aims to help older people make informed choices about meeting their housing and care needs. | [www.eac.org.uk](http://www.eac.org.uk) | [info@firststopadvice.org.uk](mailto:info@firststopadvice.org.uk) | 0800 377 7070 |  |
| Cruse Bereavement Care is here to support you after the death of someone close. | [www.cruse.org.uk](http://www.cruse.org.uk) | [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk) | 0808 808 1677 |  |
| Cambridge Dial-a-Ride: A non-profit organisation which provides local transport services that are safe, affordable, and accessible to community groups and to individuals who have difficulty in accessing public transport.  Unit B, Rene Court, 1 Coldhams Road, Cambridge CB1 3EW | [www.cambridgedialaride.org.uk](http://www.cambridgedialaride.org.uk) | [memberssupport@cambridgedialaride.org.uk](mailto:memberssupport@cambridgedialaride.org.uk) | 01223 506335 |  |
| **LGBTQ+ support services** |  |  |  |  |
| Outlife | <https://www.outlife.org.uk/> |  |  |  |
| LGBT foundation | <https://lgbt.foundation/> |  |  |  |
| Gay and sober | [https://www.gayandsober.org/](https://www.gayandsober.org/meetings) |  |  |  |
| Kinder-Stronger-Better | <https://kinderstrongerbetter.org/> |  |  |  |
| Voluntary sector organisations |  |  |  |  |
| Cambridge CVS |  | [Email Cambridge CVS](mailto:alan@cambridgecvs.org.uk) |  |  |
| Peterborough CVS |  | [pcvs@pcvs.co.uk](mailto:pcvs@pcvs.co.uk) |  |  |
| Hunts Forum |  | [info@huntsforum.org.uk](mailto:info@huntsforum.org.uk) |  |  |
| Cambridge & district volunteer centre |  | [info@cam-volunteer.org.uk](mailto:info@cam-volunteer.org.uk) |  |  |
| Care Network Cambridgeshire |  | [admin@care-network.org.uk](mailto:admin@care-network.org.uk) |  |  |
| **Making contact about this protocol** |  |  |  |  |
| Substance misuse |  |  |  |  |
| Public Health Joint Commissioners for Substance Misuse, Joseph Keegan and Susie Talbot | [www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk) | To be added | To be added | Office hours only |
| Housing |  |  |  |  |
| Sue Beecroft for the Housing Board | [www.cambridgshireinsight.org.uk/housing](http://www.cambridgshireinsight.org.uk/housing) | [sue.beecroft@cambridge.gov.uk](mailto:sue.beecroft@cambridge.gov.uk) | 07715 200 730 | Office hours only |
| Dan Pearce | [www.fenland.gov.uk](http://www.fenland.gov.uk) | To be added | To be added | Office hours only |
| Mental health |  |  |  |  |
| Who to add? |  |  |  |  |

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# On-line resources

**Building Better Opportunities project**, helping people back into work locally at[Building Better Opportunities](https://cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/building-better-opportunities/)

**Cambridgeshire Local Assistance Scheme** at[Cambridgeshire Local Assistance Scheme](http://makingmoneycount.org.uk/about-us/cambridgeshire-local-assistance-scheme/)

**Cambridgeshire on-line directory** <https://www.cambridgeshire.gov.uk/cambridgeshire-online-directory>

**Complicated Matters**: a toolkit addressing domestic and sexual violence, substance use and mental ill-health, at [Complicated Matters](https://avaproject.org.uk/resources/complicated-matters/)

##### Housing Guide: an on-line guide to housing services across Cambridgeshire and Peterborough. Outlines how housing services are organised, district by district, and links to web pages to access them. <https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/>

**Keep Your Head:** A directory of mental health support across Cambridgeshire, with sections for children and young people, for adults, and for professionals, at <https://www.keep-your-head.com/>

**Making Every Adult Matter:** MEAM is a coalition of national charities including Clinks, Homeless Link, Mind and associate member Collective Voice. MEAM represents over 1,300 frontline organisations across England. Working together MEAM supports local areas to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage. We use our shared knowledge and practical experience from this work to influence policy at the national and local level. [Making Every Adult Matter](http://meam.org.uk/)

**Making Money Count** Employment links [MMCemployment links](http://makingmoneycount.org.uk/work/) and Directory of services [MMCdirectory of services](http://makingmoneycount.org.uk/services-near-me/)

**CEA team?**

**No recourse to public funds**: toolkit at <https://nrpfnetwork.org.uk/information-and-resources/web-tool>. Further information is available at <https://nrpfnetwork.org.uk/>

**Safer Off the Streets, Peterborough** – a site enabling homeless people in Peterborough to find help, and to help locals offer help and donate items. [Safer Off the Streets](https://www.saferoffthestreets.co.uk/)

**Street Support Cambridgeshire**: a website connecting people and organisations locally, to end homelessness across Cambridgeshire. You can use the site to get help or to give help. [Street Support Cambridgeshire](https://streetsupport.net/cambridge/)

# Sources

* Cambridgeshire and Peterborough Accommodation Protocol - Pathways home for people with experience of the Criminal Justice System v1.0 December 2018, <https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf>
* Co-occurring principles, Cambridgeshire & Peterborough, posted September 2020 <https://www.sunnetwork.org.uk/dev/wp-content/uploads/2020/01/Co-occuring-principles-document-final-.pdf>
* Housing guide [https://cambridgeshireinsight.org.uk/housing-guide/](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)
* Some mental health support contacts in *useful contacts* from [cambridgeshireandpeterboroughccg.nhs.uk-slides](https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=21425&type=0&servicetype=1)
* Joint multi-agency protocol for working with people who display hoarding for Cambridgeshire and Peterborough, published September 2016, <https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf>

# Appendix 1: Sharing information, confidentiality and capacity

### Information Sharing

For agencies to work collaboratively and effectively to reduce the risks involved where housing, substance abuse and mental health issues arise, information will need to be shared.

Sharing information must be in line with the Data Protection Act 1998, under which we all have the responsibility to ensure that personal information is processed lawfully and fairly. All people have a right to view any information held about them. Practitioners should consider this when they are recording information about a person.

There are various formal information sharing agreements in Cambridgeshire under the Cambridgeshire Information Sharing Framework[[19]](#footnote-19), which includes a long list of partners, you can see the list if you visit the link to the protocol in the footnote.

Each agency will ensure that when it shares information, this is done on a ‘need to know’ basis and that all information is transferred in a secure format. This means for example that a support agency will share information with the housing association landlord and vice versa. If the housing is provided by a private landlord efforts will be made to share the information with the landlord in the interest of mitigating risk.

If it is a case where there are significant risks, information may also be shared with Cambridgeshire and Peterborough Safeguarding Boards.

For this protocol we would like to adopt / have adopted the following principle:

Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Therefore the person’s written consent should be obtained before sharing information and it should routinely be explained what information may be shared with other people or organizations. The person’s wishes should always be considered.*[[20]](#footnote-20)*

### People ‘at risk’ within the terms of the Care Act 2014

Acting to protect a person who, under the Care Act 2014, would be deemed to be an adult at risk is based on the general principle that any incident of suspected or actual abuse may need to be shared with relevant others.

Where members of the person’s family, children or older relatives or neighbours are at risk, the matter is dealt with in the best interests of those people and if necessary, information is shared without the consent of the person with the housing, mental health and/or substance misuse issue.

In the case of an adult at risk within the terms of the Care Act 2014, it is important to remember that information given to an individual member of staff belongs to the organization and not to that individual member of staff. An individual member of staff cannot give personal assurance of confidentiality to a person at risk. Any need to protect the interests of an organization must not override the need to protect the person at risk.

While working within the principles of maintaining confidentiality is very important, it must not lead to a failure to take action to protect of a person at risk of self-neglect, abuse or harm. Decisions about which information is shared and with whom, need to be taken on a case by-case basis. Regardless of whether information is shared with or without the consent of the person at risk, the information shared should be:

* Necessary for the purpose for which it is being shared, i.e. shared only with those who have a need for it.
* Justifiable and proportionate.
* Accurate and up to date.
* Shared in a timely fashion.
* Shared accurately.
* Shared securely.

When data is shared, the receiving organization will retain the data, within data protection requirements, only for as long as is relevant for their input, and then it is destroyed. It is expected that the lead team in the case would keep the details of the case for as long as necessary and within data protection requirements.[[21]](#footnote-21)

### Mental capacity

The Mental Capacity Act 2005 provides a statutory framework for people who may lack capacity to make their own decisions. The Act has five statutory principles to serve the person’s ‘best interests’, which underpin the legal requirements:

* A person must be assumed to have capacity unless it is established that they lack capacity.
* A person is not to be treated as unable to make a decision unless all practical steps to enable them to make a decision have been taken without success.
* A person is not to be treated as unable to make a decision merely because they make an unwise decision.
* Any act done or decision made, under this Act for or on behalf of a person who lacks capacity, must be done or made in the person’s best interests.
* Before the act is done or the decision is made, please consider whether the purpose might be as effectively achieved another way, which might restrict the person’s rights and freedom of action less.

Any mental capacity assessment (carried out in line with the Mental Capacity Act) must be time specific and relate to a specific intervention or action. The professional doing the capacity assessment will be the person who is proposing the specific intervention or action, and this person is referred to as the ‘decision-maker’. Although capacity assessments sometimes require input from others, it is the responsibility of the decision-maker to coordinate and ‘own’ the capacity assessment.

Where the person is subject to multi-disciplinary care, the professional with greatest responsibility for the specific decision is likely to be the decision-maker and should ideally assess capacity. Where this is doubt, agreement should be sought within the multidisciplinary team. If a specialist capacity assessment (such as by a psychologist) is needed which is being relied on for this decision, the decision-maker must be satisfied that the assessment is fit for purpose. Due to the complexity of such cases, there must be a ‘best interests meeting’ with relevant professionals to oversee the process – however the decision-maker is still responsible for making the final decision about the person’s capacity.

If the person is found to lack capacity to consent to the specific action or intervention, the decision-maker must be able to demonstrate they have met the requirements of the ‘best-interests checklist’ and that a formal mental capacity assessment has been undertaken which demonstrates that the person lacks capacity to make an informed decision.

In particularly challenging and complex cases, it may be necessary to refer to the Court of Protection to make the ‘best interests’ decision. The new Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people’s behalf.

### Letting people know about confidentiality

People should be told at the first point of contact about an organisation’s confidentiality policy.

People should also be asked to give their consent for information to be shared within each organisation and with other agencies signed up to this protocol, where relevant.

The person can be reassured that information will only be shared on a need-to-know basis.

# Appendix 2: Q & A on the First Response Service

The First Response Service or FRS is a 24/7 phone line on 111 then option 2 which members of the public can call to access clinicians who work for CPFT to get specific mental health crisis advice. FRS’s task is to resolve the issue, or signpost to other help.

There is also a professional’s phoneline which housing and other support officers can use when needing a little support dealing with somebody who is having mental health problems. The number is 01480 442 007.

* Ideally, the individual themselves refer themselves to FRS. However this may be difficult for people when in crisis.
* If the person can initiate the call and can agree the professional with them can help, they could pass the phone over to the professional to help communicate the problem
* If a professional needs help on where to refer someone to, they can call the professionals line for advice and to (if appropriate) get the person in crisis into the FRS system, the client will then get a call back from FRS.

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| --- | --- |
| Questions | Answers |
| I’ve heard the FRS will only speak to the customer, but in the middle of a crisis this may not be very useful | You can sit with the person while they are on the call. If they cannot maintain the conversation, as long as they give name, address and date of birth and say they are happy for you to speak on their behalf, the First Response Service should be able to help. |
| Can FRS tell me if the person is already under the care of the mental health service? | This can vary due to confidentiality. If there is any uncertainty, discuss the individual situation with FRS. If you have information to share and believe the person to be known to the mental health service, that information may be helpful. Obviously, the safety and wellbeing of the person in question, and the general public, is a priority. |
| Can housing officers, hostel staff or supported housing staff report concerns to FRS regarding a resident or tenant with mental health issues? | Yes, the housing / hostel staff could use the professional’s line to refer / seek advice on 01480 442 007  FRS will help if there are issues around any consent needed from the resident or tenant.  In brief, if they are known to or engaged with a mental health service it may be OK to share information (as the client will already be aware that data may be shared between agencies). But if not, FRS may find itself holding data on someone which the client is not aware about, which would be against data protection safeguards. If the person is refusing to give consent to share the information the FRS would not be able to engage with them in any way unless there is a public safety concern. |

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# Appendix 3: About housing and welfare benefits while in hospital

Someone claiming housing and welfare benefits must tell the office that pays that benefit as soon as possible if they go into hospital for one night or longer (equally for care homes and rehabilitation centres); or they will miss a Jobcentre Plus appointment because they are in hospital or have a medical appointment. A friend or relative can call on behalf of the claimant, but a claim could be stopped or reduced if a hospital stay is not reported.

### Who to tell

This depends on the benefits being claimed. It may be that more than one organisation needs to be contacted if more than one benefit is being claimed. Contact information is listed under Welfare benefits.

* **DWP**: It is important to tell the Department for Work and Pensions about a hospital stay. If the person is too unwell to tell DWP they can ask a relative or carer to do it for them. See DWP and Job Centre Plus in “useful contacts”.
* **Local authority:** If claiming Housing Benefit, need to tell the local authority you have gone into hospital. Housing Benefit can be paid for 52 weeks while in hospital, but the local authority needs to know to avoid an overpayment. See Local welfare and housing benefits.
* **Landlord:** If renting from a local authority, private landlord or housing association, tell them about a hospital admission, so they don’t think the property has been abandoned. Check the tenancy agreement as it may have conditions about leaving your home vacant for a period of time. If you rent privately your rent book should include the landlord’s contact information. For housing associations, there is a directory of larger local housing associations [here](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-providers/) with a link to each’s website to help find their contact information.
* **Bank: can** ask the bank to send bank statements to the hospital ward, or to a friend or relative that you trust, to help manage money while in hospital.
* **HMRC: for** tax credits, should tell Her Majesty’s Revenue and Customs (HMRC) about a change in income as they may change the tax credit award. See HMRC.

1. Benefits **and** time in hospital – a quick guide[[22]](#footnote-22)

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| Day 1 to day 28 |
| * Benefits are normally unaffected by hospital stays of less than 28 days * While you are in hospital, you will automatically meet the basic health criteria for claiming Employment and Support Allowance (ESA). If you are not claiming this benefit and are not getting sick pay, you could think about making a claim. * You may be exempt from paying council tax if your home is empty |
| Day 29 to week 52 |
| * After 28 days in hospital, Disability Living Allowance (DLA), Personal Independence Payment (PIP) and Attendance Allowance (AA) will stop. * If these stop, other benefits may be reduced such as Income Support, Employment and Support Allowance, Universal Credit or Pension Credit. * When this happens, you or someone you know should tell your local authority as they can look at your entitlement to Housing Benefit or Council Tax Support. * If your carer gets Carer’s Allowance or the carer’s element of Universal Credit, their entitlement to this will stop when your DLA, PIP or AA stops. If you need to know more you can visit the government’s web page on Carer's Allowance. |
| Beyond week 52 |
| * After 52 weeks Housing Benefit and Support for mortgage interest benefits will stop. * This means you would have to pay the full rent or mortgage payments on your home and if you do not pay the rent or mortgage you could be evicted. However if at any time in the 52-week period you spend one night at home, the 52-week period starts again, so you could receive Housing Benefit for another 52 weeks. * If you live with someone else, they may be able to claim these benefits if they also have to pay the rent or mortgage payments. If you are concerned about losing your home, you should speak to your local authority or mortgage provider. * For benefits, some “premiums” stop after 52 weeks, such as severe disability premium which you might get if you live alone and have a disability. * If you receive Income Support, income-related Employment Support Allowance or Pension Credit, this continues to be paid to you even if you are in hospital for more than 52 weeks. However after 52 weeks you will lose any disability **premiums** so the amount you get will be less. * If you claim Universal Credit there is currently no information published about what happens after six months in hospital, so please get advice from a welfare rights specialist or your local Job Centre if this applies to you. However we do know that after 6 months Universal Credit will treat a couple as 2 single people - so you need to seek advice if this applies to you. Please tell the Department of Work and Pensions (DWP) as you may have to reclaim Universal Credit as a single person. * If you are claiming benefits as part of a couple, or just need some help, please get advice from a welfare rights specialist so you can understand what you need to do to make any new claim for benefits. Your local Citizens Advice (CAB) usually has a welfare rights specialist, or if not, they can let you know of other organisations that can help. |

Contact information for each benefit team are provided under Local housing & welfare benefit teams.

1. See <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/homelessness-trailblazer/detail-of-the-homelessness-trailblazer-project-2017-to-2020/> under the side heading “Improving Pathways”. [↑](#footnote-ref-1)
2. <https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/our-housing-network/housingboard/> [↑](#footnote-ref-2)
3. You can find out more about social prescribing here <https://www.england.nhs.uk/personalisedcare/social-prescribing/> [↑](#footnote-ref-3)
4. <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/> [↑](#footnote-ref-4)
5. Adapted from article on hospital discharge from Hinchingbrooke Options magazine, at <file://ccity-profile/profiles/beecr1s/Downloads/OPTCAMB%20Winter%202019%20intranet.pdf> [↑](#footnote-ref-5)
6. Adapted from the 2019 Cambridge-based hospital discharge protocol at <http://cambridge-hosptial-homeless-adm-and-disch-2019/> [↑](#footnote-ref-6)
7. From [Drug Use and Welfare | Release](https://www.release.org.uk/law/drug-use-and-welfare) [↑](#footnote-ref-7)
8. From [Hoarding Protocol Joint multi-agency protocol for working with people who display hoarding for Cambridgeshire and Peterborough](https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf), published September 2016 [↑](#footnote-ref-8)
9. Frost & Gross, 1993 [↑](#footnote-ref-9)
10. Kelly O (2010) What is hoarding? Journal of Hoarding. [↑](#footnote-ref-10)
11. Para 4.35 Mental Capacity Act Code of Practice, p.52 [↑](#footnote-ref-11)
12. <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/no-recourse-to-public-funds/> [↑](#footnote-ref-12)
13. The National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended in 2017 and 2020, sets out the legal basis for when access to healthcare services in England may be chargeable. [↑](#footnote-ref-13)
14. [↑](#footnote-ref-14)
15. NHS: How do I register with a GP? [www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf](http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf)

    NHS: Low Income Scheme [www.nhs.uk/nhs-services/help-with-health-costs/nhs-low-income-scheme-lis/](http://www.nhs.uk/nhs-services/help-with-health-costs/nhs-low-income-scheme-lis/)

    The National Health Service (Charges to Overseas Visitors) Regulations, 2015 [www.legislation.gov.uk/uksi/2015/238/pdfs/uksi\_20150238\_en.pdf](http://www.legislation.gov.uk/uksi/2015/238/pdfs/uksi_20150238_en.pdf)

    Guidance on implementing the overseas visitor charging regulations, February 2021 [www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/977345/Main\_Guidance\_post\_February\_2021\_v3.pdf](http://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977345/Main_Guidance_post_February_2021_v3.pdf) [↑](#footnote-ref-15)
16. <https://www.doctorsoftheworld.org.uk/infographics-migrants-right-to-healthcare/> [↑](#footnote-ref-16)
17. <https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf> (Dec 2018) [↑](#footnote-ref-17)
18. <https://www.sunnetwork.org.uk/co-occurring-principles-document/> [↑](#footnote-ref-18)
19. [Information Sharing Framework - Cambridgeshire County Council](https://www.cambridgeshire.gov.uk/council/data-protection-and-foi/information-and-data-sharing/information-sharing-framework#:~:text=The%20Cambridgeshire%20and%20Peterborough%20Information%20Sharing%20Framework%20%28%27the,number%20of%20public%20organisations%20in%20Cambridgeshire%20and%20Peterborough.) [↑](#footnote-ref-19)
20. Copied from the Cambridgeshire and Peterborough Hoarding Protocol, at <https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf> [↑](#footnote-ref-20)
21. Based in the Hoarding Protocol information sharing sections [↑](#footnote-ref-21)
22. Adapted from <https://www.mentalhealthandmoneyadvice.org/en/mental-health-care/how-do-i-manage-my-money-if-i-have-to-go-into-hospital/> [↑](#footnote-ref-22)