

Master draft v3.6

Mental health, substance misuse & housing toolkit

Cambridgeshire and Peterborough

Plan to publish in January 2022.

Add logos of supporting organisations or Boards here.

#

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### Version control

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### Acknowledgements

This toolkit has been built with a wealth of input from a range of partners, so grateful thanks to (add list of contributing organisations)

# Introduction: What, who and why?

### What is this toolkit about?

This toolkit has been developed by professionals working in mental health, substance misuse 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 the lived experience of the person in question, or others who have had similar experiences. Some of the individual teams are listed under 🕮Who is the toolkit for?.

The aim of the toolkit is to make it easier for teams to find out what to do and who to contact. By working together more effectively we will tackle health inequalities - particularly for people with a number of different issues - and help resolve the problems some of our most deprived residents face.

This toolkit mostly relates to adults; however children may be involved and may need help in some of the scenarios outlined. So support for children is included where most relevant but is not our primary focus.

### How to use this toolkit

This toolkit has been designed to be a quick reference guide for staff. It goes through some common scenarios, with notes who to contact and what to do for each. A document like this will never cover every situation which may arise, it’s best to think of it like a training document to give the idea of who might get involved and use that knowledge to work out what to do and who to approach, creating your own contact list of who can help when a similar situation arises in future.

###### Tip: finding what you are looking for

If you are searching for a particular topic or phrase, hold down the Ctrl button and press “F”. A box will appear to help you find the key words you are looking for, throughout the document.

In the Glossary we set out some terms and jargon commonly in use, though we have tried to avoid jargon as much as possible in the document. Terminology is bound to come up, in conversation with other teams and organisations, so the glossary is there to try to help break through some barriers to communication. Links to the glossary (to explain any terminology used) are highlighted with this symbol 🛈.

In Useful contacts we provide contact information for key teams named throughout. Other useful contacts are available through on-line directories. Many of these are listed in Directories, helping readers locate those sites to find the most up-to-date information. In this way, as the on-line directories are kept updated, they will provide a more reliable source of opening hours, phone numbers, email addresses etc than this document ever could.

Links to contact information, whether “useful contacts” or directories” are highlighted with ✆

Links to other sections within this toolkit are highlighted with 🕮

Links to external websites are highlighted with 🕸.

All links are blue and underlined. If you click a link, or press “Ctrl” and click, you should jump straight to it.

### Who is the toolkit for?

* Mental health teams – within the NHS, social work and voluntary sector providers, including for example multi-disciplinary teams (MDTs) forming part of the planned delirium pathway work.
* Substance misuse teams – 🛈CGL primarily
* Housing teams including housing options, tenancy support, welfare benefits and environmental health.
* Hospital-based workers in both acute hospitals and mental health units - including nurses, specialist matrons, admission teams, social workers and discharge co-ordinators
* Social care teams including safeguarding, early help teams and other Social Workers
* Police, including local Neighbourhood Policing Teams
* The Fire and Rescue Service
* Charities, voluntary and community groups active in our area

### Working together

When working with someone with housing, mental health and/or substance misuse issues, it is vital to adopt an approach which is 🕸[trauma-informed](https://www.thinknpc.org/resource-hub/trauma-informed-approaches/), 🕸[strengths-based](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf) and 🕸[person-centred](https://www.hee.nhs.uk/our-work/person-centred-care)

You may already follow such an approach, but if you are not sure or want to find out more about these three approaches, please … follow the links above for more background.

Contact others who are involved. Never be afraid to set up a meeting to confirm who the trusted person will be, agree who will do what, and make sure you keep each other and the person in question updated on progress and actions. Remember, this document is a starting point and cannot set out who will do what, precisely, in each scenario – nor can it cover all possible scenarios. But hopefully It gives useful guidance and background to help us all work together.

### Leading this work

This toolkit comes from the “Improving Pathways” conference held in 2019 under the guidance of the Cambridgeshire, Peterborough and West Suffolk 🕸[Housing Board](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/our-housing-network/housingboard/). The Housing Board will retain ownership of the document, with the assistance of the local Homelessness Strategy Group, the Drug and Alcohol Delivery Board, the Crisis Care Concordat Board and the Community Mental Health Delivery Board to keep it up to date. This will include an annual review and updating as necessary.

The Housing Board and others will look for help from people with lived experience, who were part of the event which prompted the idea of creating a toolkit and have been involved in creating the first version. We will look to people with lived experience to help us develop the toolkit in the future, making sure it stays up to date for Cambridgeshire and Peterborough.

If you have suggestions or improvements to make, or want to add to the toolkit, please contact us at toolkit@cambridge.gov.uk so your suggestions can be fed into the next update.

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

This toolkit looks at how the three areas; mental health, substance misuse and housing; all based in separate organisations, need to cooperate to achieve the best outcomes for individuals. By working together we can help minimize the stress and upset experienced by people who use our services, 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 role, responsibilities, resources and drivers; and to do all we can to overcome barriers for individuals using our services.

We have set out a quick guide to the most relevant teams in housing, in substance misuse, in mental health services and in social care. This is only a starting point, we will all learn as we work together, and as we encounter different scenarios.

Throughout, we have used colour coding to help keep focus on which team is being described, and also to give some background on the types of links we have included in the text. The code is…

|  |  |
| --- | --- |
| Teams | Types of link |
| Housing  | 🛈 = link to glossary |
| Mental health, both clinical & social work  | ✆ = link to useful contacts or directories |
| Substance Misuse  | 🕮 = link to text within this document |
| Other = grey | 🕸 = link to an external website |

Housing

District and City Councils have a variety of roles in relation to housing; specifically Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council, South Cambridgeshire District Council and Peterborough City Council (which operates as a “unitary authority” meaning it performs the tasks of both a district and a county council.)

The main housing roles are outlined to help when using the scenarios in the next section. The services on offer might be different for a home owner, a council tenant, a private tenant or a housing association tenant. We have tried to make this clear, but services will vary a little from one area to another. So this is just a “quick guide” aiming to help people get in touch with the most relevant team, in the various scenarios set out. District and City councils are referred to a “housing authorities” in the toolkit, and sometimes “district council” particularly where the team being referred to is not a housing team.

County Councils (Cambridgeshire County Council and Peterborough City Council in our area) also have a role in housing - for example commissioning a number of services like floating support; and ensuring residential and nursing homes are provided across their areas. These are referred to as ‘local authority’ in the toolkit.

County-wide floating support service

Floating support services are secured by Cambridgeshire County Council and Peterborough City Council, running slightly differently in the two areas. 🛈P3 currently provides this service offering short term support for people who need it to manage and maintain their accommodation and are at risk of homelessness, have rent or mortgage arrears or have difficulty managing independently in their home

Support offered includes support to address any difficulties preventing someone from living independently, such as mental ill-health or debt and financial issues, tailored to the individual, including managing your tenancy, mental health support, housing advice, budgeting and debt, accessing financial support, social and community groups, employment, education & training opportunities and signposting to other services.

Referrals can be made directly via the online portal or by calling the service. Individuals can self-refer or professionals can make a referral for someone. Professionals can also call to seek some guidance about the service. See ✆Floating Support.

The support is not tied to any accommodation. It aims to support people in their own home whatever type of tenure or property they have.

Housing advice

Summary: Team provides information and advice on options

Housing advice and options teams provide information and advice to anyone in the housing 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 help to prevent any eligible5 person who is at risk of becoming homeless from becoming homeless. This may be by helping them to stay in their current accommodation or finding a new place to live; regardless of whether they are “statutorily homeless” or not. The housing authority is not required to secure accommodation themselves but can do so, or they can help the person to secure accommodation through measures like a rent deposit scheme or family mediation. The homelessness team works with the person to agree reasonable and achievable actions to be taken by both the housing authority and the individual, to help retain accommodation wherever possible. These actions form a personalised housing plan.

Three levels of homelessness action are summarized in Fig 1.

1. Summary of homelessness route

The first stage is to do all we can to **prevent** homelessness. If this fails, we aim to **relieve** homelessness. And if both theses stages fail – the district council assesses whether the ‘main’ homelessness **duty** is owed for those in priority need[[2]](#footnote-2) and not intentionally homeless[[3]](#footnote-3). This is known as “statutorily homeless”.

If an eligible person is already homeless. or prevention work has not been successful, the homelessness team helps resolve the situation for example by providing a rent deposit or debt advice. Those who have apriority need will be provided with temporary accommodation if needed. Any more permanent accommodation offered must be expected to be available for at least six months.

If you are concerned about someone is homeless on the street, please contact ✆Streetlink which provides a system across England to get help in these situations. But if it an emergency, please dial 999. You can also find out about a range of local services for people who are homeless using 🕸[Street Support Cambridgeshire](http://www.streetsupport.net/cambridgeshire) or in Peterborough, 🕸[Safer off the Streets](https://www.saferoffthestreets.co.uk/).

###### The Duty to Refer

Public authorities are legally required to notify a housing authority about people they consider may be homeless or threatened with homelessness (likely they will become homeless within 56 days)[[4]](#footnote-4). Before making a referral, the referring authority must:

Have consent to refer from the individual. If they lack mental capacity, please see 🕮Mental capacity

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 so the housing authority can contact 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 secure the best possible outcome. People can choose to contact any district council - but will probably get the best service if they approach in the area they are connected to. This connection could be via

mum, dad, adult brothers & sisters, or adult children who have lived there for 5 years (and still do)

having a stable job in that district; 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 housing authority can try to help people who are not local to prevent their homelessness before it happens; however it is usually best to deal with the authority the person is connected with, particularly if they are statutorily homeless (see 🕮Am I legally homeless?). If a district accepts that a person is statutorily homeless but there are reasons it’s better to settle somewhere outside that district, this may be possible.

**Who has a duty to refer?**

The specified public authorities[[5]](#footnote-5) subject to the duty to refer are:

Prisons & Probation services (including community rehabilitation companies)

Young offender institutions & Youth offending teams

Secure training centres & Secure colleges

Jobcentres in England

Local Authority social service authorities (both adult and children’s)

Emergency departments & Urgent treatment centres

Hospitals in their function of providing inpatient care

Secretary of State for defence in relation to members of the regular armed forces

The duty to refer only applies to the specified public authorities in England and individuals can only be referred to a local housing authority in England[[6]](#footnote-6). Please use the contacts for each district and city council, listed under ✆Duty to Refer. The “duty to refer” email addresses are monitored during office hours. If you need to get in touch urgently, please use the phone numbers provided, including out-of-hours numbers, see ✆Housing options / advice team.

Letting social housing

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

People can apply to the housing authority for help accessing social housing. Across Cambridgeshire, a system called Home-Link is used to manage applications for social housing (that is, council or housing association rented homes). In Peterborough the system used is called Jigsaw. Both systems gather information about a persons’ current housing situation and award a priority status, so social housing (which is in short supply) is rented to the people who need it most. Please see 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) for links to the two schemes.

Both systems use regular advertising cycles, so that applicants with the right priority and who need a home of that type, size, location etc. can “bid” on available properties. Households will only be able to bid on properties that meet their needs (in terms of size) and, in general, the successful bidder is the one in the highest priority band. If there is more than one person in that band then the person with that priority for the longest time will be offered the property. For more, please see 🕮Appendix 1: Housing register ‘bands’

Managing and maintaining social housing

Summary: Housing associations and some councils (in our area, Cambridge City and South Cambridgeshire) own and manage social housing. The majority is rented; while a small proportion of homes are ‘shared ownership’ (that is, part of the home is purchased using a mortgage and part is rented from the housing association). Managing social housing includes repairs, maintenance, administering the rent and dealing with neighbour disputes and anti-social behaviour.

In East Cambridgeshire, Fenland, Huntingdonshire and Peterborough, council housing was transferred to housing associations who took over the management of the homes – the councils retaining a strategic role. You can find out more in the 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/).

Housing Officers manage social housing and fulfil the duties of the landlord. They deal with tenant issues, evictions and they 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 toolkit cannot go into a great deal of detail on debt advice and money matters, but there are resources available. There are useful links in ✆Directories to seek advice and support if debt is affecting the person using your services.

Anti-social behaviour and community safety

Summary: District councils have a duty to tackle anti-social behaviour and to promote community safety in their area.

The teams involved are accountable to Community Safety Partnerships and contribute to the delivery of both Crime and Disorder and Anti-Social Behaviour reduction strategies. Community safety teams tend to get involved with perpetrators of persistent anti-social behaviour, persistent alcohol related disorder, persistent drug related nuisance, know perpetrators of race/hate crime and persistent truants

Private rented housing

Summary: Private Housing teams, or Environmental Health teams at the district or city council deal with privately owned and rented accommodation, because they have powers under the Housing Act, The Environmental Protection Act 1990 and Public Health Legislation to take action - in some circumstances they can order private landlords to carry out repairs.

Mental health

In this document, we focus on helping people access mental health services, and mention some of the longer-term help and support available. We have avoided using jargon as much as possible but have sometimes put a link the glossary where acronyms are commonly used.

We have included information about the Mental Health Social Work (provided by the local authority) which works with the mental health services provided by the NHS.

Access through the GP

Family doctors, or GPs, provide a great “first stop” for health issues of any kind. GPs often refer people to more specialist services. A person should call the GP and make an appointment, making it clear if there is a crisis. This link 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) takes you to a list of GPs across Cambridgeshire & Peterborough.

Every GP gets support from the Primary Care Mental Health Service. This is a team of community mental health clinicians. There are time limits set for their actions. If the level of concern is quite high, action should be taken within 72 hours. The Primary Care mental Health Service will refer if someone needs a different mental health service or they may be able to give help via social prescribers - see 🕮. In a crisis please call the ✆First Response Service.

Access through 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 (who work in 🛈CPFT). They will give specific mental health crisis advice. Their task is either to resolve the issue, or secure other help; for example they might call an ambulance, refer the person to their GP or refer to the Sanctuary project. If it’s a crisis, FRS can also refer to the Crisis Resolution and Home Treatment Team (see 🛈CR&HTT).

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 that they give permission for you to help, they can hand the phone over to you to help relate the situation they find themselves in. See ✆First Response Service

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. See ✆First Response Service.

In an emergency

In case of an emergency, please do not hesitate to contact 999, 24 hours a day 7 days a week.

Across Cambridgeshire and Peterborough a special service runs, so in a mental health crisis, both a paramedic and a mental health practitioner are sent out to help, wherever you are in the county.

###### GP surgeries which specialize

🕸[Cambridge Access Surgery](https://www.mhcambridgeaccess.co.uk/) in Cambridge and 🕸[Boroughbury Medical Practice](https://www.boroughburymedicalcentre.co.uk/) in Peterborough both offer services to people who are homeless. Other GP surgeries cannot turn away a person simply because they are homeless, but these two surgeries provide much-needed health care for our two local Cities and understand the health and wellbeing implications of homelessness very well.

If you follow the links to access their web sites, which provide more detail about opening hours, contact information etc. Some basic contact information is provided at ✆GP surgeries & homelessness

Voluntary and charitable partners

There are a number of voluntary and charitable organisations working hard to support peoples’ mental health. One of the larger ones in our area is 🕸[CPSL Mind](https://www.cpslmind.org.uk/). Links to websites which provide a wealth of other such support are provided under ✆Directories

Other clinical mental health services

The services described above are at the “front line”. Some people may need more specialist mental health services, such as Locality Teams provided by 🛈CPFT. You can find out more about all these teams at 🕸<https://www.cpft.nhs.uk/ourservices>.

Although you cannot generally access these teams without first approaching the GP or First Response Service it is still useful to know the services are available. Specialist (sometime called “secondary”) services include:

Psychological therapies - also known as the Psychological Wellbeing Service or PWS. This includes cognitive behavioural therapy 🕸[CBT](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/) and counselling for people who need it. This service accepts self-referrals, please see ✆IAPT

Locality teams

Crisis resolution and home treatment team – for more information please see 🛈CR&HTT

[Personality Disorders Community Team](https://www.cpft.nhs.uk/services/personality-disorders-community-team.htm)

Eating disorder service

Criminal Justice including forensic mental health (where mental health and criminal may overlap, for example some cases of arson)

Liaison and Diversion service – see 🛈LaDS for more detail

Older people’s mental health services

Children and Young Peoples mental health services

Learning Disability Partnership

Mental health social work

* Local Authority Mental Health Social Work works with CPFT’s clinical mental health teams. To access mental health social workers
	+ If the person is already under the care of CPFT’s clinical mental health team, their mental health practitioner or support worker can make a referral to mental health social workers, with the person’s consent.
	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways
* Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub.

Substance misuse

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. 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 ✆Single point of contact.

1. Cambridgeshire & Peterborough substance misuse pathway



Social Care

This toolkit primarily relates to adults; however children may be involved and may need the help of social care in some of the scenarios outlined. A brief guide to accessing children and young people’s services is provided in 🕮Appendix 2 Brief guide to accessing children and young people’s services.

Pathways to adult social care

Adult Social Care responsibilities are described in four “tiers” which relate to the level of risk being experienced by the adult, linked to their emerging or long-term care and support needs.

Adult Social Care supports older people (aged 65+) and adults (18+) with physical disabilities, sensory impairments, learning disabilities, mental health issues, and/or their carers. These tiers are shown in Table 1.

1. Adult social care pathways

|  | What is it? | How to access |
| --- | --- | --- |
| Tier 1: universal services | Generally available from voluntary & community sector. Can be accessed directly. e.g. information, advice & signposting services, health and fitness support, community groups, falls prevention.  | In Cambridgeshire Care Network’s Community Navigators can help to support links into these options. In Peterborough British Red Cross can help to support links into these options. In addition, Caring Together (see ✆Directories) can provide support, advice and signposting for carers. ✆Tier ➊ Services for all |
| Tier 2: Short term / low level support | Services aimed at those with emerging care and support needs, but not yet significantly affecting their lives, e.g. reablement, technology enabled care, daily living equipment and occupational therapy | In Cambridgeshire they can be accessed via contact with Cambridgeshire’s Customer Services and do not require an assessment. In Peterborough they can be accessed via contact with Peterborough’s Adult Early Help Team and do not require an assessment.✆Tier ➋ and Tier ➌➋ = Short term or low-level support  |
| Tier 3: Long term care & support | For when a person experiences significant impact on wellbeing because of care & support needs. Have an assessment and means-tested financial support to meet their personal care needs. e.g. home care, day care, respite care, extra care housing, use of a personal assistant. | In both Cambridgeshire and Peterborough, referral to the council’s Customer Services who will send on to the Adult Early Help Team.✆Tier ➋ and Tier ➌➋ = Short term or low-level support |
| Tier 4 Safeguarding | Where a person is at risk of significant harm due to the actions of others or self-neglect | In Cambridgeshire for more information: 🕸[Report abuse of a vulnerable adult](https://www.cambridgeshire.gov.uk/residents/adults/report-abuse-of-an-adult-at-risk). In Peterborough for more information: 🕸[Recognising abuse and reporting concerns](https://fis.peterborough.gov.uk/kb5/peterborough/directory/site.page?id=MrwsxuLy4Lw). [[7]](#footnote-7)and✆Tier ➍ Safeguarding  |

###### Safeguarding

The doorway for safeguarding is known as the MASH, or **M**ulti **A**gency **S**afeguarding **H**ub. The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council, and Cambridgeshire & Peterborough NHS Foundation Trust. It 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. Where a person is felt to be at risk of significant harm due to the actions of others or self-neglect, a safeguarding referral should be made.

In Cambridgeshire for more information: 🕸[Report abuse of a vulnerable adult](https://www.cambridgeshire.gov.uk/residents/adults/report-abuse-of-an-adult-at-risk)

In Peterborough for more information: 🕸[Recognising abuse and reporting concerns](https://fis.peterborough.gov.uk/kb5/peterborough/directory/site.page?id=MrwsxuLy4Lw)

You can make an on-line referral to the MASH, but before submitting the online form, please refer to the [Effective Support Document](https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/11/Effective-Support-for-Children-and-Families-Thresholds-Document.pdf) webpage which helps identify the level of risk and appropriate level of support.

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate risk of suffering significant harm, telephone the Customer Service Centre on 0345 045 5203 or contact the Police if you feel the child is at imminent risk. If you have a concern about a child or an adult and wish to make a safeguarding referral, you will need to use the relevant online Safeguarding Referral Form (child or adult). You can contact the MASH or the Emergency Duty Team – for contact details please see ✆MASH.

For information about children’s services please see 🕮Appendix 2 Brief guide to accessing children and young people’s services

###### Adult Early Help

There is also a pathway for early help and intervention, called Adult Early Help, which aims to enable earlier interventions, aiming to avoid a crisis from developing. This is the Cambridgeshire County Council and Peterborough City Council point of contact for families and professionals and can lead to an Early Help Assessment.

Adult Early Help coordinates access to services in Cambridgeshire and Peterborough and provides advice and guidance on cases where professionals may already be involved (provided the individual has given permission for this). Adult Early Help receives contacts that do not necessarily qualify for or need a statutory service such as social care but would benefit from multi-agency support to meet their needs.

###### What is social prescribing?

Groups of GP surgeries, known as Primary Care Networks (PCNs), fund social prescribers to be part of the PCN team. In our area, social prescribers are supported by the charity 🕸[Care Network](https://care-network.org.uk/).

Social prescribers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. They also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.[[8]](#footnote-8)

# 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, including links to contact information for each partner.
* Suggested actions for each relevant team. These are not exhaustive and will vary from case to case - but provide a starting point.

## 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 return to their own home. It is important to note that where a person has been detained under the Mental Health Act[[9]](#footnote-9) specific arrangements may apply – these legal duties are not detailed in this document.

When a person with drug and alcohol or mental health issues is admitted to hospital, an initial assessment will include questions about the person’s home and living arrangements. This applies equally whether it’s a general hospital or specialist mental care.

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

* Assessing what the person’s needs might be when they are ready to leave hospital, their mental capacity if any concerns are indicated and if so, all Mental Health Act requirements.
* Talking to colleagues who can help meet these needs (such as social workers, occupational therapists, physiotherapists or district nurses)
1. Some example questions which need exploring

Have they got a home to return to?

They may be sharing with others.

They may be living in temporary accommodation like a homeless hostel.

They may be living on the street.

Is anyone else (partner, family etc) living there / 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…

Is the landlord aware they are in hospital?

Do they need to let the landlord know they are absent?

* Making sure the person’s carer or support worker is given any information, help or advice that may be needed to help with recovery. This should include a conversation with the informal carer to understand their needs and the role they fulfil. A Care Act (2014) complaint assessment of the Carers needs may also be completed.

### Who should act?

| Housing | Mental health | Substance misuse | Other  |
| --- | --- | --- | --- |
| If risk of homelessness: Housing authority via ✆Duty to Refer Housing / welfare benefit / Council Tax team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Caseworker or keyworker at homeless accommodation: housing teams will help locate the provider via Duty To Refer or call ✆Housing options / advice teamIf need other advice about housing: Housing authority ✆Housing options / advice team | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌ CPFT’s Crisis Resolution and Home Treatment Team. Referrals have to come from within mental health services which includes ✆First Response Service | CGL or Aspire CGL via ✆Single point of contact Substance Misuse Hospital Liaison Workers, also via ✆Single point of contact | Relevant ✆Hospitals admissions team, Emergency Department and Discharge planning / co-ordinatorLocal ✆Mental health inpatient units✆CPSL Mind Discharge Buddy for people being released from hospital Voluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for all |
| Who are the main parties, in this scenario, who have the duty to refer? |
| emergency departmentsurgent treatment centreshospitals in their function of providing inpatient care |

General hospital actions

Hospital staff work with the person themselves, or with consent, someone the person trusts to discuss the plan for discharge. It is helpful to discuss queries and 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 early, staff can ensure everything is in place in time to support their discharge. There will be a predicted date for discharge, based upon when treatment is expected to will be finished. All those involved will be aware of this date and will be working towards it.

If there any concerns regarding the person’s mental capacity to make their own decisions or choices about their discharge planning arrangements the requirements of the Mental Capacity Act 2005 should be followed; this may include the arrangement of a “best interests” meeting. See 🕮Mental capacity

For many, being discharged from hospital is straightforward. Some may simply need information about how to manage their health condition, or about support services local to their home. Others will 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 to support people after their discharge. Where necessary an assessment under the Care Act 2014 may be completed to identify care and support needs. This assessment is designed to create a picture of the person in the context of their life and living environment and may include a combination of needs that are eligible and not eligible for publicly funded support. A financial assessment may also be completed to identify any contribution the person is required to make towards the costs of care and support arranged by the local authority.

Sometimes it may be necessary to move out of hospital to an interim care setting for a period of rehabilitation, reablement or whilst awaiting longer term care and support plans to be put in place. In these situations the hospital discharge team and local authority Transfer of Care Team will work with the person to make these arrangements. Please see ✆Short term care, including after a hospital stay[[10]](#footnote-10)

Addenbrooke’s, Hinchingbrooke and Peterborough Hospitals all provide care and treatment for people with mental health or drug and alcohol issues. It is important that housing issues don’t delay a person’s discharge from 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. Social prescribers may also help here, please see 🕮What is social prescribing?

Fig 4 provides an outline process for hospitals to liaise with and consider housing issues.

Mental health inpatient unit actions

The main inpatient hospitals for people with mental health needs are Fulbourn in Cambridge, and the Cavell Centre in Peterborough. If the person was detained in hospital under a qualifying section[[11]](#footnote-11) of the Mental Health Act 1983, their discharge will be coordinated under a Section 117 aftercare plan.

All arrangements must ensure a safe and smooth transition from hospital to home or to community-based care including residential or nursing care home. Planning for discharge should start as soon as possible following admission and with full involvement of the patient, family and carers (as applicable) in collaboration with all professionals and other agencies involved. Patients on mental health wards will not be discharged without the agreement of the Consultant Psychiatrist. For detained patients this includes the Responsible Clinician or their deputy.

The discharge process is facilitated by the named nurse / practitioner who works with the community mental health care coordinator. Carers’ needs will be taken into account throughout the discharge process and carers are involved whenever possible.

If a person is in a general hospital, or in a specialist mental health unit, and it is planned that they will be discharged to a care setting or mental health supported accommodation, there is no risk of discharge to homelessness. In these cases, for Cambridgeshire residents, either the care coordinator or allocated social worker will request a “slot” to present their case at the next Mental Health Accommodation Forum meeting. This Forum meets monthly. At the Oak Wards at the Cavell Centre, please contact the Housing Support Officer - see ✆Mental health inpatient units

If a person is in hospital, or in a specialist mental health hospital, and is **NOT** going to be discharged to a care setting or supported accommodation, the hospital needs to take up 🕮The Duty to Refer. At Fulbourn, the ward should liaise with the Mental Health Housing Coordinator; at the Cavell Centre the ward should liaise with the Housing Support Officer. **This referral can only be done with the patients consent. It is the ward’s legal duty to offer to do this.** Where there is a Housing Coordinator or a Housing Support Officer, their help will be invaluable in this process.

Discharge from hospital may be supported by CPFT’s Crisis Resolution and Home Treatment Team. You can find out more at 🕸[Crisis Resolution and Home Treatment Team](https://www.cpft.nhs.uk/search/service/crisis-resolution-and-home-treatment-team-crhtt-26); but please bear in mind, referrals have to come from a mental health or care professional, or from the ✆First Response Service.

CPSL Mind provides a Discharge Buddy service for people coming out of hospital mental health wards; see 🕮CPSL Mind’s Discharge Buddy service.

1. Outline of “thought process” on pathway through hospital[[12]](#footnote-12)

Individual presents to Emergency Department, A&E or urgent treatment centre

Do you think they are homeless or at risk of homelessness? Do they disclose a risk of homelessness e.g. rent arrears, eviction, domestic abuse? *Note: If mental health (or substance misuse?) accommodation is the best solution, they are not at risk of homelessness at discharge, see Scenario* ***x***

Yes

No

Complete “Duty to Refer” for relevant local authority, and log this has been completed on EHIC (or other system); whether in the ED or (more usually) admitted to a ward

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

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

If / when admitted to ward, ward staff check Duty to Refer has been done and complete one if not

Hospital contacts the local authority via Duty to Refer.

The main housing decision process will be whether they can go into temporary housing while the housing team assesses whether they are (briefly) \* eligible, \* legally homeless \* have no home \* in priority need

Is their existing home suitable to return to?

Yes

No

Process ends

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

The main housing pathways are

Temporary accommodation while investigating the homelessness claim

While in temp, housing team forms a housing plan with the person to secure longer-term housing solution.

Might be with family / friends, self-funded accommodation (e.g. private rented), or social housing (Council or Housing Assn) via the housing application process (see Scenario 2)

Can the property be adapted?

Yes

Can the housing provider continue to accommodate?

No

Yes

* +

Plan for accommodation on discharge is in place

Discharge planning arrange for adaptations to happen

Hospital and housing provider work together to plan for discharge

No

Discharge planning or ward complete a Duty to Refer

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

Process ends

Mental health social work actions

Local Authority Mental Health Social Work works with CPFT’s clinical mental health teams. To access mental health social workers:

* + If the person is already under the care of CPFT’s clinical mental health team (which is likely if they are in hospital due to mental ill-health) their mental health practitioner or support worker can make a referral to mental health social workers, with the person’s consent.
	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways

Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub**.**

Mental health supported accommodation

There is some specialist accommodation and support for people with needs associated with their mental health that is commissioned by Cambridgeshire County Council Adult Social Care. To access the accommodation the person must

Have eligible needs under the Care Act 2014

Need support in relation to their accommodation

Be put forward to the Mental Health Accommodation Forum for consideration by their mental health social worker.

The Mental Health Accommodation Forum (monthly) discusses applications to ensure that the person is linked to the correct level of support. The three main accommodation related options are set out in Fig 5.

1. Mental health supported accommodation

###### CPSL Mind’s Discharge Buddy service

The CPSL Mind Discharge Buddy Service is designed to support individuals’ transition from hospital mental health wards (at Edith Cavell and Fulbourne) to home.

Individuals are matched with a Buddy who will support them to:

* focus on their wellbeing through goal setting
* manage feelings of being overwhelmed or suicidal thoughts by creating safety plans
* link back into their local community.

Support is provided on a weekly basis for up to 6 weeks.

Referrals can be made from the hospital ward staff teams and the 🛈CR&HTT. The Discharge Buddy scheme operates across Cambridgeshire and Peterborough.

For contacts information please see ✆CPSL Mind Discharge Buddy.

Housing actions

The housing team in each district receiving a duty to refer commits to making contact as soon as they can manage but the essential factor is that the referral is sent in, with the person’s consent, **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.

The duty to refer messages and forms are monitored during office hours Monday to Friday, and outside these hours will be picked up as soon as the next working day begins.

The housing authority must assess anyone who may be homeless or threatened with homelessness within 56 days. Other professionals can also get in touch with the homelessness team using 🕮The Duty to Refer.

When using the duty to refer, background information really helps so the housing authority can begin its enquiries as soon as possible and find a suitable housing option. Please provide as much detail as possible on the applicant when making your referral. For this task we have added, under useful contacts, both housing authority’s page setting out the Duty to Refer, and the “portal” which takes you to a form which asks all the relevant questions. See ✆Duty to Refer

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

In some areas, social prescribers may be able to help, see 🕮What is social prescribing?

*The sooner housing teams are involved, the better*

A medical assessment may be required as part of the decision on whether someone is statutorily homeless, so, as much information as possible is needed to help with this assessment. 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 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 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 housing 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 early, the housing authority can deal with the application while the person is 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 their recovery.

The likelihood that a client may relapse if placed out of area in B&B must be taken into account when making the decision to discharge them from hospital. The housing team will need to know if it is safe for the person to be placed in B&B, and if not to consider other alternatives.

If adaptations are needed to the home, the housing team will work with their local Home Improvement Agency (HIA) to investigate getting those adaptations done. See 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) for links to local HIAs if needed.

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

Addenbrooke’s 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 ✆Single point of contact.

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.

For information on housing and welfare benefits while in hospital, please see 🕮Appendix 4: 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 housing 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 council 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/).

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.

In each district, the process of applying for housing is managed slightly differently – in some areas the process is managed by the council, in other areas the job has been taken on by a housing provider.

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

This is 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.

Across Cambridgeshire you can find out more about temporary housing for homeless people using the 🕸[Street Support Cambridgeshire](http://www.streetsupport.net/cambridgeshire) website. In Peterborough you can find out more using the website called 🕸[Safer off the Streets](https://www.saferoffthestreets.co.uk/).

### Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| If risk of homelessness: Housing authority via ✆Duty to Refer If need advice about housing: Housing authority ✆Housing options / advice teamLocal housing register holder via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Home-Link or Jigsaw via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)P3 ✆Floating Support | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services person needs to approach 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisis | CGL or Aspire CGL via ✆Single point of contact  | Housing / welfare benefit / Council Tax team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Voluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for all |
| Who are the main parties, in this scenario, who have the duty to refer? |
| Prisons, young offender institutions, secure training centres, secure colleges & youth offending teams, probation services (including community rehabilitation companies)Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s)Secretary of State for defence in relation to members of the regular armed forces |

Housing actions

Getting an offer

A person with mental health, or substance misuse issues, has seen a property advertised and wants to put in a bid. Before they can bid on properties…

To get into social housing a person needs to be registered on the Home-Link or Jigsaw system, so that they are able 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 housing provider makes an offer – usually to the person who has the highest priority and who has been waiting the longest in that priority band. The housing 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.

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 housing 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.

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 housing options team will give help and advice about what to do in these situations. If floating support might help, please contact ✆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.

Mental health actions

If a person is applying for social housing and has a mental health condition, if they are known to the mental health service, they may have a mental health practitioner or support worker who can help with the housing application process.

If during an application process mental health concerns arise, the person will need to be encouraged to approach their GP to get advice and help, or to call the First Response Service. The GP and the FRS can help access other teams as needed.

Local Authority Mental Health Social Workers work with CPFT’s clinical mental health teams. To access mental health social workers:

* + If the person is already under the care of CPFT’s clinical mental health team, their mental health practitioner or support worker can refer them to mental health social workers, with the person’s consent.
	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways. This pathways includes help to secure voluntary and community sector support within “Tier 1”.

Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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 be 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.

## Scenario ➌ Threat of eviction

### Situation

A person with substance misuse or needs associated with their mental health 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 |
| If risk of homelessness: Housing authority via ✆Duty to Refer If need advice about housing: Housing authority ✆Housing options / advice teamHousing / welfare benefit / Council Tax team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Council rents or tenancy management team (Cambridge & South Cambridgeshire only) via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Housing Association rents or tenancy management team via ✆Housing associations listing | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisis | CGL or Aspire CGL via ✆Single point of contact  | Adult social care – see ✆Adult Social Care: 4 pathwaysVoluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for all. (These will also include specialist debt advice agency contacts) |
| Who are the main parties, in this scenario, who have the duty to refer? |
| youth offending teams, probation services (including community rehabilitation companies)Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s)Secretary of State for defence in relation to members of the regular armed forces |

###### Eviction and medicine management

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

If all other options fail, people being evicted may become street homeless with no medicine management 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 should support continuity of care and assist in avoiding missed medications, overdose or, at worst, a drug related death.

If someone ends up on the street, there are Street Outreach teams operating who will do all they can to assist. Here is a link to contacts for the area’s ✆Street Outreach Teams*.*

Social Workers could be involved with early preventative work, Care Act compliant assessment and Care and Support Planning if applicable.

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.

If the housing authority accepts a person as statutorily homeless, a personal housing plan will be created jointly between the Housing Officer and the person. This plan will outline what steps housing will take, to try and help alleviate the current housing situation along with what steps the person needs to be taking, depending on their situation and the 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. See ✆The Duty to Refer.

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 felt to be unacceptable to their neighbours. This may affect the use of their home and may lead to friction with neighbours. Equally some people can be intolerant and even hostile to individuals with mental health needs and may make up or exaggerate behaviour in an attempt to have the person moved out of their home. Any or all these possibilities might lead a landlord to seek an eviction.

If an eviction is due to anti-social behaviour, please see 🕮Scenario ➎ 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 needs may not be getting the level or type of support they need which has led to a breakdown in the tenancy or a problem with their rent or mortgage. In this situation, the best route is via the GP or FRS if the person is not engaged with mental health services. However if known to mental health services, their mental health practitioner or support worker will need to be involved. Professionals can call the First Response Service while they are with the person, as described in 🕮Appendix 3: Q & A on the First Response Service or you can call the professionals line to seek further guidance, see ✆First Response Service. You need to email to get the number for the FRS professionals’ team.

Local Authority Mental Health Social Workers work with CPFT’s clinical mental health teams. To access mental health social workers

* + If the person is already under the care of CPFT’s clinical mental health team, their mental health practitioner or support worker can refer them to mental health social workers, with the person’s consent.
	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways. This pathways include help to secure voluntary and community sector support within “Tier 1”.
* Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

###### Peterborough’s Mental Health Exemplar Project

The Dual Diagnosis and Outreach Team and the Social Care Team in Peterborough work closely with community colleagues to help provide more joined-up working between health and social services.

The two teams provide mental health advice and guidance to social care colleagues working in housing and for staff working with dual diagnosis in Peterborough.

The teams run weekly multi-disciplinary mental health forums for colleagues in housing and dual diagnosis who are seeking specialist mental health advice and guidance.

This forum can also provide a direct route into the Primary Care Mental Health Service if it is felt that a mental health assessment is warranted.

To find out more about these services, look out for leaflets planned early in 2022. These will be added to the Toolkit web page once available.

This footnote provides a link to slides providing more detail on the Exemplar project[[13]](#footnote-13)

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.

## 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 a person and their hosts have been good, problems can arise which may become detrimental to everyone’s well-being. Professionals may be aware that a situation is becoming difficult early on, or a situation may flare up very unexpectedly.

Parents or friends are often uncomfortable telling a person 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.

There is a protocol in place for 16/17 year olds who may be involved in this scenario, you can find the protocol here[[14]](#footnote-14).

There is also the chance that “cuckooing” is a risk factor, please see 🕮Scenario ➐ Home is being taken over, or person being exploited. A joint approach or meeting with other teams may help where there are safeguarding or cuckooing concerns.

### Who should act?

| Housing | Mental health | Substance misuse | Other |
| --- | --- | --- | --- |
| If need advice about housing: Housing authority ✆Housing options / advice teamIf risk of homelessness: Housing authority via ✆Duty to Refer For council tenants: tenancy management teams (Cambridge & South Cambridgeshire only) via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)For Housing Association tenants: Housing Association tenancy management teams via ✆Housing associations listingFor notes on locating a private landlord, ✆Private landlord For P3 ✆Floating Support | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisis | CGL or Aspire CGL via ✆Single point of contact  | The ✆Adult Early Help team If safeguarding is a concern: ✆MASHVoluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for all |
| Who are the main parties, in this scenario, who have the duty to refer? |
| young offender institutions, youth offending teams, probation services (including community rehabilitation companies)Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s) |

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. 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 needs 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 needs is having trouble maintaining safe 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.

The best course of action is to contact the GP, or in case of a crisis, contact the First Response Service.

It is important mental health teams are included in any discussions particularly where they have been involved in the past, as this might be a relapse indicator. They may also help understand the dynamic, where they have not previously been involved.

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	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways. This pathways include help to secure voluntary and community sector support within “Tier 1”.

Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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.

## Scenario ➎ Anti-social behaviour

### Situation

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

### Who should act?

| Housing | Mental health | Substance misuse | Other |
| --- | --- | --- | --- |
| If need advice about housing: Housing authority ✆Housing options / advice teamFor council tenants: tenancy management teams (Cambridge & South Cambridgeshire only) via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)For Housing Association tenants: Housing Association tenancy management teams via ✆Housing associations listingFor private tenants or home owners: Private Sector Housing or Environmental Health Teams via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/). For notes on locating a private landlord, ✆Private landlord District council anti-social behaviour or community safety team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)If risk of homelessness: Housing authority via ✆Duty to Refer  | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisisPossibly Mental Health ✆LaDS team  | CGL or Aspire CGL via ✆Single point of contact  | Police (if harassment, other illegal activity or arson or risk of arson is involved)✆ Fire Service If risk of arsonThe ✆Adult Early Help team  If safeguarding is a concern: ✆MASHChildren’s Social Care via Early Help HubVoluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for all |
| Who are the main parties, in this scenario, who have the duty to refer? |
| young offender institutions, youth offending teams, probation services (including community rehabilitation companies)Local Authority social service authorities (both adult and children’s)emergency departments, urgent treatment centres, hospitals in their function of providing inpatient care |

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

If a person experiences anti-social behaviour they should keep a record or diary of problems as they occur (being as specific as they 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 council has a slightly different approach to ASB, please see 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/).

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.

Where there is a mental health, or substance misuse issue it may be that a multi-agency meeting is needed. Safeguarding Adults duties under the Care Act 2014 should also be fully considered and explored.

A multi-agency meeting should involve the person and other applicable agencies such as for example the housing provider, Mental Health Social Work (if they are involved), Mental health team, GP, any support workers involved such as 🛈P3 or 🛈CGL, and Police (especially if there is an arson risk). This meeting can discuss the best course of action whether that is mediation, support, or alternative accommodation

###### 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 🗹 Arson or arson risk

🗹 Crimes based on discrimination 🗹 Domestic abuse

🗹 Drinking when under age 🗹 Drug and substance misuse including selling drugs

🗹 Graffiti 🗹 Harassment and intimidation

🗹 Inappropriate sexual behaviour 🗹 Noise nuisance (loud music or shouting)

🗹 Rowdy or drunken behaviour 🗹 Vandalism or criminal damage

🗹 Vehicle related nuisance 🗹 Violence, threats of violence, verbal and physical abuse

Housing actions

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

Private tenants can report ASB to their landlord

Council and housing association tenants can report ASB to the district council or to their housing association landlord.

Other residents (such as home owners or businesses) can report ASB to the relevant council team – see 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/).

Other residents can also complain to a neighbour’s landlord if they either 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 district council 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 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.

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	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways.

Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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.[[15]](#footnote-15)

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
* Children’s Social Care: Make a referral for a child or young person in need, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect. You can report a safeguarding concern from the 🕸[Joint Peterborough and Cambridgeshire Safeguarding website](https://safeguardingcambspeterborough.org.uk/concerned/) and use the online form on this page to make a referral. There is also full supporting guidance, risk assessment tools and threshold information.

## 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.

### Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| If need advice about housing: Housing authority ✆Housing options / advice teamIf risk of homelessness: Housing authority via ✆Duty to Refer For council tenants: Local authority rents or tenancy management team (Cambridge & South Cambridgeshire only) via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)For Housing Association tenants: the Housing Association rents or tenancy management team via ✆Housing associations listingFor private tenants or home owners: Private Sector Housing or Environmental Health Team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisisMental Health ✆LaDS team | CGL or Aspire CGL via ✆Single point of contact  | Hoarding Forum, see Local hoarding webpage ✆ Fire Service especially where there is hoardingThe ✆Adult Early Help team to get a re-assessment of adult social care needsIf safeguarding is a concern: ✆MASH |
| Who are the main parties, in this scenario, who have the duty to refer? |
| Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s)Emergency departments, urgent treatment centres, hospitals in their function of providing inpatient careSecretary of State for defence in relation to members of the regular armed forces |

Housing actions

There will usually have been a gradual decline in the cleanliness in a person’s accommodation. Caught early, this provides an opportunity to raise the issue and get a good understanding of the causes of the hoarding, with the person in question. Anyone visiting can have that early conversation and give good, preventative advice; but it is important to frame it in the right way if the person is to be helped to overcome the hoarding tendency in the long term.

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 district council needs to become involved or

there is hoarding that presents a potential health and safety risk to the tenant or visitors.

###### Spotlight on hoarding

‘Hoarding’ is the excessive collection and retention of any material to the point that it impedes day to day functioning.[[16]](#footnote-16)

Hoarding is classified under the International Classification of Disorders system as a mental disorder.

However, it is essential to look at the person’s behaviour and the mental health and well-being ‘behind’ the hoarding behaviour, to best know how to support the individual.

Consideration should always be given to the Safeguarding Adults duties under the Care Act 2014 where an adult

* has needs for care and support (whether or not the local authority is meeting any of those needs)
* is experiencing, or at risk of, abuse or neglect
* as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Hoarding Disorder is distinct from the act of ‘collecting’ or keeping your home in a generally cluttered or messy state. 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.

Generally, where a person is alcohol or substance dependant, a lot the issues around property condition are about squalor and poor hygiene. There may be a build-up of rubbish and waste. This is not generally what we refer to as hoarding, though of course hoarding might be an underlying part of the problem... Hoarding is seen as a mental disorder but it is unusual for someone to be labelled only as someone with hoarding disorder.

A person with long standing trauma, for example someone who are in care themselves or have had a child taken into care. That trauma can lead to the collecting of things to replace. There are also conditions where people cannot process cause and effect, some personality disorders fit here, where the individual cannot see that their actions have led to what they see, they presume some other reason. So it is important to look at what someone is hoarding in a non-judgemental way, showing curiosity and asking what Is collected and why, why is it important and what value does the individual see.

I started off thinking “That might be useful” but the feeling built up and now it’s out of control.

I’m very attached to all my possessions, they all have meanings and hold memories for me – I couldn’t bear to be parted from them

I don’t feel any emotional attachment to these objects but because of my OCD I need to do things ritually by numbers, which helps control my anxiety.

It’s all too much, I just can’t face dealing with it (someone with depression could fall into this).

Across Cambridgeshire and Peterborough our Hoarding Protocol guides thinking on hoarding and how best to approach it. This page gives brief highlights, but for the full picture please visit the protocol itself. [[17]](#footnote-17)

There is also a Hoarding Forum which meets every 6 weeks for professional who support people who hoard to come together and seek advice, best practice and guidance from others. It is an open forum where everyone can present situations in an anonymised way; all are welcome to contribute. No notes are taken, it is down to the induvial to take away their own conclusions on actions they will take. The multidisciplinary nature of the forum allows for a wide range of knowledge and experience. There is also a webpage of useful resources including more detail on the Hoarding Forum at 🕸Local hoarding webpage

Mental health actions

For someone with an anxiety disorder or compulsive behaviour CBT or talking therapies can help. The person who cannot part with their deceased mother’s belongings may likely need grievance support; the person who lost their child needs counselling and trauma support; and the person with depression perhaps medication and support to engage in wider things they enjoy.

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

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”[[18]](#footnote-18). For more on mental capacity please see 🕮Mental capacity. 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. Hoarding may be classed as self-neglect when considering adult safeguarding.

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* Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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: Fire Service

Cambridgeshire Fire and Rescue Service offers free training to agencies who deliver any kind of service to vulnerable adults, it’s called ‘Olive Branch’ and is a basic fire safety awareness and includes hoarding. It gives a brief overview of what the Fire Service looks for and some key factors in fire safety.

The training was delivered to most care providers in Cambridgeshire and some other professions prior to Covid, which then slowed the training programme down. However there are plans to get the programme running again in 2022.

The course can also be booked using the contact details set out in ✆Fire Service

## 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 need advice about housing: Housing authority ✆Housing options / advice teamIf risk of homelessness: Housing authority via ✆Duty to Refer For council tenants: Local authority rents or tenancy management team (Cambridge & South Cambridgeshire only) via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)For Housing Association tenants: the Housing Association rents or tenancy management team via ✆Housing associations listingIf owned or privately rented, Environmental Health or Private Sector Housing team via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) | Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisisMental Health ✆LaDS team | CGL or Aspire CGL via ✆Single point of contact  | The ✆Adult Early Help team If safeguarding is a concern: ✆MASHEarly Help Hub to get children’s Social Care support Police: ✆Neighbourhood policing teamsDistrict community safety teams via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) |
| Who are the main parties, in this scenario, who have the duty to refer? |
| Prisons, young offender institutions, youth offending teams, probation services (including community rehabilitation companies)Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s)emergency departments, urgent treatment centres. hospitals in their function of providing inpatient careSecretary of State for defence in relation to members of the regular armed forces |

Housing actions

###### Modern slavery

The National Referral Mechanism 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 🕸[National Referral Mechanism](https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales) so that the Single Competent Authority can fully consider the case. You do not need to be certain that someone is a victim.

Please also see 🕸<https://safeguardingcambspeterborough.org.uk/adults-board/adult-abuse-and-neglect/>

###### 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 Criminal Behaviour Order, Injunctions or Community Protection Notices requiring perpetrators to stay away from the victim and other vulnerable adults in the community, etc.

A cuckooing pathway for Cambridgeshire and Peterborough is being developed (November 2021), aiming to be adopted early in 2022.

Based in the draft, the pathway aims to clarify the steps when cuckooing is reported, and what can be done. The report may lead to a multi-agency meeting being set up.

This group would look to discuss the risks to cuckooing victim, community impact and any other concerns; and would consider supportive and enforcement options. They could make referrals as needed to other team, such as Aspire, LaDS, Counting Every Adult, CAB, any other appropriate support service.

A lead professional would own any action plan drawn up and would keep the plan under review with input for other professionals.

###### 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 or 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.

**Tell-tale signs**

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 the Police. 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 and 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. For contacts, see ✆Criminal Justice.

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.
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	+ If the person is already under the care of CPFT’s clinical mental health team, their mental health practitioner or support worker can refer them to mental health social workers, with the person’s consent.
	+ Where the person is not under the care of CPFT’s clinical mental health team, there are no safeguarding issues but there are concerns that more support maybe needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways. This pathways include help to secure voluntary and community sector support within “Tier 1”.

Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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 is having their accommodation taken over or is taking over another person’s accommodation or causing anti-social behaviour. For contacts, see ✆Single point of contact.

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 ✆Criminal Justice

## Scenario ➑ Person has immigration issues

### Situation

A person with substance misuse or mental health issues has unsettled or unresolved immigration status or has no recourse to public funds (known as NRPF).

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>[[19]](#footnote-19).

The protocol sets out:

* Types and Definitions of “no recourse to public funds”, outlining policy, practice and partnership in Cambridgeshire and Peterborough as well as 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 for people with no recourse, including Children, Families and Adults.

Regardless of immigration status, everyone in England is entitled to register with a GP. Not having a fixed address or not having an NHS number is not a barrier to registering at a GP practice.

#### 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. However, a person’s immigration status will affect whether they are required to pay for treatment[[20]](#footnote-20). Links to further guidance are included in this footnote[[21]](#footnote-21).

1. A rough guide to NHS free and chargeable services

Notes for Fig 6:

\* 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.

\*\*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
* 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

\*\*\*On prescriptions charges:

* Further detail is available at 🕸<https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/> including medical conditions meaning free prescriptions and help if low incomes.
* People who are not exempt from paying prescription charges may be entitled to help through the NHS Low Income Scheme.
* There are some useful phone numbers listed under ✆Help with health costs.

### Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| If need advice about housing: Housing authority ✆Housing options / advice teamIf risk of homelessness: Housing authority via ✆Duty to Refer  | If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisis | CGL or Aspire CGL via ✆Single point of contact  | 🕸NRPF toolkit protocol / processVoluntary & community organisations to help, support and signpost: see ✆Directories and ✆Tier ➊ Services for allMay need immigration advice to resolve issues, working with the ✆Home Office to clarify immigration statusIf safeguarding is a concern: ✆MASH |
| Who are the main parties, in this scenario, who have the duty to refer? |
| Local Authority social service authorities (both adult and children’s)Emergency departments, urgent treatment centres |

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. See 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) for contact details.

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. In Cambridgeshire these assessments are carried out by Cambridgeshire County Council. In Peterborough, it’s Peterborough City Council. If a housing authority’s Housing Needs team becomes aware of clients with no recourse to public funds that have safeguarding concerns, they can make a safeguarding referral, with consent, for those applicable. There is a useful Support for Migrant Families toolkit for general use, to help talk a person through their situation and get a guide to their immigration status, see 🕸<https://migrantfamilies.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[[22]](#footnote-22).

Once registered, people with no recourse may legally have to be charged for secondary and other health services, which includes many mental health services. There are exceptions so it is important to review these when working out what individual clients can access.

A person with No Recourse will most likely not be under the care of CPFT’s clinical mental health team. If there are concerns that support is needed, contact Adult Social Care as detailed in ✆Adult Social Care: 4 pathways with an emphasis on Tier 1 as these are “services accessible to all”. It is important not to compromise the person’s immigration status by accessing services which “count” as publicly funded. Remember, where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for 🕮Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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 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

Attend mutual aid from Alcoholics Anonymous or Narcotics Anonymous

Have community-based detoxes

Be prescribed Opiate Substitution Medication

See ✆Substance misuse single point of contact.

## Scenario ➒ Release from prison or police custody

### 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[[23]](#footnote-23) which sets out the roles of the organisations involved. When a person comes into Police Custody after being arrested, they have a risk assessment which includes asking for an address. Some are street homeless or sofa surfing and are categorized as No Fixed Abode. Their route to housing may be through a rough sleeper outreach team, phoning housing services or via services like Outside Links: for contact information, see ✆Outside Links.

### Who should act?

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Mental health | Substance misuse | Other |
| If need advice about housing options including making an application for social housing: Housing authority ✆Housing options / advice teamIf risk of homelessness: Housing authority via ✆Duty to Refer If street homeless contact ✆Street Outreach Teams  | Mental Health ✆LaDS team Mental health practitioner or support worker at CPFT (if known to services) – see ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)Local Authority Mental Health social worker (if applicable), see ✆Tier ➋ and Tier ➌If not known to services, 🕸[GP list](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) or ✆First Response Service in a mental health crisis | CGL or Aspire CGL via ✆Single point of contact  | Prison & Probation‘Through the Gate’ service HMP Peterborough Custody teamsThe ✆Adult Early Help team to secure social care if neededJobcentre Plus via 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/)Voluntary & community organisations: see ✆Directories and ✆Tier ➊ Services for allPossibly Mental Health forensic team - referral would be made by other mental health teams |
| Who are the main parties, in this scenario, who have the duty to refer? |
| Prisons, young offender institutions, secure training centres, secure colleges, youth offending teams, probation services (including community rehabilitation companies)Jobcentres in EnglandLocal Authority social service authorities (both adult and children’s)Secretary of State for defence in relation to members of the regular armed forces |

Housing actions

Prison: Following the principles of the 🕸[protocol](https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf), housing should be notified of a prison release as early as possible, as outlined in the Criminal Justice System pathway protocol. This can be done by using 🕮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.

Custody: Again, following the principles of the 🕸[protocol](https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf), the custody team / suite need to make a referral using 🕮The Duty to Refer. Contact information is provided under ✆Duty to Refer along with and phone numbers for each ✆Housing options / advice team. If an e-mail is not the best method of communication and the situation is pressing, please call the housing advice number, or the out of hours number. The main aim is to get in touch as soon as possible by whichever means so the housing team can do all that is possible to prevent homelessness.

If the person does not have access to very good communications (for example no mobile phone, no signal no data) the housing team being contacted will work through those issues and make sure there IS a way for them to keep in touch and to be contacted – this is part of the process the housing teams go through with customers who need it, to ensure they do not fall off the radar.

Mental health actions

The Liaison and Diversion Service, known as 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. 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.

This link takes you to contact details for ✆LaDS.

Remember, Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about 🕮 Safeguarding and the MASH. If children are involved, please see ✆Early Help Hub

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 will 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 has local vulnerable work coaches who can 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.

## 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[[24]](#footnote-24).

The teams involved include the Clinical Commissioning Group 🛈CCG, Local Authorities, Public Health and Office of the Police and Crime Commissioner (OPCC). Fig 7 gives a guide to who leads, in which situations.

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 or to ask about a client being considered for the conferences, please email provided the ✆Public Health Joint Commissioners for Substance Misuse

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 ILLNESSLOW |  | SEVERITY OF MENTAL ILLNESS**HIGH** |
| Roles:* Lead: Primary Care Mental Health Service (fka Enhanced Primary Care team) acts as a gateway
* Example: Illicit user of prescription drugs begins to struggle with low mood
 | SEVERITY OF SUBSTANCE MISUSELOW | 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
 |

# 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. See ✆Citizens Advice |
| Care Network |  | Care Network provides information, guidance and practical support to help people stay at home and connect with the local community. Initially our main focus was supporting older people, but today we provide that support to anyone over the age of 18 years. *“Helping people to stay healthy, independent and in touch with their community.”*See <https://care-network.org.uk/>  |
| CASUS |  | Supported treatment for young people in Cambridgeshire, see ✆Single point of contact |
| CCG | Cambridgeshire and Peterborough Clinical Commissioning Group | CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided.CCGs are assured by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services and some specialised hospital services. All GP practices now belong to a CCG, but CCGs also include other health professionals, such as nurses.CCGs commission services like:* most planned hospital care
* rehabilitative care
* urgent and emergency care (including out-of-hours)
* most community health services
* mental health and learning disability services.

Please note - The CCG will no longer exist from April 2022 it will be replaced by the Integrated Care System (ICS) |
| CGL | Change Grow Live | CGL provides substance misuse services and support across Cambridgeshire and Peterborough, as well as other support.In Cambridgeshire the service substance misuse is called CGL; in Peterborough it’s known as CGL Aspire, see ✆Single point of contact |
| 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 agesSee 🕮 Scenario ➓ Person has more than one issue |
| CPFT | Cambridgeshire and Peterborough NHS Foundation Trust | Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is “dedicated to providing high quality care with compassion. We deliver many of the NHS services that are provided outside of hospital and in the community, such as physical and mental health, and specialist services. Together with global, national and local partners, we conduct high-quality and ground-breaking research into mental and physical health and support innovation to improve patient care.We are a health and social care organisation and have clinical teams providing services in inpatient, community and primary care settings. Services include:* Adult mental health
* Forensic and specialist mental health
* Older people’s mental health
* Children’s mental health
* Children’s community
* Older people and adult community
* Specialist learning disability
* Primary care and liaison psychiatry
* Substance misuse
* Social care
* Research and development

We support a population of just under a million people and employ nearly 4,000 staff. Our biggest bases are at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, but our staff are based in more than 50 locations. CPFT strives to improve the health and wellbeing of the people we care for, our staff and members, to support and empower them to lead a fulfilling life.”[[25]](#footnote-25) See ✆Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) |
| CR&HTT | Crisis Resolution and Home Treatment Team | A community-based team providing assessment and short-term treatment in the community for people who might otherwise need admission to an acute psychiatric unit. Referrals to the team are made by other mental health services including the ✆First Response Service.  |
| CUH | Cambridgeshire University Hospitals NHS Foundation Trust | Cambridge University Hospitals (CUH) is a family of hospitals comprising Addenbrooke’s and The Rosie. As part of the NHS, we deliver expert care for patients – locally, regionally and nationally – while our vibrant teaching community equips and empowers our staff for the future. We also benefit from and contribute to some of the most important biomedical research in the world today.[[26]](#footnote-26)See ✆Hospitals |
| Dual diagnosis street project (CPFT) |  | The Dual Diagnosis Street Project 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.Please note: To refer someone in Cambridge to the project, please call or email. We take self-referrals but will accept referrals via Cambridge Access Surgery too.See ✆Dual diagnosis street outreach service, Cambridge |
| Duty to Refer |  | This is a mechanism for partners to refer someone to the housing local authority which deals with preventing homelessness as early as possible in the process. See 🕮The Duty to Refer for notes and ✆ Duty to Refer for district contacts and link to guidance.  |
| 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 for children.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. See ✆Early Help Hub – for children |
| 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 the Sanctuary – which are safe places run by mental health charity, CPSL 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 | A GP can be described as a doctor based in the community who treats patients with minor or chronic (long term) illnesses and refers those with serious conditions to a hospital. See ✆GPs |
| Home-Link |  | Cambridgeshire and West Suffolk’s choice based lettings system for social housing. See 🕸[Home-Link](https://www.home-link.org.uk/choice/content.aspx?pageid=1) |
| 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. See 🕸[Jigsaw](https://peterborough.housingjigsaw.co.uk/) |
| 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 🕮Scenario ➒ Release from prison and ✆LaDS |
| 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 an integrated on-line referral process for Cambridgeshire & Peterborough, for children and adults. 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. See ✆MASH |
| Outside Links  | Outside Links  | Outside Links provides continued support for both men and women who have resided at HMP Peterborough in the past, as well as the wider community. We work with a range of partners to reduce the risk of reoffending by providing continued support and advice. The support available is diverse and includes: Drop-in service, arranging housing appointments, finance, benefit and debt support, meeting point with support agencies, job search, CV writing, help with completing housing forms/benefit forms, arranging Doctor’s appointments, sign posting to other agencies and support for families. Please note Wednesdays are ‘Women Only Wednesdays’.See ✆Outside Links |
| P3 Floating support / Housing related support | P3 stands for People, Potential, Possibilities | Our floating support service is provided across Cambridgeshire and Peterborough. P3 currently provides this service offering short term support for people who need it to manage and maintain their accommodation and are at risk of homelessness, have rent or mortgage arrears or have difficulty managing independently in their homeSupport offered includes support to address any difficulties preventing someone from living independently, such as mental ill-health or debt and financial issues, tailored to the individual, including Managing your tenancy, Mental health support, Housing advice, Budgeting and debt, Accessing financial support, Social and community groups, Employment, education & training opportunities and Signposting to other servicesReferrals can be made directly via the online portal or by calling the service. Individuals can self-refer or professionals can make a referral for someone. Professionals can also call to seek some guidance about the service - see ✆Floating Support.The support is not tied to any accommodation. It aims to support people in their own home whatever type of tenure or property they have. |
| PCMHS | Primary Care Mental Health Service | Employs community mental health clinicians who each serve a small group of GPs, known as a Primary Care Network (PCN). They make referrals if someone needs a mental health service or some other kind of support. (Formerly known as PRISM and as Enhanced Primary Care Service or EPCS). |
| 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. See ✆ Single point of contact |
| Street Outreach Team (CGL) |  | Cambridge’s Street Outreach team is there to find rough sleepers, engage, signpost and support to access primary health care (both physical and mental), finance and housing.  We respond to the intelligence that partner agencies and the public send to us via Streetlink, attending sites 4 mornings a week and conducting joint evening outreach with CGL’s recovery outreach workers on Monday, Wednesday and Friday evenings.  We conduct joint daytime outreach with partners including CPFT’s Dual diagnosis Street Project, Housing First and Jimmy’s Cambridge to bring services out to people, breaking down the barriers to accessing services. We run surgeries at Wintercomfort on Monday, Tuesday, Thursday & Friday 9am-10.30am.See ✆Street Outreach Teams  |
| Streetlink |  | Are you concerned about a person or people rough sleeping? Please report as much information as possible using the Streetlink portal, listed under ✆Streetlink |

# Useful contacts

This list provides useful contacts for organisations seeking help, advice and referrals for their customers.

Three are two “types” of contact includes: one type is detailed and gives all the information needed to contact a key team or partner names in this toolkit. The other takes the form of a link to directories on the internet, which are maintained and provide far more detail than this document can, along with the added benefit it won’t go out of date. These directories give details of numerous providers of help and support, so readers will need to consult those directories alongside this toolkit and can be found in 🕮Directories.

If you spot any information in this list of contacts 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 toolkit@cambridge.gov.uk

| What is it? | 🌍 website | 🖄 e-mail | ✆ telephone | 🕘 hours & location |
| --- | --- | --- | --- | --- |
| **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> |
| HOUSING |  |
| **Duty to Refer**Contact the district housing team via the duty to refer where there is a risk of homelessness. 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>If you believe your client has nowhere to sleep tonight, use the on-line forms – links provided below - to provide as much information as possible, with their consent. Please speak to housing advice as soon as possible and do not rely solely on the on-line forms, you can call housing advice / options as well to you speak to someone as well. |
| Cambridge City Council  | <https://www.cambridge.gov.uk/duty-to-refer-homeless-people-to-a-local-authority> | On-line form to help provide the most useful detail at an early stage:<https://hpa2.org/refer/CCC> | If you are discharging someone today, phone 01223 457918 to speak to the duty officer before discharge.  |  |
| East Cambridgeshire  | <https://www.eastcambs.gov.uk/housing/make-homeless-referral> | mailto:housingservices@eastcambs.gov.uk?subject=Duty to Refer |  |  |
| Fenland District Council | <https://www.fenland.gov.uk/homelessness> | <https://hpa2.org/refer/FEN> |  |  |
| Huntingdonshire District Council  | <https://www.huntingdonshire.gov.uk/housing/homelessness/duty-to-refer-for-public-authorities/> | <https://www.gov.uk/government/publications/homelessness-duty-to-refer> |  | Please complete the duty to refer form (link under “email” and send it to housingadvice@huntingdonshire.gov.uk  |
| Peterborough City Council  | <https://www.peterborough.gov.uk/residents/housing/homelessness> | <https://live.housingjigsaw.co.uk/alert/duty-to-refer> |  | In the event you unable to access the ALERT portal please contact Housing Needs on 01733 864064 or email us at dutytorefer@peterborough.gov.uk. |
| South Cambridgeshire District Council | For info: <https://www.scambs.gov.uk/housing/housing-advice/the-duty-to-refer/> | SCDC’s on-line form to help partners provide the most useful detail at an early stage:<https://hpa2.org/referral/FormPage.aspx> |  |  |
| Housing options / advice team |
| Cambridge City Council Housing Advice Service | <https://www.cambridge.gov.uk/get-advice-about-housing> |  | 01223 457918Out of Hours: 0844 335 3944 |  |
| East Cambridgeshire housing advice and homelessness  | <http://www.eastcambs.gov.uk/housing/homelessness> |  | 01353 665555Out of hours: 07710 978900. |  |
| Fenland District Council’s housing advice webpage | <http://www.fenland.gov.uk/housingadvice> |  | 01354 654321Out of hours: 01354 654321 |  |
| Huntingdonshire District Council housing advice | <http://www.huntingdonshire.gov.uk/housing/advice-for-tenants/housing-advice> |  | 01480 388218Out 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. | <https://www.peterborough.gov.uk/residents/housing/housing-advice/><https://www.peterborough.gov.uk/residents/housing/homelessness/> |  | 01733 864064Out of hours: 01733 864157 |  |
| South Cambridgeshire District Council’s housing advice  | <https://www.scambs.gov.uk/content/housing-advice-service> |  | 03450 450 051Out of hours: 01253 501117 |  |
| 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 | 0808 169 8099 (freephone) |  |
| Street Outreach Teams for people who are on the street |
| Cambridge Street Outreach Team Working to support rough sleepers in Cambridge.Based at Change Grow Live, 2nd Floor, 125 Newmarket Road CB5 8HA (no public access to offices at Dec 2021) | <https://www.changegrowlive.org/street-outreach-cambridge/info>  | SOT.Cambridge@cgl.org.uk | 01223 366292 | If you phone us outside office hours, please leave a message and we'll get back to you as soon as possible.All rough sleeper information should be reported using ✆Streetlink. This ensures that the correct outreach team or housing authority is informed about their rough sleeper situation.  |
| WisbechIn Wisbech, called the Central & Eastern European Homeless Project which incorporates a tenancy sustainment service: |  | CEEHP.Wisbech@cgl.org.uk |  |  |
| Street Outreach in East Cambridgeshire, Huntingdonshire and South Cambridgeshire | Referrals should be made by reporting a rough sleeper to the Housing Advice & Options teams at the relevant housing authority who will pass to P3: see ✆Housing options / advice team or via ✆Streetlink |  |  |  |
| Peterborough’s Street Outreach Team supports people into re-engagement with the services they need.  | See 🕸<https://www.peterborough.gov.uk/residents/housing/homelessness> and 🕸<https://www.saferoffthestreets.co.uk/peterborough-homelessness/> | Please contact to report a rough sleeper via ✆Streetlink |  |  |
| Dual diagnosis street outreach service, Cambridge Works with entrenched rough sleepers who are still rough sleeping or who have recently moved into a hostel or temporary accommodation in Cambridge City. | <https://www.cpft.nhs.uk/service-detail/service/dual-diagnosis-street-project-27/>  | DDSP@CPFT.nhs.uk  | 01223 271015 or 01223 271011 | Business / visiting hours Monday to Friday, 0900 to 1700 excluding Bank HolidaysThe Bridge, 152-154 Mill Rd, Cambridge CB1 3LP |
| GP surgeries & homelessness |
| Cambridge Access Surgery  | [Cambridge Access Surgery](https://www.mhcambridgeaccess.co.uk/) |  | 01223 358961 | 125 Newmarket Road, Cambridge CB5 8HB |
| Boroughbury Medical Practice | [Boroughbury Medical Practice](https://www.boroughburymedicalcentre.co.uk/) |  | 01733 307840Out of hours 111 | Craig Street, Peterborough PE1 2EJ |
| Private rented housing |
| Private landlord | Private tenants should have a rent book or an on-line account, which gives the name and address of their landlord.If the person you are speaking to is unsure who their landlord is, please contact the local housing advice team, private sector housing or environmental health team (see ✆Housing Guide or ✆Citizens Advice who will do all they can to help.  |
| Mental health  |
| First Response ServiceFor those in mental health crisis requiring an immediate telephone triage  |  |  | 111 and Option 2 | 24/7 |
| FRS professional line - for professionals seeking some guidance and advice  |  | Email to get FRS professionals number |  | Please email to find the professionals helpline number. The team will call you back to give the help you need.  |
| LaDSLiaison and Diversionary Service (Criminal Justice Pathway) |  | 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, Mon to Sun |
| CPSL Mind Discharge Buddy serviceMental Health specialist wards and Crisis Resolution and Home Treatment Team can refer people with mental health issues who are due to come out of hospital, to the buddy team. Cambridgeshire & Peterborough |  | dischargebuddy@CPSLmind.org.uk  |  |  |
| IAPT or PWSPsychological Wellbeing Service for Cambridgeshire and PeterboroughPlease note, CPFT Psychological Wellbeing Service is not a crisis or emergency service and cannot provide an urgent response. If you are in a mental health crisis, contact FRS on 111 option 2. | <https://www.cpft.nhs.uk/psychological-wellbeing-service> | selfreferiapt@cpft.nhs.uk  | 0300 300 0055 | Phone lines open 9am-4pm, Monday to Friday (closed Bank Holidays) |
| Substance misuse |
| Single point of contact | The specialist drug and alcohol service Change Grow Live provides support to people affected by drug and alcohol use: |
| Find local support from CGL on this page | <https://www.changegrowlive.org/local-support/find-a-service> |  |  |  |
| Cambridgeshire: Adults 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 | 0300 555 0101 or 0300 555 0202 | 0300 555 0101 9.30am-4.30pm Mon-Fri |
| Cambridgeshire: Young people aged 12 to 18, from CASUS | <https://www.cpft.nhs.uk/service-detail/service/cambridgeshire-child-and-adolescent-substance-use-service-casus-180/> | casus@cpft.nhs.uk | 01480 445 316 |  |
| Peterborough: Adults over 18 and young people aged 12 to 18, from CGL Aspire  | <https://www.changegrowlive.org/aspire-recovery-peterborough/> | peterborought@cgl.org.uk  | 01733 895 624 or 0800 111 4354 |  |
| Substance misuse hospital liaison workers | Please contact the ✆Single point of contact |  |  |  |
| Public Health Joint Commissioners for Substance Misuse |  | Joseph.keegan@cambridgeshire.gov.ukSusie.talbot@cambridgeshire.gov.uk  |  |  |
| Hospitals  |
| Addenbrooke’s (CUH) | <https://www.cuh.nhs.uk/> | <https://www.cuh.nhs.uk/contact-us/contact-enquiries/> | 01223 245151Discharge Planning Specialist Nurse Team 01223 586951 | Addenbrooke's Hospital, PO Box 195, Hills Road, Cambridge, CB2 2QQ  |
| Hinchingbrooke Hospital | <https://www.nwangliaft.nhs.uk/our-hospitals/hinchingbrooke-hospital/>  |  | 01480 42896401480 416416 | Hinchingbrooke Park, Huntingdon PE29 6NT |
| Peterborough City Hospital  | <https://www.nwangliaft.nhs.uk/our-hospitals/peterborough-city-hospital/> |  | 01733 673405 | Bretton Gate, Peterborough PE3 9GZ  |
| Queen Elizabeth Hospital, King's Lynn  | <http://www.qehkl.nhs.uk/>  |  |  |  |
| Discharge planning teams |
| Addenbrooke’sSouth Transfer of Care Team | [More information on preparing to leave Addenbrooke's](https://www.cuh.nhs.uk/for-patients/inpatients/preparing-leave-hospital) | discharge.dutyteam@cambridgeshire.gov.uk  | 01223 729165 |  |
| Hinchingbrooke HospitalNorth Transfer of Care Team |  |  | 01480 416087 |  |
| Peterborough City Hospital: North Transfer of Care Team |  |  | 01733 677 518 |  |
| Mental health inpatient units |
| Cavell Centre, Peterborough | <https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=101012> |  | 01733 776000 | Edith Cavell Healthcare Campus, Dept 506, Bretton Gate, Peterborough, PE3 9GZ |
| Fulbourn Hospital |  | james.southwick@cgl.org.uk Homelessness Prevention Officer at Fulbourn | 01223 219400 | Fulbourn Hospital, Fulbourn, Cambridge CB21 5EF |
| Help with health costs |
| NHS Help with Health Costs helpline  |  |  | 0300 330 1343 |  |
| Prescription services helpline and guide on who can get free prescriptions | [www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/](file:///C%3A%5CUsers%5Cbeecr1s%5CAppData%5CRoaming%5CMicrosoft%5CWord%5Cwww.nhs.uk%5Cnhs-services%5Cprescriptions-and-pharmacies%5Cwho-can-get-free-prescriptions%5C) |  | 0300 330 1349 |  |
| Queries about medical exemption certificates |  |  | 0300 330 1341 |  |
| General health: self-help and community support |
| Healthwatch | Can help people to find the local health services near them, including information, advice and signposting phone line; website information; e-mailing support information and online Health and Care Forums and other meetings |
| Healthwatch Cambridgeshire | <https://www.healthwatchcambridgeshire.co.uk/>  | enquiries@healthwatchcambspboro.co.uk | 0330 355 1285Text: 0752 0635 176 | 0900 to 1600 Mon-Thurs0900 to 15:30 Fri |
| Healthwatch Peterborough  | <https://www.healthwatchpeterborough.co.uk/>  | enquiries@healthwatchcambspboro.co.uk  | 0330 355 1285Text: 0752 0635 176 | 0900 to 4pm Mon-Thurs0900 to 3:30pm Fri |
| Criminal Justice |
| Victim and Witness Hub  | <https://www.cambs.police.uk/information-and-services/Victims-and-Witnesses/Victim-and-Witness-Hub>  | victimandwitnesshub@cambs.pnn.police.uk  | Freephone: 0800 781 6818 | 0900 to 1700 Monday to Friday1000 to 1400 Saturdays |
| Outside Links For support following prison release | <https://fis.peterborough.gov.uk/kb5/peterborough/directory/service.page?id=EP1SDS7B5UM> | outsidelinks@sodexojusticeservices.com  | Freephone Support Line 0800 587 7745 0778 961 5048 | 10.30 to 17.00 Mon to Fri |
| Social care  |
| Adult Early Help |
| Cambridgeshire Adult Early Help |  | careinfo@Cambridgeshire.gov.uk | 0345 045 5202 |  |
| Peterborough Adult Early Help  | <https://fis.peterborough.gov.uk/kb5/peterborough/directory/service.page?id=a459I6-FadE>  | adultsocialcare@peterborough.gov.uk  | 01733 747474 option 4 | For emergencies out of hours please contact the Emergency Duty Team on 01733 234724. |
| Adult Social Care: 4 pathways |
| Tier ➊ Services for allCambridgeshire: Support to find the help you need by contacting the community navigators  | <https://care-network.org.uk/>  |  | Care Network Community Navigators, CambridgeshireCambridge City: 01223 300460 East Cambridgeshire: 01353 659639 Fenland: 01354 695208Huntingdonshire: 01480 775493South Cambridgeshire: 01954 212100 | 9am-5pm Mon-Fri  |
| Tier ➊ Services for allPeterborough: Support to find the help you need by contacting British Red Cross  | supportathomepeterborough@redcross.org.uk | supportathomepeterborough@redcross.org.uk  | 01733 207113 | 10am-6pm, seven days per week,  |
| Tier ➋ and Tier ➌➋ = Short term or low-level support ➌ = Long term care & support | Cambridgeshire: Access through Customer Services careinfo@cambridgeshire.gov.uk |  | 0345 045 5202 |  |
| Peterborough: Access through Adult Early Help adultsocialcare@peterborough.gov.uk |  | 01733 747474 |  |
| MASH Tier ➍ Safeguarding Refer to the Multi Agency Safeguarding Hub who will initiate a safeguarding enquiry and/or pass to Adult Early Help.  | <https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work> |  |  |  |
| Tier 4 Safeguarding: Cambridgeshire  | <https://safeguardingcambspeterborough.org.uk/concerned/> | referral.centreadults@cambridgeshire.gov.uk  | 0345 045 5202 | Mon-Fri 8am-6pm Sat 9am-1pm |
| Tier 4 Safeguarding: Peterborough | <https://safeguardingcambspeterborough.org.uk/concerned/> | adultsocialcare@peterborough.gov.uk  | 01733 747474 | Mon-Fri 9am-5pm |
| Tier 4 Safeguarding: Emergency Duty Team  |  |  | 01733 234724 | Out of hours(Cambs & Peterborough) |
| Early Help Hub – for children |
| 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  | 01480 376 666 |  |
| Peterborough Early Help Hub | <https://www.peterborough.gov.uk/healthcare/early-help> | earlyhelp@peterborough.gov.uk  | 01733 863649 |  |
| Children’s social care |
| Children’s social careMake a referral for a child or young person in need, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect. You can report a safeguarding concern using the website and use the online form to make a referral.  | <https://safeguardingcambspeterborough.org.uk/concerned/>  |  |  |  |
| Money and debt |
| HMRC Tax Credits Helpline |  |  | 0345 300 3900 |  |
| Hospital stays and Universal Credit Report a hospital stay of 24 hours or longer using your Universal Credit online account | <https://www.gov.uk/universal-credit/how-to-claim> |  | 0800 328 5644 |  |
| The Cambridgeshire Local Assistance Scheme (CLAS) provides information, advice and practical support for people experiencing financial difficulty and hardship.  | <http://makingmoneycount.org.uk/about-us/cambridgeshire-local-assistance-scheme/>  | For more information and to apply, or to apply on someone's behalf (referrals), please contact your nearest ✆Citizens Advice Bureau  |  |  |
| Other |
| Citizens Advice |
| Cambridge & District CAB: Covers Cambridge City and South Cambridgeshire | [www.cambridgecab.org.uk](http://www.cambridgecab.org.uk)  | caba@cambridgecab.org.uk  | Adviceline Freephone: 08082 787808Switchboard: 01223 222660 | 0900 to 1700 Monday to Friday66 Devonshire Road, Cambridge CB1 2BL |
| 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/> |  |  |  |
| Fire Service |
| Cambridgeshire Fire | [www.cambsfire.gov.uk](https://protect-eu.mimecast.com/s/q74YCJ8GSKRyXvSGXldr?domain=cambsfire.gov.uk) (follow the link for home safety) | firefire@cambsfire.gov.uk | 0800 917 9994 | Note: These contacts go to the dedicated admin team who book jobs and will take details. Referrals from agencies are not risk scored, the only ask is for the referrer to leave their contact details |
| About this toolkit |
| Email to contact team with feedback or suggested changes to this toolkit | [https://cambridgeshireinsight.org.uk/mh-sm-h-toolkit/](https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/mh-sm-h-toolkit/) | toolkit@cambridge.gov.uk |  | Emails will be answered as soon as possible, within office hours |

# Directories

Rather than list contacts which will go out of date in this toolkit, we are providing links to on-line contact lists / directories, where you can find up to date contact information

| Directory  | Link & notes |
| --- | --- |
| Housing |
| Housing Guide | <https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/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.For each district, the Housing Guide includes Duty to refer contacts; Housing options, homelessness & housing advice teams; Choice Based Lettings schemes (Home-Link and Jigsaw); Who manages the housing register locally; council tenants & leaseholders (found only in Cambridge and South Cambridgeshire); Home improvement agencies (for people who need adaptations or assistance to make their home more suited their needs); Private sector housing / environmental health teams; Anti-social behaviour / community safety teams; local housing & welfare benefit and Council Tax Teams; Job Centre Plus locations |
| Housing associations | [https://cambridgeshireinsight.org.uk/housing-providers/](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-providers/)  |
| On-line listing of housing providers (including housing associations and almshouses) who own and manage homes in each district across Cambridgeshire and Peterborough, with a link to each organisation’s website homepage.If the person you are speaking to is unsure who their landlord is, please contact the local housing advice team or CAB who will do all they can to help. |
| Street Support Cambridgeshire | [https://streetsupport.net/cambridgeshire/](https://streetsupport.net/cambridge/) |
| A website connecting people and organisations locally, to end homelessness across Cambridgeshire. You can use the site to get help or to give help. |
| Safer Off the Streets Peterborough | <https://www.saferoffthestreets.co.uk/>A site enabling homeless people in Peterborough to find help, and to help locals offer help and donate items. |
| Streetlink | [www.streetlink.org.uk/](file:///C%3A%5CUsers%5Cbeecr1s%5CAppData%5CRoaming%5CMicrosoft%5CWord%5Cwww.streetlink.org.uk%5C) |
| Any reports of rough sleepers anywhere in the UK should be flagged to the appropriate service via Streetlink. There is an app to download which enables you to outline your concerns and where you have seen the person rough sleeping. If you are concerned and feel it is an emergency situation, please dial 999. |
| Mental health |
| Keep Your Head  | <https://www.keep-your-head.com/> |
| A directory of mental health and other support across Cambridgeshire, with sections for children and young people, for adults, and for professionals. Keep Your head covers three areas: children, adults and professionals, and includes links to agencies, self-help, crisis and news. Topics covered include:Bereavement, Eating Disorders, Older People, Carers, Self Harm, Suicide, Stress, Sexual Abuse, Domestic Abuse, PTSD, Drug/Alcohol Abuse, Pregnancy, Social Isolation, Anxiety and/or Depression, Disability, Personality Disorders, Young People, LGBTQIA+, Sleep, Victims & Witnesses, Physical Activities, Volunteering, Money, Housing, Employment, Emergency Services Staff. |
| Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)  | [www.cpft.nhs.uk](http://www.cpft.nhs.uk)<https://www.cpft.nhs.uk/aboutus> <https://www.cpft.nhs.uk/psychological-wellbeing-service><https://www.cpft.nhs.uk/helpinacrisis>  |
| CPFT provides mental health and specialist services in Cambridgeshire and Peterborough. Their website provides information for various services. People aged 17 and over with common mental health problems can self-refer to the Psychological Wellbeing Service. There is also information about how to find help in a crisis. |
| Mental health information directory  | <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/mental-health-information-directory>  |
| Mental health and money advice:  | <https://www.mentalhealthandmoneyadvice.org>Plus further useful contacts at <https://www.mentalhealthandmoneyadvice.org/en/help-contacts/> |
| Site to help you understand, manage & improve your mental health and money issues |
| “How Are You” websites | These sites bring together everything in the local community that is good for mental wellbeing.<https://haycambspboro.co.uk/> |
| HAY Cambridge | <https://www.haycambridge.co.uk/> |
| HAY East Cambridgeshire | <https://hayeastcambs.co.uk/> |
| HAY Fenland | <https://www.hayfenland.co.uk/> |
| HAY Huntingdonshire | <https://hayhunts.co.uk/> |
| HAY South Cambridgeshire | <https://www.haysouthcambs.co.uk/> |
| H.A.Y Peterborough | <https://www.haypeterborough.co.uk/>  |
| Mental health information directory  | <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/mental-health-information-directory> |
| Produced by Cambridgeshire County Council |
| Be well Cambridgeshire  | <https://www.bewellcambridgeshire.co.uk/> |
| Includes information on drugs, alcohol, mental health and other topics, from our local Public Health team |
| Substance misuse |
| Keep Your Head  | <https://www.keep-your-head.com/> |
| A directory of mental health and other support across Cambridgeshire, with sections for children and young people, for adults, and for professionals |
| NHS ‘live well’ drugs information page | <http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx> |
| NHS alcohol support & healthcare  | [www.nhs.uk/live-well/alcohol-support/](http://www.nhs.uk/live-well/alcohol-support/) |
| Hospitals and after care |
| Short term care, including after a hospital stay  | <https://www.cambridgeshire.gov.uk/residents/adults/organising-care-and-support/types-of-support/short-term-care> |
| Criminal justice & related |
| Fearless  | [www.fearless.org/](file:///%5C%5CMH_SHARED_SERVER.ccc.local%5CSHARED%5CMH%5CData%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5C4%20Housing%20need%20%26%20homelessness%5Cmh%20drug%20alcohol%20work%5Cnovember%20feedback%5Cwww.fearless.org%5C)  |
| Where you can report any crime, anonymously, using an online form, 24 / 7 |
| Neighbourhood policing  | [www.cambs.police.uk/Neighbourhood-Policing/Your-Neighbourhood-Policing-Teams](file:///%5C%5CMH_SHARED_SERVER.ccc.local%5CSHARED%5CMH%5CData%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5C4%20Housing%20need%20%26%20homelessness%5Cmh%20drug%20alcohol%20work%5Cnovember%20feedback%5Cwww.cambs.police.uk%5CNeighbourhood-Policing%5CYour-Neighbourhood-Policing-Teams) |
| This link takes you to contacts for Neighbourhood Policing Teams in each district |
| Reporting to the police online  | [www.cambs.police.uk/report/Report](file:///%5C%5CMH_SHARED_SERVER.ccc.local%5CSHARED%5CMH%5CData%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5C4%20Housing%20need%20%26%20homelessness%5Cmh%20drug%20alcohol%20work%5Cnovember%20feedback%5Cwww.cambs.police.uk%5Creport%5CReport) |
| Neighbourhood resolution panel scheme | [www.cambridge.gov.uk/neighbourhood-resolution-panel-scheme](file:///%5C%5CMH_SHARED_SERVER.ccc.local%5CSHARED%5CMH%5CData%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5C4%20Housing%20need%20%26%20homelessness%5Cmh%20drug%20alcohol%20work%5Cnovember%20feedback%5Cwww.cambridge.gov.uk%5Cneighbourhood-resolution-panel-scheme)  |
| Criminal Justice protocol | <https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf>Cambridgeshire and Peterborough Accommodation Protocol - Pathways home for people with experience of the Criminal Justice System v1.0 (December 2018)  |
| Social care |
| Adult care needs assessment tools  | Cambridgeshire: <https://www.cambridgeshire.gov.uk/residents/adults/organising-care-and-support/care-needs-assessment>Peterborough: <https://fis.peterborough.gov.uk/kb5/peterborough/directory/site.page?id=v_DCuHaLS4U> |
| Safeguarding | <https://safeguardingcambspeterborough.org.uk/adults-board/> |
| Money & debt |
| Universal Credit  | <https://www.gov.uk/universal-credit> |
| Your Universal Credit online account |
| Pension-age benefits | <https://www.gov.uk/contact-pension-service> |
| Call the Pension Service helpline if you get any of these: State Pension, Pension Credit, Attendance Allowance. The link provides phone numbers, hours etc. |
| Attendance Allowance:  | <https://www.gov.uk/attendance-allowance/how-to-claim> |
| Call the helpline if you only get Attendance Allowance. |
| Disability Service Centre:  | <https://www.gov.uk/disability-benefits-helpline> |
| Call if you get Disability Living Allowance (DLA) or Personal Independence Payment (PIP) |
| Mental health and money advice:  | [www.mentalhealthandmoneyadvice.org/en/welfare-benefits/can-i-claim-welfare-benefits-if-i-m-living-with-a-mental-illness/income-support/](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\november%20feedback\www.mentalhealthandmoneyadvice.org\en\welfare-benefits\can-i-claim-welfare-benefits-if-i-m-living-with-a-mental-illness\income-support\) [www.mentalhealthandmoneyadvice.org/en/welfare-benefits/am-i-eligible-for-employment-support-allowance-esa/](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\november%20feedback\www.mentalhealthandmoneyadvice.org\en\welfare-benefits\am-i-eligible-for-employment-support-allowance-esa\) |
| Income support and employment support allowance links |
| Child Benefit:  | <https://www.gov.uk/child-benefit-for-children-in-hospital-or-care> |
| Tell the Child Benefit Office if your child goes into hospital or ‘residential care’ for more than 12 weeks. |
| Bereavement Allowance and Carer’s Allowance:  | <https://www.gov.uk/bereavement-allowance/further-information> |
| Visit to find phone numbers to call to report a hospital stay if you get Bereavement Allowance or Carer’s Allowance. |
| DWP website | [www.dwp.gov.uk](http://www.dwp.gov.uk) |
|  | <https://www.gov.uk/universal-credit/other-financial-support> |
| Making Money Count: Employment link and directory of services  | Offers self-help information on money, being online, finding work & renting.<http://makingmoneycount.org.uk/work/><http://makingmoneycount.org.uk/services-near-me/> |
| Money and Pensions Service (MaPS)  | <https://moneyandpensionsservice.org.uk/>  |
| Promoting financial wellbeing |
| Money Helper  | [www.moneyhelper.org.uk/en](file:///%5C%5CMH_SHARED_SERVER.ccc.local%5CSHARED%5CMH%5CData%5CStrategic%20Housing%20Team%20Plans%20and%20info%5CSue%20Beecroft%5CHousing%5C4%20Housing%20need%20%26%20homelessness%5Cmh%20drug%20alcohol%20work%5Cnovember%20feedback%5Cwww.moneyhelper.org.uk%5Cen) |
| Free impartial help with money (backed by the government) for individuals |
| Building Better Opportunities project | [www.cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/building-better-opportunities/](http://www.cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/building-better-opportunities/)  |
| Helping people back into work locally |
| Other help and support |
| GPs across Cambridgeshire & Peterborough | [www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/) |
| Provides a complete listing of GP surgeries |
| Cambridgeshire Online Directory of Services  | <https://www.cambridgeshire.gov.uk/cambridgeshire-online-directory> |
| Provides listings of services, events, groups, organisations and clubs across the county. The Directory is being updated daily with the latest information about what is currently available |
| General health information directory  | <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/general-health-information-directory> |
| Care and support information directory  | <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/care-and-support-information-directory> |
| Carers Directory | <https://www.caringtogether.org/carers-directory> |
| Healthy living information directory  | <https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/healthy-living-information-directory> |
| Peterborough Information Network (PIN)  | [www.peterborough.gov.uk/PIN](http://www.peterborough.gov.uk/PIN) |
| Provides information and advice along with listings of services, events, groups, organisations and clubs in Peterborough. The PIN is being updated daily with the latest information about what is currently available |
| Guide to Independent Living in Cambridgeshire … and Peterborough  | <https://www.carechoices.co.uk/publication/cambridgeshire-guide-to-independent-living/> |
| <https://www.carechoices.co.uk/publication/peterborough-guide-to-independent-living/>  |
| Provides information and support to help people stay independent, safe and well, latest version 2020/21 |
| Domestic abuse |  |
| Domestic Abuse and Sexual Violence Partnership  | [https://www.cambsdasv.org.uk/](https://www.cambsdasv.org.uk/website/support__help/84011) |
| Cambridgeshire and Peterborough DASV website |
| Complicated Matters | <https://avaproject.org.uk/resources/complicated-matters/> |
| A toolkit addressing domestic and sexual violence, substance use and mental ill-health |
| Hoarding |
| Link to training run by the Safeguarding service on hoarding | <https://safeguardingcambspeterborough.org.uk/home/availabletraining/hoarding-safeguarding-adults-at-risk/> |
| County-wide hoarding policy | <https://safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/hoarding/> |
| County-wide self-neglect policy | <https://safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/selfneglect/> |
| Fire Service | [www.cambsfire.gov.uk](https://protect-eu.mimecast.com/s/q74YCJ8GSKRyXvSGXldr?domain=cambsfire.gov.uk)  |
| Local hoarding webpage | <https://cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/hoarding/> |
| Page of local information, including contact for the Hoarding Forum |
| Hoarding Protocol | Joint multi-agency protocol for working with people who display hoarding for Cambridgeshire and Peterborough (September 2016) <https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf>  |
| No Recourse to Public Funds |
| NRPF toolkit  | <https://nrpfnetwork.org.uk/information-and-resources/web-tool> |
| The NRPF network | <https://nrpfnetwork.org.uk/> |
| Home Office  | <https://www.gov.uk/browse/visas-immigration>Multiple pages of advice on the gov.uk website |
| Rough sleeper support service | [https://www.gov.uk/government/publications/rough-sleeping-support-service](https://protect-eu.mimecast.com/s/e4uoCqQwuXWj0ofZHR1y?domain=gov.uk)The government’s rough sleeper support service (RSSS) can identify non-UK rough sleepers who, on the basis of their immigration status, qualify for public funding but are unable to prove it. This link is provided as useful background, we strongly suggest approaching the housing authority’s housing advice team before approaching the RSSS. |
| Local NRPF web page | <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/no-recourse-to-public-funds/>Includes link to NPRF protocol and on-line training |
| Modern Slavery |  |
| National Referral Mechanism | <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales> |
| Other documents used in this toolkit |
| Co-occurring principles | <https://www.sunnetwork.org.uk/dev/wp-content/uploads/2020/01/Co-occuring-principles-document-final-.pdf>Co-occurring principles, Cambridgeshire & Peterborough, (posted September 2020)  |
| Homeless 16 and 17 year olds Protocol  | <https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/joint-protocol-to-address-the-needs-of-homeless-16-and-17-year-olds-in-cambridgeshire/>Joint Protocol to address the needs of Homeless 16 and 17 year olds in Cambridgeshire (August 2021)  |

## Appendix 1: Housing register ‘bands’

Bands on Home-Link[[27]](#footnote-27)

|  |
| --- |
| BAND A - Urgent Need |
| You are a council or housing association tenant who needs to move urgently, for example because your property is about to be demolished or redeveloped.You are leaving Social Services care or are a current resident of supported housing and you have been assessed as being ready to move into independent accommodation.You are occupying a property which has been assessed as posing an urgent health and safety risk to you and your family.You have an urgent medical condition, and your current housing is having a major adverse effect on the medical condition.You have been assessed as needing two more bedrooms than you currently have.You are a council or housing association tenant with two or more bedrooms than you need and are willing to move to a smaller property. Or you live in an adapted property and the adaptations are no longer required. For example, if the person requiring the adaptations has moved out or passed away.You are homeless and one of the partner councils owes you a main homelessness duty.You have two or more needs from Band B. |
| **BAND B - High Need** |
| You are occupying a property which has been assessed as posing a high health and safety risk to you and your family.You have a high need to move because of a medical condition, and your current housing is having a significant adverse effect on the medical condition.You have been assessed as needing one more bedroom than you currently have.You are a council or housing association tenant and are living in a property with one bedroom more than you require and you are willing to move to a smaller property.You have a high need to move because of harassment or threat of violence or abuse.You are threatened with homelessness and are working with the homelessness prevention service to try and prevent your homelessness.You are sleeping rough and have no other accommodation available to you. The council will verify this before awarding this priority.You have three or more needs from Band C. |
| **BAND C - Medium Need** |
| You have a medium need to move because of a medical condition, and your current housing is having a minimal effect on the medical condition.You have a need to move for social reasons, for example to give or receive support to a family member, or for employment reasons, are more than 24 weeks pregnant or you have a child under 10 years and live above the ground floor.You are lacking or sharing facilities within your home with people who are not family members. Facilities may include a living room, kitchen or bathroom.You are homeless or threatened with homelessness and are either intentionally homeless, not in priority need or are owed a main homeless duty by a housing authority that are not a partner organisation in the sub-region. |
| **BAND D** |
| Any applicant who does not meet any of the criteria in Bands A, B or C will be assessed as having a low level of housing need and placed in Band D.Any applicant assessed as having sufficient financial resources to resolve their own housing need will be placed in Band D. These applicants will only be considered for an offer of a property once all other bidding applicants who do not have sufficient financial resources to resolve their own housing need have been considered. |

The Jigsaw banding system[[28]](#footnote-28)

When you apply to join the housing register, your application is assessed and placed into one of 5 bands.

Which band you join is decided by an officer following an assessment of your current housing circumstances.

Please note: only applications who are aged over 55 will be accepted on to the housing register if they meet the criteria detailed in bands 4 and 5. In addition, they will only be eligible to be considered for sheltered accommodation. Subject to Housing Association policies.

|  |
| --- |
| Band one |
| Applicant or a member of their household has an overriding medical priority and whose property has been assessed by the council’s private sector housing team who have identified category 1 hazards and is subject to a repairs noticeApplicant is satisfied that a member of the household has medical priority and is a victim of harassment, violence, abuse or at significant harmProperty deemed unsuitable by our private sector housing team for habitation, due to disrepair, stability or lack of amenitiesStatutory overcrowding as defined in the Housing Act 1985, unless caused deliberatelyA tenant who is overcrowded by 2 or more bedroomsAccepted as homeless and in priority needRehousing required to avoid child being taken into carePartner Social Landlord tenant who is under occupying a property. |
| **Band two** |
| Accepted as threatened with homelessness, including tied accommodation, agricultural workers, others on service tenanciesintentionally homeless applicantsother homeless, including non-priority groups and those who have refused a reasonable offer of accommodation in the public or private sector resulting in the council discharging its homelessness dutyproven harassment, violence, abuse or other proven riskhigh medical or community care prioritya tenant who is overcrowded by one bedrooma tenant whose property has been assessed by the council’s private sector housing team who have identified category 1 hazards and is subject to a repairs noticesharing facilities (kitchen, bathroom) and insufficient bedspace for householdsocial landlord tenants in sheltered accommodation who want to move to another sheltered schemeseparated family due to no suitable accommodationneed to move on social or welfare grounds, i.e., specialist medical treatment, children leaving care, education/training. |
| **Band three** |
| Medium or community care medical priority. |
| **Band four** |
| Generally, their current accommodation is of the right size and has all facilitieslow medical priority.  |
| **Band five** |
| Applicants who do not have a local connection with Peterborough unless they need to move on social and welfare groundsapplicants with sufficient resources to purchase a property (outright or by way of a mortgage) or who can afford to rent privatelyOwner occupiers who:are adequately housed, orhave sufficient resources to finance the purchase of a suitable property (outright or by way of a mortgage) orhave sufficient resources to rent privately and in the circumstances it would be reasonable for them to do so, or own or rent a property elsewhere which it would be reasonable for them to occupy. |

## Appendix 2 Brief guide to accessing children and young people’s services

###### Children & Young People and social care

An Early Help Assessment is used for all Early Help requests where a multi-agency approach is required, for children. It can lead to:

* Targeted Early Help services.
* Support for an existing lead professional. The relevant Early Help Service will suggest an initial Family Support Plan.
* Signposting to a better-placed service or intervention outside of the Council.

Before starting an Early Help Assessment in, the assessor should check if one already exists by contacting the relevant ✆Early Help Hub – for children.

###### Children: Early Help Hub

For children a pathway to services is the Early Help Hub. An Early Help Assessment may be needed. You can make a referral for a child or young person in need, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect.

You can report a safeguarding concern from 🕸<https://safeguardingcambspeterborough.org.uk/concerned/> and use the online form on this page to make a referral. There is also full supporting guidance, risk assessment tools and threshold information.

For contacts, please see ✆Early Help Hub.

## Appendix 3: 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 helping somebody who is having mental health problems. If you need it, please Email to get FRS professionals number.

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.

|  |  |
| --- | --- |
| Question | Answer |
| 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 from the professionals line, you need to Email to get FRS professionals numberFRS 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 4: 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:

* **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 ✆Money and debt.
* **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 council needs to know to avoid an overpayment. See 🕸[Housing Guide](https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/) for links to housing, welfare and council tax teams.
* **Landlord:** If renting from a council, 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 ✆Money and debt for contacts.
1. Benefits and time in hospital – a quick guide[[29]](#footnote-29)

|  |
| --- |
| 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 district council 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 usually has a welfare rights specialist, or if not, they can let you know of other organisations that can help. See ✆Citizens Advice
 |

## Appendix 5: Am I legally homeless?

This section is included as useful background, for people curious about statutory homelessness.

*We strongly recommend that you take advice form the relevant housing advice / homelessness team rather than relying on this brief summary, as each case must be treated individually and the housing teams will be up to date on caselaw and other factors which affect how these “general” rules are applied.*

**You may be legally homeless if:**

You have no legal right to live in accommodation anywhere in the world

You cannot get into your home, for example your landlord has locked you out

It’s not reasonable to stay in your home, for example you’re at risk of violence or abuse

* You’re forced to live apart from your family or people you normally live with because there’s no suitable accommodation for you
* You’re living in very poor conditions such as overcrowding

The type of help you can get depends on:

your eligibility for assistance

if you’re in priority need

what caused you to become homeless

**Eligibility for assistance**

If you live permanently in the UK, you’ll usually be eligible for assistance.

If you’re from abroad, you may not be eligible because of your immigration status. For more information, check Shelter’s guide on housing rights.

**Priority need**

You may be in priority need if any of the following are true:

you or someone you live with is pregnant

‘dependent children’ live with you (under 16s or under 19s if they’re studying full-time)

you’re 16 or 17

you’re under 21 and were in care between the ages of 16 and 18

you’re assessed by the council as vulnerable, for example as a result of old age, disability or domestic abuse

you’re homeless after a flood, fire or other disaster[[30]](#footnote-30)

## Appendix 6: 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, which includes a long list of partners, you can see the list if you visit the link to the protocol in the footnote[[31]](#footnote-31).

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 toolkit we would like to adopt 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.*[[32]](#footnote-32)*

### 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.[[33]](#footnote-33)

### 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.

### End notes / back page

* Publication date: January 2022
* Contact email for feedback and suggestions: toolkit@cambridge.gov.uk
* Where to find this toolkit online <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/mh-sm-h-toolkit/>
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. Based on <https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness>. Please see Appendix 5: Am I legally homeless? for a little more detail, though the council’s homelessness team will provide the expertise and advice needed [↑](#footnote-ref-2)
3. <https://england.shelter.org.uk/housing_advice/homelessness> provides useful definitions of priority need, legally homeless, intentionally homeless and local connection, along with other areas of homelessness law [↑](#footnote-ref-3)
4. From A guide to the duty to refer - GOV.UK (www.gov.uk) [↑](#footnote-ref-4)
5. See Homelessness (Review Procedure etc) Regulations 2018 [↑](#footnote-ref-5)
6. See paragraph 4.2 of the Homelessness code of guidance [↑](#footnote-ref-6)
7. <https://www.safeguardingcambspeterborough.org.uk/> [↑](#footnote-ref-7)
8. Edited from <https://www.england.nhs.uk/personalisedcare/social-prescribing/> [↑](#footnote-ref-8)
9. Mental Health Act 1983 and subsequent amendments [↑](#footnote-ref-9)
10. Text adapted from article on hospital discharge from Hinchingbrooke Options magazine, at <file://ccity-profile/profiles/beecr1s/Downloads/OPTCAMB%20Winter%202019%20intranet.pdf> [↑](#footnote-ref-10)
11. Qualifying sections are 3, 37, 45A, 47 or 48 [↑](#footnote-ref-11)
12. Adapted from the 2019 Cambridge-based hospital discharge protocol at <http://cambridge-hosptial-homeless-adm-and-disch-2019/> [↑](#footnote-ref-12)
13. <https://www.cambsandpeterboroughlpc.org.uk/wp-content/uploads/sites/28/2020/11/EXEMPLAR-PROJECT-info.pdf> [↑](#footnote-ref-13)
14. <https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/joint-protocol-to-address-the-needs-of-homeless-16-and-17-year-olds-in-cambridgeshire/> [↑](#footnote-ref-14)
15. From <https://www.release.org.uk/law/drug-use-and-welfare> [↑](#footnote-ref-15)
16. Frost & Gross, 1993 [↑](#footnote-ref-16)
17. 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-17)
18. Para 4.35 Mental Capacity Act Code of Practice, p.52 [↑](#footnote-ref-18)
19. <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/no-recourse-to-public-funds/> [↑](#footnote-ref-19)
20. 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-20)
21. 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-21)
22. <https://www.doctorsoftheworld.org.uk/infographics-migrants-right-to-healthcare/> [↑](#footnote-ref-22)
23. <https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf> (Dec 2018) [↑](#footnote-ref-23)
24. <https://www.sunnetwork.org.uk/co-occurring-principles-document/> [↑](#footnote-ref-24)
25. Edited from <https://www.cpft.nhs.uk/aboutus> [↑](#footnote-ref-25)
26. From <https://www.cuh.nhs.uk/about-us/our-hospitals/> [↑](#footnote-ref-26)
27. Source: <https://www.home-link.org.uk/choice/content.aspx?pageid=10> [↑](#footnote-ref-27)
28. Source: <https://www.peterborough.gov.uk/residents/housing/social-housing/banding-system> [↑](#footnote-ref-28)
29. 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-29)
30. Based on <https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness>. [↑](#footnote-ref-30)
31. <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-31)
32. 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-32)
33. Based in the Hoarding Protocol information sharing sections [↑](#footnote-ref-33)