LONDON BOROUGH OF
RICHMOND UPON THAMES

Joint Mental Health and Hospital Discharge Protocol (Homelessness Prevention)

London Borough of Richmond

1 August 2021

Contents

1. Introduction

This protocol is intended to improve joint working between housing and mental health services around **the discharge process from inpatient wards**, with a particular focus on preventing homelessness and minimising delayed discharge. The protocol sets out the process to follow when a person is admitted to a ward at risk of homelessness.

This agreement is also an operational level arrangement for joint working and sharing information between mental health services, housing providers, the Council and SPEAR in the London Borough of Richmond upon Thames (LBRuT). It will not replicate the existing Overarching Information Sharing Agreement to which both LBRuT and South West London and St George's Mental Health NHS Trust are signatories, but will sit underneath this agreement. It aims to establish clear mechanisms for housing and mental health professionals to share appropriate and relevant information about their services users and enable professionals to feel confident in doing so.

2. Who is signed up to the Protocol

This protocol has been developed with the input of all key agencies within LBRuT who work with people with mental health needs.

The signatories to this protocol are:

- The London Borough of Richmond upon Thames
- South West London and St George's Mental Health NHS Trust
- Richmond Wellbeing Service (East London NHS Trust)
- Richmond Integrated Recovery Service (Substance Misuse)
- Richmond Housing Partnership
- Paragon
- Metropolitan Thames Valley Housing Association
- London & Quadrant Housing
- SPEAR
- The Tenants' Champion

3. Rationale and underpinning principles

The need for this protocol has been identified in part through the work of the Tenants' Champion, who highlighted the need for '*better communication between Hospital Consultants, Ward staff, Community Mental Health Teams and Housing Association staff so that movement between hospital and home can be better managed and supported by all agencies*.'[1]

The Homelessness Reduction Act (HRA) 2017 places a renewed focus on the prevention of homelessness and local joint working. The 'Duty to Refer', contained within the Act, came into force on 1st October 2018 requires some public authorities

[1] https://www.richmond.gov.uk/media/15940/tenants_champion_annual_report.pdf

(including hospitals) to notify a local housing authority where one of its service users may be homeless or at risk of homelessness and agrees to the referral.

Service users leaving mental health inpatient wards may be at risk of homelessness for a number of reasons:

- They were homeless prior to admission.
- Their previous accommodation was insecure and is no longer available (e.g. friends or family who are no longer willing or able to support them).
- Their previous accommodation is no longer suitable due to their needs.

A delay in discharging a patient is very costly to mental health services and may delay the admission and care of another patient. Furthermore, once fit for discharge, an inpatient mental health ward may not be the most suitable environment for the recovery of that patient. However, it is extremely difficult for housing services to find suitable accommodation for that person at short notice. It is in the best interests of both patients and all agencies to have clear procedures, roles and communication channels between agencies, as well as early identification of the type of housing they are likely to require. If not suitably housed, the patient will be more likely to be readmitted to the ward.

Signatories to this protocol will work towards the following aims:

- People leaving inpatient mental health wards will have had their housing needs assessed in time to make appropriate referrals in advance of discharge
- People should not be discharged from wards unless they have accommodation to go to, no patient should become homeless during their hospital stay, and no patient should leave without appropriate options being identified
- Staff working in mental health inpatient wards will have sufficient information and training to be able to make appropriate and timely referrals to housing and support agencies
- Staff working in all agencies will know who to contact to help to resolve any problems which arise in the process
- Ward staff will communicate and work with Registered Providers to ensure accommodation is suitable for discharge, particularly where there are historic issues with anti-social behaviour (ASB)

4. Monitoring of the Protocol

This protocol will be monitored by the Tenants' Champion partnership meeting. The effectiveness of the protocol will be reviewed by this group, which meets twice a year.

The review will also ensure contact details and named escalation contacts are up to date. In addition, where organisations have significant changes to their structure or staffing, revised lists of contacts should be circulated as soon as possible.

The effectiveness of the protocol will be monitored through use of the following:

- Numbers of people leaving inpatient mental health wards who seek help as homeless (Homeless Prevention and Solutions Team and SPEAR)
- Monitoring information from Delayed Transfer of Care meetings (DTOC) which identifies reasons for delay

5. The Hospital Discharge Protocol

5.1 The admission process

Identifying housing status on admission is extremely important in preventing homelessness.

During the initial assessment with the person their housing status should be identified and appropriate action taken. Broadly their housing status should fall into one of the following groups:

- Rough sleeping
- Sofa surfing/insecure accommodation (including friends or family and risk that they cannot return)
- Social Housing (Registered Provider)
- Supported accommodation
- Private rented housing
- Private home ownership

5.2 Discharge process

Prior to discharge, it must be established that a patient has access to a habitable home. Housing status and suitability should be considered prior to discharge. The medical discharge summary must include the housing status on discharge. Housing professionals **should be invited to discharge planning meetings** and kept updated of outcomes. Where a community treatment order (CTO) is to be put in place, a requirement to engage with housing services should be considered.

5.3 Protocol by housing status

Rough sleeping

- Contact Homeless Prevention and Solutions to alert to situation in order for a caseworker to be allocated and to be advised what information is required.
- If discharge will be within 7 days, this contact should be made by telephone, with any requested or sent via secure email (Egress Switch/Ironport) by the end of that working day. The Housing Department should be asked to confirm the information they will need at the point of contact.

- If discharge will be sometime after 7 days initial telephone contact should still be made, with information sent by post or secure email (Egress Switch/Ironport) within 5 working days.
- A Housing Officer can offer advice over the phone **and** an appointment will be made for the patient to visit the team at Civic Centre whilst on day release.
- Discharge Coordinator or named nurse can check if patient is known to SPEAR and whether they are a verified rough sleeper

Sofa surfing or insecure accommodation

- The Care Coordinator and Discharge Coordinator should be notified of their admission.
- Contact Homeless Prevention and Solutions Team to alert to situation in order for a caseworker to be allocated and to be advised what information is required.
- If discharge will be within 7 days, this contact should be made by telephone, with any requested information sent via secure email (Egress Switch/Ironport) within 1 hour. The Housing Department should be asked to confirm the information they will need.
- If discharge will be sometime after 7 days initial telephone contact should still be made, with information sent by post or secure email (Egress Switch/Ironport) within 5 working days.
- A Housing Officer can offer advice over the phone **and** an appointment will be made for the patient to visit the team at the Civic Centre whilst on day release.

Social Housing

- It should be established which Registered Provider (RP) they have their tenancy with so that joint working can begin (subject to a decision around consent).
- The suitability of the property should be considered:
    - The patient should be asked whether there is any reason they cannot return to the property (e.g., if there has been historic ASB)
    - Consider whether they may have specific needs with regard to their housing and why the property may be unsuitable
    - The RP should be contacted to ensure the property can be returned to – as there may have been a forced entry or the property may have been damaged in the absence of the tenant. Strongly consider involving the RP to discuss the suitability of the property and any options around the patient's housing.
    - Ask for consent to work with the RP.

- Where there is historic ASB it is particularly important that RPs are invited to discharge planning meetings and kept informed of plans around discharge. This **includes short periods of leave** from hospital,

as the patient may return to the property with potential effects on them or their neighbours.

- The Care Coordinator should consider to informing the RP that the individual will not be present at the property. If there is not an allocated Care Coordinator, this duty would fall to the Discharge Coordinator, consent should be sought for this purpose wherever possible. Information shared should only be the minimum required to protect the tenancy and should be decided on a case-by-case basis. This should be considered where the patient is likely to be on the ward for a significant period (>14 days)
- It should be established whether they are in receipt of Universal Credit, or in some cases housing benefit. If they are, a letter (Appendix 5) should be sent by the Care Coordinator to the local authority to inform them of the admission. The hospital stay should be reported[2] via the Universal Credit portal or on the Universal Credit helpline (0800 328 5644). Otherwise, the claimant risks their payments being reduced or stopped.
- The Care Coordinator should consider whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.
- The patient should be asked whether their tenancy is likely to be at risk (e.g., they are not working and do not currently receive Universal Credit). Where this is the case, they may need to make an application for Universal Credit

<u>Supported accommodation</u>

- It should be established which registered provider they have their tenancy with and who provides the support (in borough the support will be provided by Metropolitan Housing) so that joint working can begin (subject to a decision around consent).
- Strong consideration should be given to informing the RP/Metropolitan that the individual will not be present at the property, as Metropolitan may continue to try and provide support and may become concerned about the person's welfare. Consent should be sought for this purpose wherever possible. Information shared should only be the minimum required to protect the tenancy and should be decided on a case-by-case basis. This would be the role of the Care Coordinator. If one has not been allocated, this would be the responsibility of the Discharge Coordinator.
- The suitability of the property should be considered:
  - The patient should be asked whether there is any reason they cannot return to the property (e.g., if there has been historic ASB)

[2] Going into hospital if you get benefits - GOV.UK (www.gov.uk)

  - Consider whether they may have specific needs with regard to their housing and why the property may be unsuitable
  - Strongly consider involving the housing provider to discuss the suitability of the property and any options around the patient's housing
  - Ask for consent to work with the housing provider.
- Where there is historic ASB it is particularly important that RPs are invited to discharge planning meetings and kept informed of plans around discharge. This **includes short periods of leave** from hospital, as the patient may return to the property where historic ASB has occurred, with potential effects on them or their neighbours.
- It should be established whether they are in receipt of Universal Credit, or in some cases housing benefit. If they are, a letter (Appendix 5) should be sent by the Care Coordinator to the local authority to inform them of the admission. The hospital stay should be reported[3] via the Universal Credit portal or on the Universal Credit helpline (0800 328 5644). Otherwise, the claimant risks their payments being reduced or stopped.
- Consideration should also be given to whether the patient is responsible to pay Council Tax. If so, their circumstances may have changed, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.

<u>Private Rented</u>

- It should be established whether they are in receipt of Universal Credit, or in some cases housing benefit. If they are, a letter (Appendix 5) should be sent by the Care Coordinator to the local authority to inform them of the admission. The hospital stay should be reported[4] via the Universal Credit portal or on the Universal Credit helpline (0800 328 5644). Otherwise, the claimant risks their payments being reduced or stopped.
- Consideration should also be given to whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.
- The patient should be asked whether there is any reason they cannot return to the property (e.g., it is not suitable for their needs). Where this is the case, contact the Homeless Prevention and Solutions Team to discuss

[3] Going into hospital if you get benefits - GOV.UK (www.gov.uk)
[4] Going into hospital if you get benefits - GOV.UK (www.gov.uk)

- The patient should be asked whether their tenancy is likely to be at risk (e.g., they are not working). Where this is the case, they may need to make an application for Universal Credit

Owner occupier

- The patient should be asked whether there is any reason they cannot return to the property (e.g., if it is not suitable for their needs). Where this is the case, the appropriate agency to contact will depend on their needs. This could include a referral for floating support.
- Consideration should also be given to whether the patient's circumstances may have changed with regard to their Council Tax, for example because they will not be resident in their property for a significant amount of time or because of a severe mental impairment which could qualify them for a discount or exemption. In this case the Council Tax department from the Local Authority can offer guidance.

5.4 Clients not owed a duty to provide accommodation by the Local Authority

A patient may have made a homelessness application, but not be owed a duty by LBRuT to provide accommodation. This may be because they are not be eligible or homeless.

The Homeless Prevention and Solutions Team may have a legal duty to create a 'Personalised Housing Plan' with the applicant if, following an initial assessment, they are considered homeless or at risk of homelessness and eligible for assistance (based on their immigration status).

5.5 Delayed Transfer of Care (DToC) clients

People who are medically fit for discharge but are delayed on the ward for social or accommodation reasons are classified as DToC. It is a Department of Health requirement that all DToC's are prioritised. For this reason, housing professionals will be expected to liaise with the Discharge Coordinator from South West London and St George's Mental Health NHS Trust and will provide feedback as requested.

5.6 Partner organisations

The Care Act 2014 places duties on local authorities which means they must carry out their care and support services with the aim of joining-up the services provided or other actions taken with those provided with the NHS and other health-related services for example housing services.

The duty applies where the integration of services will:

- Promote the wellbeing of adults with care and support needs or of carers in its area.
- Contribute to the prevention or delay of the development of needs of people; or
- Improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people.

This responsibility on Local Authorities reflects similar duties placed on NHS England and clinical commissioning groups (CCGs) to promote integration with care and support. Under the NHS Act 2006, NHS England must encourage partnership arrangements between CCGs and local authorities where it considers this would ensure the integrated provision of health services and that this would improve the quality of services or reduce inequalities.

The Care Act adds further coherence by placing a duty on local authorities to integrate care and support provision with health services and health related services, which include, for example, housing.

In pursuance of these aims, effective joint working involves all agencies being clear of their own roles and expertise and feeling confident on when and how to refer a service user to another agency.

When contacting other agencies the following guidelines should be adhered to:

- Ensure that where held, clients consent to sharing information with other agencies is in writing
- Where housing support workers are identified (e.g., patient is a RP tenant), the RP should be invited to care planning meetings

Ensure all housing related communications are clearly recorded in progress notes See Appendix 2 for a list of agencies which may request another agency to share information or work jointly to adequately address care and support of residents with mental health issues. Contact details for all organisations signed up to this protocol are available in Appendix 1.

6. Information Sharing

6.1 Types of information to be shared

The type of information to be shared will depend on what information is requested and what the purpose of the request is. The information shared should always be the **minimum required and on a need to know basis**.

The types of information likely to be requested under this protocol are:

- Whether an individual is known to a service;
- Whether an individual is engaging with a service and the extent of engagement;
- Address;
- GP details;
- Basic clinical details (such as condition and relevant care requirements);

- Information relating to admittance and discharge from inpatient wards;
- Information on tenants health and care issues when considering tenancy enforcement; and/or
- Information about an individual's housing (such as their type of tenancy, how they are managing their tenancy);

This is not an exhaustive list and individual information sharing requests should be considered on a case by case basis.

It is very important to know and communicate why you are seeking information and what the information will be used for.

6.2 Consent[5]

Getting consent of the person at the centre of the information request means that it is easier that that person will engage with organisations.

Information held by partners to this agreement can be **confidential** and of a **sensitive nature**. For this reason, in many cases information cannot be shared without explicit consent. Where a request has been made which requires explicit consent, the agency that holds the information will ask the service user whether their information can be shared.

However, there are also circumstances where consent hasn't been granted but information can still be shared (see below).

To facilitate explicit information sharing, partners are asked to **use the multi-agency agreed consent form at Appendix 2**. The professional seeking explicit consent must present and explain the issues around sharing information, request consent to share for specified purposes and explain the potential consequences if consent is not given. It is the responsibility of agencies to ensure that consent is given on an informed basis.

The Caldicott Reviews[6] set out seven principles to support confidentiality and security controls on using patient information. The principles should be used as part of the decision making process, they are:

- Justify the purpose for using confidential information
- Only use it when absolutely necessary
- Use the minimum required
- Access should be on a need-to-know basis
- Everyone must understand their responsibilities
- Everyone must understand and comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality.

[5]This section references The Health Informatics Service 'Inter-Agency Information Sharing Protocol' <Inter-agency information sharing protocol agreement - The Health Informatics Service Website (this.nhs.uk) >
[6] Caldicot Review - Information: To Share or not to Share (publishing.service.gov.uk)

6.3 Sharing information without consent where a person has capacity

Where the individual chooses to exercise their right not to provide express consent for data sharing, they must be advised of any constraints that this will put upon the service that can be provided. However, their wishes **must** be respected unless:

- The information is required in order for the body to carry out its statutory functions.
- The sharing of the information reduces the risk of harm to the service user and/or other individuals.
- The sharing of the information is required for the prevention, detection, or prosecution of crime.
- The information is required by statute or court order

The decision to release information under these circumstances should be recorded by all agencies involved, in line with the agencies procedures and in compliance with the data protection guidelines.

The service user must be informed if they have capacity to understand. If they do not, the people who have been consulted must be informed. If a decision is made not to share, this should also be recorded along with the reasons for refusal.

6.4 Sharing information without consent due to incapacity

Where the individual is unable to provide express consent due to incapacity, the professional concerned must take decisions about the use of data. This must take into consideration:

- The individual's best interests.
- Any previously expressed wishes.
- The wishes of anyone who is authorised to act on behalf of the individual.
- Whether a statutory condition (section 7) applies.

Data must only be disclosed that is in the individuals best interest, and only as much data as the other person 'needs to know.' It is important to weigh all the consequences to the person, and to any others affected, of not sharing information against all the consequences of sharing information.

6.5 Capacity[7]

All adults and young people aged over 16 are presumed to have capacity to consent to share information unless it is proven otherwise.[8] There should always be this assumption unless there is a clear indication that their capacity needs to be assessed.

Capacity means a person's ability to understand and take responsibility for decisions. Judgments about a person's capacity are always related to the particular

[7] This part of the protocol references the Overarching Information Sharing Agreement to which LBRuT and SWLStG are signatories.
[8] Mental Capacity Act - NHS (www.nhs.uk)

type of decision in question. For instance, someone might lack capacity for financial decision-making, but have capacity to decide where they should live.

The general test of a person's capacity to decide whether or not they want their information to be shared between agencies is:

- Does the person understand, in broad terms, the nature and effect of making, or not making, the proposed decision?
- Can they exercise a choice?
- Can they communicate their decision?

In answering these questions it is essential that the following questions are also considered:

- Has the person been given clear and user-friendly information about the decision to be made?
- Has full account been taken of any language or sensory impairment or the temporary effects of illness or pain?

6.6 Consent and safeguarding adults

The safeguarding duties apply to an adult who:

- Is aged 18 or over;
- Has needs for care and support (including mental health needs)
- Is experiencing, or at risk of, abuse and neglect (including self-neglect); and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

Where it is identified that an adult requires safeguarding, consider whether a safeguarding adults alert should be made. If a decision is to make an alert an email should be sent to accessteam@richmondandwandsworth.gov.uk.

It is always essential to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. If after discussion with the adult at risk who has capacity, they refuse intervention, their wishes need to be respected *unless:*

- Other people are at risk
- The alleged perpetrator has care and support needs and may also be at risk;
- A serious crime has been committed;
- Staff are implicated; or
- Coercion is involved.

The agency that sends a safeguarding alert should receive information on the outcome of the safeguarding investigation.

7. Procedures for sharing information

In order to facilitate effective and appropriate information sharing, signatories to this protocol agree to share information in line with the following procedures.

7.1 Establishing contact

Effective initial contact is crucial to timely and appropriate sharing of information. Where a professional is seeking to share or obtain information about an individual, they should initially seek to make contact with the holder or recipient of that information via **telephone**. Once contact has been made, professionals can agree how to proceed.

This initial contact should cover:

- Who the key contact is in each organisation
- The basis for sharing (explicit consent or rationale for sharing without)
- What information will be sought/shared and why

Once professionals are satisfied as to the above, they should either share the information or send through a full request in writing detailing:

- The information sought (need to know basis)
- The reason for seeking the information and what the information will be used for
- Where held, a consent form for sharing information

The method used to share the information will depend on the urgency of the situation.

If contact is not made (the other person is unavailable), the caller should establish:

- When they will be available (e.g. are they on annual leave)
- An alternative contact to call if the other person will not be available for more than one working day

If the other person will be available within one working day, a full request for information can be sent through to them. This should be **clearly marked** and where possible should always be followed up with a phone call when the other person is available.

7.2 Secure email

All personal information shared under this protocol must be shared and disseminated in a secure manner.

It is recognised that not all signatories to this agreement will have use of secure email accounts. For this reason, organisations sharing information via email have

agreed they **must** use Egress Switch[9] or Ironport to secure their confidential email communications.

There is online training available on Egress Switch on the Egress Switch website.

7.3 Telephone sharing

The most appropriate mechanism for sharing of information depends on the situation. However, where a request for information is urgent (risk of harm to person or imminent risk to their tenancy) information can be shared by telephone. All parties to the conversation should clearly identify themselves and the reason for sharing via telephone. All parties should make a record of what was discussed and shared following the call.

7.4 Fax and post

The preferred methods of sharing information are email (Egress Switch/Ironport) and telephone (if urgent). However, where professionals feel there is a strong rationale for sharing information via fax or post, they should adhere to the following:

Fax
The professional sharing the information should confirm: the fax number; the receiving fax machine is in a secure location; the named recipient is ready to receive the information; and personally confirm safe receipt.

Post
All confidential information should be sent by special delivery in a sealed envelope with full address (including a named recipient) and return address clearly marked, and marked “Private and Confidential.” Envelopes should be of substantial quality.

8. Security and retention (data storage and access)[10]

Partners to this agreement should comply with the Data Protection Act 2018 and be accountable for secure storage of information they hold and have appropriate policies and technical measures in place to ensure so. Information, once shared, should be stored by the recipient with equal levels of security and in line with their own policies and procedures.

9. Timescales for response

9.1 Timescales for responses are as follows

Priority	Information request response	Joint working request (where case is open)

[9] Egress Switch email security - London Borough of Richmond upon Thames
[10] This part of the protocol references the Overarching Information Sharing Agreement to which LBRuT and SWLStG are signatories.

Priority Three A standard request for information, for joint working or other standard communications e.g. a request to arrange shadowing	5 working days for email or fax requests or 5 working days **from receipt** of special delivery post	5 working days
Priority Two Where professionals wish to raise a concern about risk of harm or significant threat to tenancy e.g. tenant is perpetrating ASB or there is self-neglect	3 working days for email or fax requests	3 working days
Priority One (exceptional) Where professionals believe an individual is at risk of serious harm e.g. imminent loss of tenancy or serious risk to health	1 working day for urgent telephone requests	1 working day for urgent telephone requests

Joint visits are an example of effective working practice as they enable professionals to share their expertise and reduce the need for the service user to tell their stories multiple times. In particular, there may be a need for joint visits with mental health staff and RP staff.

Priority will be determined on the basis of professional opinion. Professionals should only class a request as Priority One in urgent cases and should not do so routinely.

Registered Providers should contact Mental Health services at the earliest opportunity when a tenant with Mental Health needs is at risk of court action which may endanger their tenancy or affect their ability to remain in their home.

9.2 Escalation

There are two situations where a request can be escalated to a named individual in each agency. Escalations **should not** be routine, and where agencies find they routinely have to escalate, this will need to be discussed at a senior management level. Named individuals can be found at Appendix 1.

<u>No response within agreed timescales</u>

The agreed timescales for response of a formal request are:

- 1 working day for urgent telephone requests
- 3 working days for email, fax requests where professionals are raising a concern about risk to a service user or significant threat to tenancy
- 5 working days for email, fax, or **from receipt** of special delivery post

Where these timescales have not been met, the person seeking a response should initially follow up with the information holder by telephone. If they still fail to receive a response they should contact the named individual from the other agency.

Response contested

It is recognised that there may be disagreement with a response to a sharing request. The ultimate decision on whether to share rests with the information holder, however there may be a reason why the person seeking the information may wish to challenge this decision.

This may be because:

- They believe the information holder has not fully considered their request
- They believe the information holder has a statutory responsibility to share the information

Initially the person seeking the information should respond directly to the information holder with their concerns. However, in this case, if they do not receive a satisfactory response they may raise their concern with the named escalation point in each agency.

Responses should not be contested as a matter of course, and professionals should recognise that there will be situations where it is not legitimate to share some or any confidential information.

10. Legal responsibilities

All signatory organisations to this protocol must consider a variety of statutory and other legal guidance, particularly in relation to sharing information. This includes:

- Data Protection Act 2018 and GDPR
- Crime and Disorder Act 1998
- Antisocial Behaviour Crime and Policing Act 2014
- Human Rights Act 1998
- Freedom of Information Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Local Government Act 2000
- Homelessness Reduction Act 2017
- The Common Law Duty of Confidentiality
- Care Act 2014
- NHS Caldicott Guardian Principles (Caldicott Guardian Manual 2010)

Organisations will also need to consider the Caldicott Principles. In particular, this work has arisen in the context of the seventh ‘additional’ Caldicott principle of 2013 which stated that ‘*The duty to share information can be as important as the duty to*

protect patient confidentiality.'[11] This means that '*health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these (Caldicott) principles. They should be supported by the policies of their employers, regulators and professional bodies*.'

11. Training

All professionals in partner agencies can access training on mental health, housing and how to use this protocol, to be held twice per year. All new staff who will hold information about individuals can attend this training as part of their induction. This training also represents a networking opportunity and builds links between organisations.

Following the training, staff will be encouraged to shadow a professional from another organisation. This aims to enable staff to spend a day or half day with another agency, for example mental health staff spending a half day with a Registered Provider. Appendix 1: Organisational contacts

[11]Caldicot Review - Information: To Share or not to Share (publishing.service.gov.uk)

Appendix 1: Organisational contacts

Initial Contact:

Where a professional already knows the appropriate person to contact in the other organisation, they can do so. However, should they experience difficulty in contacting this person, or not know who to contact, each agency has agreed an initial contact point for requests to share information.

Agency	Telephone number
LBRuT Housing Information and Advice	020 8891 7409
LBRuT Community Safety	020 8891 7777
LBRuT Revenue and Benefits	020 8891 1411
LBRuT Residential Team	020 8487 5123
Richmond Wellbeing Service	020 8548 5550
SPEAR	020 8288 6506
South West London and St George's Mental Health NHS Trust	020 3513 5000
Richmond Housing Partnership	0800 032 2433
PA Housing	0300 123 2221
L & Q	0800 015 6536
Metropolitan Thames Valley Housing Association	020 3535 3535
Richmond Community Drug & Alcohol Service	020 3228 3020
Adult Access Team	020 8891 7971
Tenants' Champion	020 8831 6103

Out of Office:

Outside of working hours, please contact the following numbers:
LBRuT: 020 8891 1411 or in an emergency 020 8744 2442
SWLStG MHT: The Mental Health Support Line 0800 028 8000, which also operates for service users and carers

Escalation:

Where a response to share information has not received a response within agreed timescales, or the person seeking the information does not agree with the response and has not been able to resolve this with the information holder, then the request can be escalated to a named individual in each agency.

Agency	Job title	Post holder	Email address	Phone number
LBRuT Housing Information & Advice	Housing Information and Advice Team Manager	Chantal Kundishora	Chantal.Kundishora@richmondandwandsworth.gov.uk	020 8831 6409
LBRuT Resettlement and Single	Resettlement and Homeless	Louise Brice	Louise.Brice@richmondandwandsworth.gov.uk	020 8487 5064

Homeless Team	Prevention Team Manager			
LBRuT Housing Benefit & Council Tax	Benefits Manager	Chris Carman	Christopher.Carman@richmondandwandsworth.gov.uk	020 8891 7621
LBRuT Community Safety Partnership	Community Safety Officer	Colin Lucas	Colin.Lucas@richmondandwandsworth.gov.uk	020 8487 5138
LBRuT Mental Health Social Care Team	Team Manager	Wendy Chioza	wendy.chioza@richmondandwandsworth.gov.uk	020 8871 7082
LBRuT Tenants' Champion	Assistant Director – Housing Strategy	Kay Willman	kay.willman@richmondandwandsworth.gov.uk	020 8871 6596
Richmond Wellbeing Service	RWS Service Manager	Debbie Davies	Debbie.Davies@elft.nhs.uk	020 8548 5550
SPEAR	Director of Operations	Annette Blake	annette@spearlondon.org	020 8288 6506
Met Thames Valley Housing Association	Housing Operations Manager	Benedict Brown	benedict.brown@mtvh.co.uk	07759852094
PA Housing	Neighbourhood and Safer communities Manager	Clare Foskett	clare.foskett@pahousing.co.uk	01932 550032
L&Q	Regional Manager	Sharon Prospero	SProspere@lqgroup.org.uk	
Richmond Housing Partnership	Head of Community Services	Caroline Hand	Caroline.Hand@rhp.org.uk	0800 032 2433
South West London and St George's Mental Health NHS Trust **– Initial escalation contacts**	Richmond Recovery Support Team	Arlene Marshall	Arlene.Marshall@swlstg.nhs.uk	07790389984
	Twickenham Recovery Support Team	Rachel Bennett	Rachel.Bennett@swlstg.nhs.uk	07976448302
	Kingston and Richmond Assessment Team Manager	Karen Humphreys	Karen.Humphreys@swlstg-tr.nhs.uk	020 3513 1733
South West London and St George's	Clinical Manager	Simon Coningsby	Simon.coningsby@swlstg.nhs.uk	07966 445411

Mental Health NHS Trust – **Further escalation contact**				
Metropolitan Support Trust	Care and Support Team Manager	Stephanie Vokes	stephanie.vokes@metropolitan.org.uk	020 8892 3545
Richmond Community Drug & Alcohol Team	Richmond Team Leader	Wallis McKendry	Wallis.McKendry@slam.nhs.uk	02032283020

Appendix 2: Partner Organisations

Please note that referrals sent via email should be sent using secure email facilities (Egress Switch/Ironport).

Housing Information and Advice Team (LBRUT) (SSA)

The Homeless Prevention and Solutions Team deal with:

- Preventing homelessness
- Housing advice and options
- Applications for emergency and longer-term accommodation
- Safety First Scheme
- Richmond Housing Register
- Low cost home ownership
- Step down accommodation from supported housing
- Tenant mobility schemes

To refer a service user, please email on HousingAdvice@richmondandwandsworth.gov.uk or call on 020 8891 7409 to discuss.

Tenant's Champion (LBRUT)

The Tenants' Champion offers independent assistance to tenants and leaseholders of social housing providers in LB Richmond who have serious or longstanding unresolved complaints with their landlords. Tenants and leaseholders can access the service by completing a short online form[12] or by ringing 0208 891 1411 where Council staff will complete the form on their behalf. Advice on the service can be reached by calling the Housing Association Liaison Officer (Tenants' Champion) on 0208 831 6103.

Community Safety Team (LBRUT) (SSA)

Community Safety Teamwork in partnership with the police and other key partners to help people live safely in their community. This includes work on anti-social behaviour, domestic abuse and hate crimes. To discuss a service user with them, email them at communitysafety@richmondandwandsworth.gov.uk or call them on 0208 891 7777.

Environmental Services (Private Sector Housing) (LBRUT) (SSA)

The Private Sector Housing (PSH) team is the point of contact for residents' enquiries and complaints regarding poor housing conditions in the private sector (i.e. not social housing). This service is shared staffing between Merton, Wandsworth, and Richmond. There is information on the LBRuT

[12] LBRuT, 'The Tenants Champion': http://www.richmond.gov.uk/tenants_champion

website under “Complaints about private rented properties”[13]. To contact the team email privatehousing@merton.gov.uk or phone 0208 8487 5123. Noise and nuisance issues can be referred through NoiseNuisanceTeam@richmondandwandsworth.gov.uk or by completing the online form on the LBRuT website[14].

Adult Social Care Team (LBRUT) (SSA)

The Adult Access Team is the first point of contact for all referrals and general enquiries to Adult Social Services for residents who have care and support needs. Additionally, Safeguarding Adults Alerts should be sent to Adult Social Services to investigate any concerns.

In most circumstances, they will discuss the situation over the phone to find out more about the kind of support that is required and may follow this up with a home visit to discuss what help is available.

Requests can be made via the phone on 020 8891 7971 or by contacting Accessteam@richmondandwandsworth.gov.uk. Referrals can be completed by an individual or on their behalf. The Adult Access Team is open Monday to Thursday from 9am to 5.15pm, and on Friday from 9am to 5pm.

Additionally, safeguarding alerts are also made by sending an email to Accessteam@richmondandewandsworth.gov.uk.

Richmond Mental Health Social Care Team (SSA)

The team works with adults living in Richmond with mental health and substance use problems. It assesses eligibility for support to meet social care needs under the Care Act 2014. The team also works to support carers of those who are experiencing mental health difficulties, offering carers’ assessments and support as appropriate. The team also deals with safeguarding concerns raised in relation to those with Mental Health care and support needs.

To make a referral to the Richmond Social Care Mental Health Team, please contact the Council’s Adult Access Team using the contact details above. Referrals can also be made by sending the Richmond Mental Health Adult Social Care Referral Form (Appendix 9) to adultsocialservices@richmond.gov.uk or by using the contact information provided on form.

Richmond Wellbeing Service (RWS)

RWS offer a range of free and confidential talking therapies and specialist support to help with stress, anxiety, bereavement and other types of problems. A person can refer themselves to Richmond Wellbeing Service using an online form[15] or call 020 8548 5550. They can also be referred by their GP or other agencies by faxing a letter

[13] LBRuT, ‘Problems with rented properties’ : Privately rented properties - London Borough of Richmond upon Thames
[14] LBRuT, ‘Report a noise nuisance problem’: Noise and nuisance - London Borough of Richmond upon Thames
[15] RWS: Richmond Wellbeing Service

of referral to 020 8548 5551 or by writing to RWS at First Floor St Johns Health Centre, Oak Lane, Twickenham TW1 3PA.

South West London and St George's Mental Health Trust (SWLSTG) (NHS)

A first referral to SWLStG Community Mental Health Services must be made either by a service user's GP or via East London Foundation Trust (Richmond Wellbeing Service). Referrals are screened and assessed for eligibility and services offered to address mental health needs.

Where a service user is already known and open to SWLStG or the professional feels the level of risk to the individual or another person is very likely to require a Mental Health Act assessment, professionals can use the active e-referral service (eRS) or contact the liaison service on 020 3513 6049.

Registered Providers (Housing Associations)

Applications for social housing are generally are through the Council, unless it is for an internal transfer. If one of the agencies needs to discuss a current Registered Provider tenant please contact the relevant Registered Provider directly.

Registered Providers may offer tenancy support services and other help for their tenants such as dealing with anti-social behaviour or moving to more suitable accommodation.

SPEAR

SPEAR is the locally commissioned rough sleeper service. They work with clients to provide a sustainable pathway out of homelessness. This includes an outreach service, supported accommodation, tenancy sustainment support, education, training and employment support and women's only provision. They will work with any person who is currently homeless or who has slept rough in the past. A person or organisation can refer to SPEAR via the online referral form[16] or by calling 020 8288 6506.

SPEAR also encourages Registered Providers to contact them about any of their tenants who are at risk of street homelessness following eviction.

Richmond Community Drug and Alcohol Service (RCDAS)

RCDAS is a drug and alcohol treatment service that offers support for individuals at all stages of their recovery. They provide: treatment for people who have problems with drugs and alcohol; targeted education on the prevention of drug and alcohol-related deaths and overdose prevention; harm reduction; risk management advice; and support relating to a wide range of issues including blood-borne viruses and wound management. The service is accessible to all Richmond borough residents over 18 years old.

Residents can self-refer or attend drop-in sessions. Other agencies can make a

[16] SPEAR, 'First Contact Form': Rough Sleeper Outreach » SPEAR London

referral to RCDAS.Referrals@slam.nhs.uk. Alternatively, the service can be contacted on 0203228 3272. The service user will receive an invitation for an Initial Recovery Assessment within 48 hours and the referring agency will be informed.

Service users can drop-in at RCDAS Twickenham site at Unit 2, 94 Holly Rd, TW1 4HF at the following times:

- Monday, Tuesday, Thursday, Friday 9am – 4.30pm
- Wednesday 1pm –7pm

Vulnerable Adults Multi-Agency Meeting (VAMA)

The Vulnerable Adults Multi-Agency (VAMA) Meeting seeks to take a multi-agency approach to link service users in with other services when required. It is often used where a service user is close to being evicted from their property or where tenants fail to engage or exhibit hoarding behaviour.

Organisations signed up to this protocol recognise the extremely valuable work of this panel. The panel is organised by Adult Social Services, for more information please contact 020 8891 7409 or email safeaguardingadults@richmondandwandsworth.gov.uk.

General Principles

Co-operation between partners should be a general principle for all those concerned, and all should understand the reasons why co-operation is important for all those involved. The Act sets out 5 aims of co-operation between partners relevant to care and support.

- **Promoting the wellbeing of adults needing care and support and of carers;**
- **Improving the quality of care and support for adults and support for carers;**
- **Smoothing transition from Children's to Adults' Services;**
- **Protecting adults with care and support needs who are currently experiencing or at risk of abuse and neglect; and**
- **Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect**

Local authorities and relevant partners must co-operate when exercising any respective functions which are relevant to care and support. The authority must co-operate with each of its relevant partners and the partners must also co-operate with the local authority, in relation to relevant functions.

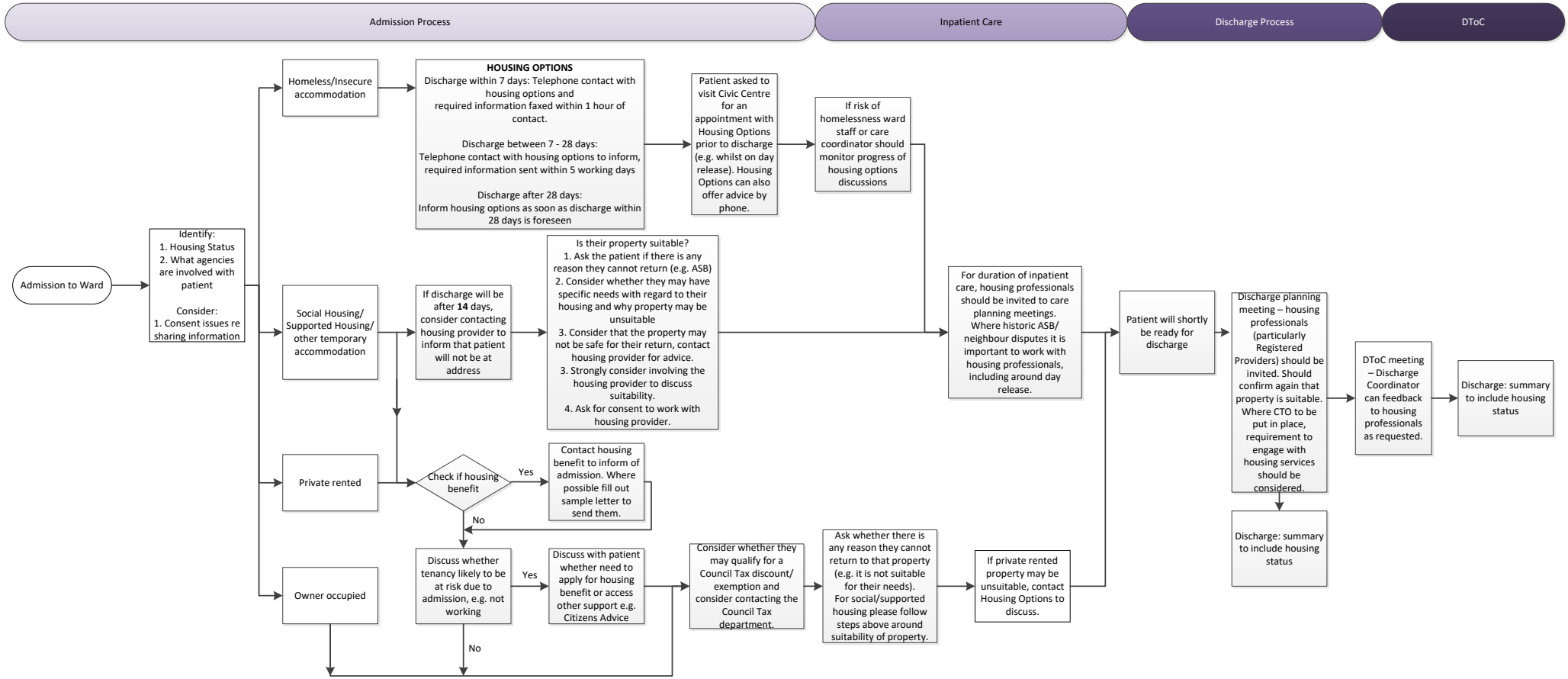
The relevant partners who have reciprocal responsibility to co-operate are:

- Any other local authority which would be appropriate to co-operate.
- NHS bodies in the authority's area (including primary care, CCGs, any hospital trusts, and NHS England, where it commissions care locally); and
- Police service

In addition, there may be other persons or bodies with whom a local authority should co-operate if it consider appropriate, in particular includes, care and support providers, NHS primary health providers, independent hospital and private registered providers of social housing.

In many cases it is only when different agencies share information that a comprehensive picture of needs and risk to a person can be built up. However it is recognised that staff may have concerns around how to share information and may also be concerned about the effect of sharing information on their relationship with the individual concerned.

Appendix 3: Flowchart of Process



Appendix 4: Consent Form[17]

Why do we need to share information?

In order to offer the most appropriate care and support it helps us to have the fullest picture of your needs. We share information in order to provide the best support we can. We will always share the minimum necessary to achieve this.

What are my rights?

Your information is protected by the Data Protection Act 2018. This means that the information will only be used for the reasons we have given. It will be kept safe and secure and you have the right to see what information is being kept about you - if you want more information about this please ask the relevant service. You may withdraw your consent if you change your mind and you may amend the list of agencies that we can share with.

Under the Human Rights Act 1998 you have a right to privacy. We have a duty not to tell anyone. This means we will not give out any information about you to other people without your consent unless the law allows us to.

Who will you share information with?

We will only share your information with professionals who have reason to see it. This may be professionals from other partner organisations. Information shared will be the minimum necessary in the circumstances.

What will happen if I don't give my consent?

You do not have to give your consent. You should be aware that the support you receive from us or other agencies may be limited by this. Please ask us if you would like further information on this.

There are circumstances in which we may have to share information without your consent, such as where we are required by court order or where there is a risk of serious harm to your or to somebody else and sharing information would reduce that risk.

Where will the information be kept?

Your information will be stored safely and securely in line with the Data Protection Act 1998.

[17] This consent form references: Buckinghamshire Children and Young People's Information Sharing and Assessment Project Board, 'Buckinghamshire Multi-Agency Data and Information Sharing Protocol' (2007) < http://www.thamesvalley.police.uk/isa-bucks-children.pdf>.

Consent form for service users

As a service which provides support to people, we regularly have to work with other services.

We are asking you to sign this form to give us permission to share information with other services that are also supporting you. This could include information about your needs, any conditions you may have and information about your housing.

Information shared will always be strictly on a need to know basis, and we will never share more than the minimum necessary to support you.

We are also asking you to give permission for us to ask other services for information they might have about you, where we feel this information could better help us to support you.

I, _____
hereby give permission for _____
to contact the following professionals to give and obtain information in relation to my wellbeing as necessary in order to assist in my support or to safe guard me and others.

Service Name
Housing (Local Authority)
Housing (Housing Association)
Mental Health Services (Richmond Wellbeing Service and/or South West London and St Georges Mental Health NHS Trust)
Substance Misuse Services
Social Services
My GP
SPEAR
Tenants' Champion
Revenues and Benefits (Local Authority)

Please delete agencies that you do not wish us to share any information with. You can delete any agency from this list but please be aware that the support we or other agencies are able to give you may be limited by this.

Your name:
Your signature:
Date:

Workers name and job title:
Workers signature:
Date:

Appendix 5: Full Information Sharing Request

This information is requested under the London Borough of Richmond upon Thames Mental Health and Housing Joint Working Protocol

.

Date of request		Date response required by (3 working days or 1 working day if agreed urgent)	

Service user details

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

What information is being requested?

Why do you need this information? For what purpose will this information be used if shared?

Has explicit consent been given and recorded? (If yes, please attach signed consent form)

What is the basis for sharing if consent has not been given?

If consent has not been given, is the person aware that their information will be shared?

How will this information be transferred?

Secure email (Egress Switch/Ironport)	Telephone	Fax
Face to face	Recorded Post	

Signed: Dated:

Appendix 6: Information Sharing Request Decision Form

This is a decision on a request to share information under the London Borough of Richmond upon Thames Mental Health and Housing Information Sharing Protocol 2015.

Date of request		Date response required by (3 working days or 1 working day if agreed urgent)	

Service user details

Name	
D.O.B	

Details of person requesting information

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Details of information holder

Organisation	
Name	
Job Title	
Email Address	
Phone Number	

Decision

Share	Part share	Not share

Reason(s) for decision

Has explicit consent been given and recorded? (If yes, please attach signed consent form)

What is the basis for sharing if consent has not been given and is the person aware that their information will be shared?

Who has taken this decision? (If not the information holder)

What information was shared?

Date of disclosure	

Signed: Dated:

Appendix 7: Sample Letter to Housing Benefit

Housing Benefit Section
London Borough of Richmond upon Thames
Civic Centre
44 York Street,
Twickenham
TW1 3BZ

Dear Sir/Madam,

My name is:
My National Insurance Number is:
My home address is:

My care coordinator is:
They can be contacted on:
They can be written to at:

I was admitted into _____ hospital as an inpatient on _____.

It is unlikely my stay in hospital will be longer than 52 weeks.

This letter is to confirm my intention to return home and to request that Housing Benefit continue to be paid for the duration of my stay in hospital.

Please delete as appropriate:

Please continue to pay my Housing Benefit as you do currently/Please make payment directly to my Landlord until I advise further.

I will inform you of any change in my circumstances as and when they occur and when I return home.

Yours faithfully,

Landlord's name and contact details:

*Please note a cover letter by my Care Coordinator or other Mental Health professional has/has not been provided.

Appendix 8: RIRS Referral Form

Integrated Recovery Service Richmond

South West London and St George's NHS Mental Health NHS Trust

Referral Form

Please send completed forms to, email: referrals.richmond@cgl.org.uk or fax: 020 8892 3363

REFERRAL TYPE										
Self-Referral	GP	Social Services	Prison Referral	DRR Referral	Court Referral	Conditional Caution	Required Assessment	Required Assessment Follow up	Shared Care	Other
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If other please specify _____

SERVICE USER INFORMATION			
Client Name		DOB	
Address		Telephone	
GP Name & Address		GP Tel. No.	

DIVERSITY MONITORING

Ethnic Origin

White - British	White - Irish	White - Other	Mixed -White and Black Caribbean	Mixed – White and Black African	Mixed – White and Asian	Mixed - Other	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Bangladeshi	Asian or Asian British - Other	Black or Black British - Caribbean	Black or Black British - African	Black or Black British - Other	Chinese or other ethnic group - Chinese	Chinese or other ethnic group – Other	Not Stated
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Religion

No religion	Christian	Catholic	Buddhist	Hindu	Jewish	Muslim	Sikh	Atheist/ agnostic	Any other religion	Not stated
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Previously treated

Yes ☐ No ☐

REFERRAL INFORMATION	
Main drug of choice	
Other drugs used	

REFERRAL SOURCE INFORMATION			
Referrer's Name		Telephone	
Organisation		Fax	
Address		E mail	

PRIORTY/RISK MANAGEMENT			
Mental Health	Yes ☐ No ☐	Housing/Homeless	Yes ☐ No ☐
Child Protection	Yes ☐ No ☐	Domestic Violence	Yes ☐ No ☐
Pregnant	Yes ☐ No ☐	Vulnerable Adult/Safeguarding	Yes ☐ No ☐
IV User	Yes ☐ No ☐	Sex Worker	Yes ☐ No ☐
Children under age of 5	Yes ☐ No ☐ Ages:	Suicide attempt/ self-harm	Yes ☐ No ☐

ANY OTHER INFORMATION (PLEASE INDICATE ANY KNOWN RISKS)

Preferred RIRS location.
☐ Twickenham, Unit 2, Ilex House, 94 Holly Rd, Twickenham, TW1 4HF. Tel: 0208 891 0161
☐ Richmond, Richmond Royal Hospital, Kew Foot Road, Richmond, TW9 2TE. Tel: 020 3513 3361

For RIRS use only

Date referral received			
Date of assessment appointment		Time of assessment appointment	
Assessment Worker		Venue	

Appendix 9: Richmond Mental Health Adult Social Care Referral Form

LONDON BOROUGH OF RICHMOND UPON THAMES

Richmond Mental Health Adult Social Care Referral Form

1. Summary of referral			
Title		First language	
Given names		Communication needs? (Interpreter, sign language, advocacy)	
Surname		LBRuT ID (if known)	
Date of birth		RiO ID	
Subject to 117 aftercare?		Legal status	
Date of assessment		Does the person appear to have care and support needs?	*If YES please complete 1.1 below*
Reason for referral	Care Act Assessment ☐ Appointeeship ☐ Carer's assessment ☐ Facilities report ☐ Social Circumstance report ☐ Social Supervision ☐	Other ☐ If other, provide details:	
Referrer's name		Referrer's job title	
Referrer's telephone number		Referrer's email	

1.1 Summary of care and support needs		
Personal care (dressing, washing and toilet needs)	Need identified?	
Eating and drinking (including preparing meals)	Need identified?	
Home and living situation (maintaining a habitable home, making use of home safely)	Need identified?	
Family and personal relationships	Need identified?	
Work, training, education and volunteering	Need identified?	
Caring for a child	Need identified?	

Are there any concerns about the person's mental capacity?		
Additional information/ documents provided?	Assessment ☐ Risk assessment ☐ Care plan ☐ Psychiatrist's letter of history ☐ Other ☐	
If no supporting documents provided, please complete section 2 in full.		
Consent and sharing		
Is the person aware of this referral?		If no or with limitations, provide details:
Consent given to share this information?		

Please send completed referrals to the Council Access team:

Email: adultsocialservices@richmond.gov.uk

Secure Email from NHS.net: AdultSocialServices@richmond.gcsx.gov.uk

Telephone: 020 8891 7971

Office hours: Monday to Thursday 9am to 5.15pm, Fridays 9am to 5pm.

For ongoing cases, urgent cases and for consultation prior to referring, please contact the Mental Health Social Care Team directly:

Email: MHTeam_duty@richmond.gov.uk

Telephone: 020 8487 5070/ 5060

2. About the person (Please complete this section if you have not provided additional documents)			
Gender		Ethnicity	
Sexual orientation		Sub Ethnicity	
Telephone		Religion	
Email		Mobile	
Preferred method of communication			
Address			
Type of accommodation		Living situation	
3. Important people			
3.1 Next of kin			
Next of kin's name		Their relationship to the person	
Next of kin address			
Next of kin telephone number		Next of kin mobile number	
Next of kin email			
3.2 Nearest relative			
Nearest relative's name		Their relationship to the person	
Nearest relative's address			
Nearest relative's email		Nearest relative's telephone	
3.3 Main carer			
Is there a key person who provides regular unpaid support to enable the person?			
Main carer's name		Their relationship to the person	
Their Date of Birth		Their Gender	
Their First Language		Preferred method of communication	

Main carer's address			
Main carer's telephone number		Main carer's mobile number	
Main carer's email			
3.4 GP			
GP name		GP practice	
GP address			
GP telephone number		GP email	
4. Assessment summary			
4.1 Medical conditions			
Medical condition(s)		Sensory impairment	
Overview of current support in place to manage health conditions			
Details of current medication			
Presenting situation and concerns			
Personal History			
4.2 Care and support needs			
Personal care (dressing, washing and toilet needs)		Need identified?	
Details of support required			
Eating and drinking (including preparing meals)		Need identified?	
Details of support required			
Home and living situation (maintaining a habitable home, making use of home safely)		Need identified?	
Details of support required			
Family and personal relationships		Need identified?	

Details of support required			
Work, training, education and volunteering		Need identified?	
Details of support required			
Caring for a child		Need identified?	
Details of support required			
Details of current support to meet these needs			
4.3 Risks			
Summary of risk assessment			
Any other important details			