



CAERPHILLY MENTAL HEALTH AND HOUSING JOINT PROTOCOL

2015-18

Caerphilly Mental Health Service and Caerphilly County Borough Council Housing Services

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CAERPHILLY MENTAL HEALTH AND HOUSING JOINT PROTOCOL

1. Introduction

Caerphilly Housing and Mental Health Services recognise that identifying and accessing suitable accommodation and support is vital to enable individuals with a mental illness to manage their mental health.

Our commitment reflects the drive in Raising the Standard – Revised National Service Framework for Adult Mental Health Services, to ensure the accommodation element of an individual's care is considered fully. This protocol also contributes to regional and local strategies and protocol objectives including:

- Healthier Future, The Health, Social Care and Well Being Strategy for Caerphilly
- Aneurin Bevan Health Board, Clinical Futures and the Gwent Mental Health Strategy
- Living Independently in the 21st Century in Caerphilly
- Caerphilly Housing and Homelessness Strategies
- 2004 Baseline Audit of Mental Health Services in Caerphilly
- Community Safety Plan
- Supporting People Strategic Plan
- Together in Mental Health 2012-2013

1.1 Objectives

The objectives of the protocol are to:

- Assess an individual's accommodation status at the earliest possible stage
- Enable individuals to maintain and remain in their own home wherever possible
- Provide a clear process and information sharing pathway between Housing and Mental Health to benefit service users and protect staff
- Provide joint planning to ensure that suitable accommodation and support services are accessed at all relevant stages from hospital discharge to independent living
- Strengthen the relationship between housing and mental health services
- Act as a tool for teams to use during the induction of new staff
- Monitor service provision and identify areas for development

1.2 Scope

This protocol covers:

- The assessment process of an individual's accommodation status by the
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- Caerphilly Community Mental Health Services (CMHS)
 - Discharge from secure provision into suitable accommodation
 - Individuals who are homeless or threatened with homeless and are experiencing mental health problems
 - Individuals that are having issues with maintaining the occupation of their home

1.3 Partners

The following agencies are partners of Caerphilly's Mental Health Services and Housing Joint protocol: Caerphilly County Borough Council, Aneurin Bevan University Health Board, Gofal and other agencies.

Staff operating within this protocol should be mindful that there may be other agencies and services supporting the individual and these should be considered throughout the process. This particularly applies to individuals that are under the age of 25 who may be receiving support from Children's Services and individuals 65 and over who may be receiving support from the Older People's Service.

1.4 Key Legislation, Policies and Procedures

This protocol sits within the wider duties, policies and protocols to the organisations party to this protocol. It should be used in conjunction with these in order to provide the best possible service for the service user, the protection of staff and for the benefit of the community.

The following is a non-exhaustive list of key legislations, policies and guidance that should be used in conjunction with this protocol:

- Mental Health Act (2007)
- Mental Capacity Act (2005)
- Mental Health (Wales) Measure 2010
- Raising the Standards' The Revised Adult Mental Health National Service Framework for Wales (October 2005)
- Homelessness Act (2002) and the Housing (Wales) Act 2014 upon enactment
- Housing Act (1996)
- Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (January 2013)
- Data Protection Act (1998)
- Human Rights Act (1998)
- Anti-Social Behaviour Act (2003)
- MARAC and MAPPA Guidance - Crime and Disorder Act (1998)
- Prevention through early intervention: helping people with mental health problems to find and keep a home 2014.

2. Information sharing and Service User Consent

Effective information sharing is vital to providing the best possible service to meet the individual's needs and the protection of staff.

At all times staff should be mindful of various policies and legislations including the Data Protection Act and refer to them for further guidance when necessary.

The agency/service requesting information should be contacted if, due to any circumstances, the agency/service holding the information cannot supply the information requested.

Where information is exchanged it should only be provided to other staff in that agency/service on a need to know basis.

2.1 Consent

It is preferable to gain the individual's consent to share information with agencies at the earliest possible opportunity.

The individual's consent should usually be given in writing on a services' existing consent form or as part of the Care Plan agreement/CTP Standard Template is available in Appendix 1.

See guidance regarding the principles of information exchange, both with and without consent.

When asking for the individual's consent regarding information exchange it is important to ensure that they are giving it on an informed basis and every effort has to be made in order to support the individual to understand the information required. Staff should explain:

- That if consent is given, what information is going to be shared, who with and why,
- Only the information necessary to carry out the task is provided.
- That information exchange can be limited and only shared with certain Agencies if requested; if the service user wishes to give consent with restrictions this should be noted.

And consider:

- Whether the person has the capacity to give consent. If the member of staff assesses that the person does not have capacity to give consent the decision taken will need to be in the persons best interest and will usually be made by the professional involved, who assessed the person's capacity. However, if there is a relevant and appropriate Lasting Power of Attorney the decision-making in this situation will be their responsibility.
- The professional should, when they are the decision maker, take into account the person's best interests, statutory grounds and as appropriate the views of relatives and carers along with the person's past wishes and actions and any advance statements they have made.

The Local Authority can offer advice and guidance in relation to the Mental Capacity Act. A brief description of the principles of the Mental Capacity Act can be found in this document's glossary of terms.

Throughout this document reference is made to a person giving consent. However, this also incorporates 'in a person's best interest' if they have been assessed as lacking the capacity to make the decision.

3. CASE PROCESSES

3.1 Essential action of the Caerphilly Mental Health Services (CMHS) regarding identifying accommodation needs and outcomes

3.2 Accommodation Section of Care and Treatment Plan (CTP)

The early identification of an individual's accommodation status is important as it can prevent loss of tenure and help with the early planning of their future housing needs.

The Care Co-ordinator should complete the Accommodation section of the CTP

On admission to the Adult Mental Health Inpatient Ward (Ty Cyfannol, Ysbyty Ystrad Fawr) inpatient staff should be referred to Gofal Hospital to Home worker so a Housing Health Check can take place, which identifies any housing related issues.

4. Individuals identified by the CMHS as current social housing tenants

Where the individual is identified as a social housing tenant the Care Coordinator, allocated member of the CMHS or an Inpatient Staff member should:

Refer to the CTP regarding whether there are any issues with the individual's tenancy.

Ask for consent to share relevant information with housing services, explaining to the individual the relevancy of sharing certain information detailed in Appendix 3

Where the person has been formally assessed as lacking the mental capacity to consent to the sharing of information, if it is considered that information needs to be exchanged;

- in the person's best interests
- to support least restrictive options and processes
- to manage risk and safeguarding issues the staff member undertaking that assessment and conclusion is able to proceed with the information sharing.

In case circumstances of a complex nature, the CMHSs should consider requesting a meeting with a staff member of the relevant Housing Services. The Care Coordinator should consider the most appropriate status of that meeting e.g. S115.

Discussions and meetings regarding accommodation may have various benefits for the individual including:

- Discussing the possibility of providing Floating Support
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- Arranging for the CMHT to provide a list of trigger points which if a member of staff notices i.e. rubbish left outside property for two weeks, then that the named member on the trigger form will be contacted (Consent rules apply paragraph 2.1)

From April 2015 the local authority has the ability to discharge its housing duty into the PRS if that accommodation is suitable, affordable and available to the applicant for at least 6 months. Information sharing and disclosure will need to be considered if it is to use the PRS successfully and safely.

5. Individuals at risk of homelessness or are identified as homeless

If the Accommodation Section of CTP indicates that an individual is threatened with homelessness or is homeless, a member of CMHT should refer the case to the Housing Allocation and Advice Centre (HAAC) who will consider the options outlined below which can also be seen in the process flow chart and refer to the relevant Sections of this protocol on the specific processes. Gofal have a wide range of services that may be able to help people at risk of becoming homeless and those who are homeless. This includes investigating accommodation options and making various applications

Whilst operating under this protocol HAAC will work to their specific policies and procedures. The Authority will discharge its homelessness duties by way of one suitable offer of accommodation. The client has a right to request a review of the decision if the offer is not considered reasonable to them. The Care Co-ordinator and/or Gofal Crisis Worker can offer a view on what type of accommodation (including location) would be suitable in each case.

5.1 Supported Accommodation

HAAC or key worker to consider the suitability for the individual if they are homeless, or in the event that homelessness occurs and take action where necessary.

Where consent is given for either the CMHS or HAAC to help with an application for housing or support it may be suitable to:

- Make the agency/service aware that the individual is known to the CMHS,
- State which service is supporting the application e.g. Gofal
- Ensure and evidence that the service user has given permission for the Support Agency to be provided with information and
- Ensure the housing agency service provider has been provided with relevant information about the accommodation need from the accommodation Section of CTP and any associated risk

6. Crisis Intervention: Supporting individuals with accommodation issues

Where an individual has an identified housing need HAAC and Gofal are able to provide support with accommodation related issues/problems, such as:

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- Discussing and assessing the available options regarding local accommodation in the area;
 - Supporting individuals with homelessness and housing applications;
 - Carrying out a Housing Health check for inpatients of Ty Cyfannol to ensure appropriate housing and a better planned discharge;
 - Provision of supported housing and short term support depending on voids within Gofal's supported accommodation provision;
 - Providing resettlement support into new tenancies;
 - Working with tenants of the Local Authority, Social and, Private landlords who are experiencing rent arrears difficulties;
 - Assisting individuals with Mortgage arrears.
 - Signposting to other relevant services according to their needs.

The Care-Co-ordinator, relevant member of CMHT, Housing Officer or Ward staff should assess whether HAAC' and Gofal Services are required and access them as soon as possible (Contact Details – Appendix 2).

A member of HAAC team should not usually act as a representative for another key service or agency involved in a case. For example, a Joint Assessments' meeting regarding an individual's housing application will usually require the input of an appropriate representative from housing services and the CMHT. HAAC may, however, advocate on behalf of a service user at such a meeting.

7. Housing Allocations and Advice Centre: Where the individual, with or without the support of the CMHSs, presents themselves

The Housing Allocations and Advice Centre strives to prevent homelessness where possible, assess individual cases provide interim accommodation for qualifying households and provide assistance in finding permanent accommodation.

When providing assistance to access accommodation a range of options will be examined including, social housing accommodation, and the private rented sector.

A referral should be made to the Housing Allocations and Advice Centre (Contact Details Appendix 2)

On receipt of a referral HAAC should:

- Perform an initial assessment where the individual is identified as threatened with homelessness
- Perform a Homelessness Assessment where the individual is identified as homeless or where homelessness cannot be prevented.

Where mental health issues are identified and the CMHT or related agencies are not supporting the individual's application, the homelessness team may;

- Ask for the individual's consent to contact the Community Mental Health Team and other relevant agencies such as referral to Supporting People or Gofal's Crisis Service to establish whether they are known to the service Contact details in Appendix 2
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- Where the individual is unknown to the Mental Health Service but there are concerns regarding the individual's Mental Health, HAAC will request Now Medical to perform an emergency primary assessment with the individual's permission. 'Now Medical' is an organisation that provides medical and psychiatric advice to the housing departments of local authorities, housing associations and health Boards on matters such as medical priority for allocations and transfers, vulnerability for priority need and special housing needs.

7.1 Where the individual is known to CMHS

Where an individual is known to a service and consent has been given contact should be initiated between HAAC and the service/s. This would involve liaising with the Care Coordinator,

Further discussions between HAAC, the individual and relevant service providers are likely to be undertaken in order to assess the case further and establish whether the individual is in priority need and/or the appropriate actions that should be taken.

Whilst operating under this protocol HAAC will work to their specific policies and procedures. The Authority will discharge its homelessness duties by way of one suitable offer of accommodation. The client has a right to request a review of the decision if the offer is not considered reasonable to them. The Care Coordinator and /or Gofal Crisis Worker can offer a view on what type of accommodation (including location) would be suitable in each case.

The Care Co-ordinator will be consulted on what type of accommodation (including location) would be suitable in each case.

8. Supported Accommodation Specifically for Individuals with Mental Health Needs

Combined with the information from the CTP and other information the relevant CMHS may consider the suitability of Supported Accommodation for individuals. This could be where the service user, at present, is deemed as vulnerable and unable to live independently without support.

Where the individual has agreed, a member of CMHS staff or Gofal's Crisis Intervention Service should contact suitable Supported Accommodation providers regarding accommodation availability and support the service user with the application (See Contact details in Appendix 2)

The CMHS staff, should regularly contact Supporting People Team regarding supported accommodation voids/vacancies, with the aim of identifying suitable accommodation for individuals at an early stage.

To make an application to Supported Accommodation, staff should follow the specific processes outlined by the provider.

The Care Coordinator should engage formal review processes and involve all relevant parties regarding re-assessment of an individual's circumstances whilst in Supported Accommodation. This includes an evaluation of whether it is suitable for the individual to progress to a different type of accommodation. The Supported

Accommodation Provider can also request a review of accommodation needs with the Care Coordinator if there are significant and unscheduled changes in circumstances.

Review processes should consider when an individual may be able to make the transition from supported accommodation to another suitable type of accommodation i.e. independent living, to promote a planned rather than crisis response to accommodation need.

9. Applying for Social Housing

Applications for Social Housing are managed by HAAC and will be assessed in line with relevant protocols, policies and procedures of the Council including the Caerphilly Homes Allocations Scheme 2014. The council will also provide advice on applications to other forms of housing such as private renting, social letting schemes and where possible assistance for owner-occupiers.

When considering making an application for social housing, the individual and any agencies supporting them should consider whether:

- The properties available through the Council are suitable for their needs
- They are likely to be able to maintain a tenancy, (this could be with or without support)
- The support that would be necessary to help the individual at the start or for a certain period is in place or will be in place when relevant i.e. at the start of the tenancy.

All applicants who are eligible to apply for social housing will be added to the Council's waiting list. They may also make applications to be registered on other Social landlord waiting lists where appropriate.

The HAAC Service is frequently asked for nominations from its waiting list and is able to refer certain applicants for nomination to Linc Cymru, United Welsh Housing Association, Wales and the West, Cadwyn and Charter Housing Association under nomination agreements with the Social Landlords. Partner Social Landlords are not obliged to accept housing applicants nominated to them by HAAC, if the applicants do not meet specific local lettings policies operated by the individual social landlords.

An applicant is entitled to appeal an adverse decision made regarding their housing application, for example, no priority is awarded or an application is suspended.

An appeal should be made within 21 days of the decision. For further details of the appeals process, individuals can refer to several documents including Caerphilly Homes Allocations Scheme which is available on the Council's website.

9.1 Individuals applying for Social Housing who are receiving support from CMHS

9.2 Essential CMHT Processes

Individuals applying for Social Housing should receive support with their application or agreed Support Provider in accordance with current housing application process and procedures, see process flowchart below

9.3 Housing Allocations and Advice Centre Application Process

Applications can be made on line or using a standard paper form and must be returned to the Housing Allocations and Advice Centre. Contract details in Appendix 2

Where additional information for the purpose of processing the application is required housing staff should liaise with the support agency.

After initial processing and investigations, the case file will be passed to the relevant officer for a full assessment.

A request for a joint assessment of the application with key agencies including the relevant CMHS and those providing support may also be requested. A joint assessment may be undertaken in a range of ways e.g. via telephone, email or face-to-face meeting.

Face-to-face meetings should be expected when jointly assessing cases of a complex and/or contentious nature.

A joint assessment meeting should be minuted and the outcome of the meeting recorded.

9.4 Re-housing Assessment Panel

Where an agreement cannot be reached at the Joint Assessment Meeting, the application should be referred to the Rehousing Assessment Procedure (RAP), a panel consisting of:

- Private Sector Housing Manager
- Housing Occupational therapist
- Older Persons Housing Manager
- Relevant Landlord Manager
- Disabled Facilities Grant and Adaptations Manager
- Team Manager Gofal on a case by case basis
- Supporting People Team Manager
- Team Manager Mental Health

In all cases the applicant and consented support agencies will receive notification of the outcome of the application.

9.5 Individuals applying for housing that present unsupported by the CMHS or Gofal

HAAC will assess the housing application form and will endeavour to establish whether an individual is experiencing any mental health problems.

As part of these processes HAAC:

- Ascertain if the individual is receiving any support which may lead to the identification of the involvement of a mental health service or support provider;
- Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure. The Community Mental Health Service has the ability to identify whether the person is a service user

Where consent has been refused or cannot reasonably be obtained, Housing staff should refer to paragraph 2.1 of this protocol and consider whether it is appropriate to exchange information without consent.

If there are identified support needs in relation to maintaining a tenancy a referral should be made to Supporting People's Tenancy Support Service; obtaining the person's consent.

Where it is identified that the individual is receiving support from a CMHS the service should be contacted and refer to the process 1

Where an individual is unknown to the Mental Health service the Officer from HAAC will advise the individual to make an appointment with their GP or, where they believe the individual is at serious risk, consult with their Line Manager followed by relevant agencies i.e. CMHS

Where the individual expresses concern gathering the medical information required, completing the SHN/MHQ Form or explaining the degree of help they are receiving from the Mental Health Service, the HAAC should consider the following options:

- Referring the individual to Supporting People for further assistance.
- Helping them with processes where suitable

Information provided by GP's, CMHS's and others will contribute towards the assessment of the individual's application and may lead to other services becoming involved and support arrangements put in place.

The decision regarding the individual's application will be communicated clearly under relevant guidelines of the service.

10. Supporting tenants who are having issues maintaining the occupancy of their home and experiencing mental health needs

Where a member of the CMHS or relevant member of staff providing support believes there may be an issue with the individual's tenancy or where the individual raises it themselves, the matter may be discussed with them.

Where appropriate, HAAC, with consent will contact the individual's Landlord to establish whether they are aware of any issues.

Where consent is refused or cannot reasonably be obtained, staff should refer to paragraph 2.1 of this protocol when considering whether it is appropriate to exchange information without consent.

Where contact is made with the relevant landlord, the HAAC, the CMHS, Gofal and, where appropriate, other agencies will work together with the individual to try and resolve the issue/s.

10.1 Social Housing Landlords who identify that a tenant has an issue with the occupancy of their home which may be related to a mental health need

When a landlord is concerned about the maintenance of an individual's tenancy, and believe it may be related to mental health needs, they should:

- Ask the individual whether they are receiving any support which may lead to the identification of the involvement of the CMHS. The relevant individual then could be contacted to gain advice and support;
- Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure. (The CMHS has the ability to identify whether the person is a service user – See Appendix 2
- Where consent has been refused or cannot reasonably be obtained, housing staff should refer to paragraph 2.1 of this protocol and consider whether it is appropriate to exchange information without consent.

In circumstances where the individual or CMHS has identified a named member of staff or service that is providing support to the individual, the officer should contact them and initiate joint working to try and resolve the problem.

Where the individual is unknown to the Mental Health Service but a concern remains regarding the tenancy advice should be sought, with consent, from different sources regarding the action that should be taken including: HAAC, Caerphilly's Supporting People Tenancy Support Service, Social Services, CMHS.

Where the individual refuses to give consent to contact various different agencies regarding potential support etc or where consent cannot reasonably be obtained, staff should consider whether it is appropriate to exchange information without consent. Where these circumstances do not apply, other housing policies, procedures and protocols should be referred to and appropriate action taken.

11. Tenants with Housing benefit difficulties experiencing mental health needs.

11.1 Housing benefit issues in relation to tenants receiving support from CMHS or Gofal

Where a member of the CMHS, Housing Department or relevant member of staff providing support believes there may be an issue with the individual's tenancy or where the individual raises it themselves the matter will be discussed with them.

Individuals should receive support with their housing benefit claim from the CMHS (i.e. Care Co-ordinator) or from the agreed Support Provider i.e. Gofal or other Supporting People Support Provider

With consent the relevant member of staff should contact the Housing Benefit Department

The Housing Benefit Department has a named Officer to deal with queries from the CMHS, Gofal and Housing Officers in relation to tenants who are having difficulties with their housing benefit claim and have mental health needs.

When dealing with an individual's claim the relevant member of staff should ensure the following information is sent, with consent to the named Officer in the Housing Benefit Department:

- Application form
- Appeals letters (if appropriate)
- Backdating appeals letter (if appropriate)
- Financial information
- Supporting letters

Where consent is refused or cannot reasonably be obtained, staff should consider whether it is appropriate to exchange information without consent.

Where contact is made with the Housing Benefit Department the CMHS, Housing Benefit Department and, where appropriate, other agencies will work together with the individual to try and resolve the issue/s.

11.2 Housing Benefit staff identify that the individual has an issue with their tenancy that maybe related to a mental health problem.

Where Housing Benefit staff are concerned about an individual's housing benefit claim and believe it may be related to mental health needs, they should:

Ask the individual whether they are receiving any support that may lead to the identification of the involvement of the CMHS. The relevant individual then could be contacted to gain advice and support.

Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure.

The Community Mental Health Service has the ability to identify whether the person is a service user

In circumstances where the individual or CMHT has identified a named member of staff or service that is providing support to the individual, the officer should contact them and initiate joint working to try and resolve the problem.

Where the individuals refuses to give consent to contact different agencies regarding potential support etc. or where consent cannot reasonably be obtained, staff should refer to paragraph 2.1 of this protocol.

12. Monitoring and Reviews

This protocol will be reviewed every 3 years or as necessary. Representatives of the agencies named in Appendix 2 will be consulted when undertaking the review.

Monitoring mechanisms to evidence usage of the protocol and service demand will be developed.

Staff should be encouraged to share good practice with colleagues and partners to the protocol.

Reference of Information

Glossary of Key Terms

Care and Treatment Plan (CTP): CTP is a way of identifying important care needs if an individual has a mental illness.

It provides an organised way of:

- Assessing a range of the person's needs
- Developing a single Care Plan to meet those needs
- Identifying those responsible for any actions.
- Not everyone will receive CTP usually it is those who are receiving care from secondary mental health services i.e. a psychiatrist.

Care Co-ordinator or Care Manager: Usually individuals eligible for CTP will have a Care Co-ordinator. Care Co-ordinators are responsible for completing and reviewing a Care Plan for the individual as part of CTP.

They will be the point of contact for the individual, their carer/s and other professionals delivering services as part of their care plan.

Caerphilly Mental Health Services (CMHS): are the range of services and teams supporting people living Mental Health difficulties in Caerphilly. The teams consist of Care-Coordinators, psychiatrists, physiologists, community nurses, social workers and support staff who provide a assessment care management service in the community. The Service Areas and Teams include:-

Community –Based Teams

- North Caerphilly Community Mental Health Team (CMHT). Rhymney Integrated Health and Social Care Centre.
- South Community Mental Health Team (CMHT) Mill Road, Caerphilly.
- Early Intervention Service (EIS), Forglan House, Risca
- Assertive Outreach Team (AOT) Hafancoed, Blackwood.

All teams are multi-disciplinary, including Consultant Psychiatrists, Psychologists, Community Nurses, Occupational Therapists, Social Workers, Support Workers. Each team has a Leader and Administrator. If a service user is under the care of any of the above teams, they will have a designated Care Coordinator.

Inpatient Services

Ty Cyfannol – Adult Mental Health Ward Ysbyty Ystrad Fawr. Provides assessment, care and treatment for adults experiencing mental health needs which can only be provided in a mental health hospital / ward.

Crisis Resolution and Home Treatment Team – this team is located in Ysbyty Ystrad Fawr and works alongside the Inpatient Services and Community Teams to support people in mental health crisis, to provide treatment at home rather than in hospital where possible and to support discharge from hospital.

Housing Allocations and Advice Centre

The Housing Allocations and Advice Centre provides homelessness prevention advice and assistance on processes applications for social housing need.

Access to emergency accommodation, homelessness matters, private rented accommodation and advice on potential mortgage repossession should also be directed to the Housing Allocations and Advice Centre.

Caerphilly Homes Landlord Services has three Area Housing Officers and two Neighbourhood Housing Offices providing a management service to current council tenants. Older person's housing is provided through various housing complexes and designated units throughout the county borough. Sheltered Housing accommodation is both accessed and managed by a separate Management Team.

Social Landlords

Linc Cymru, United Welsh, Wales and the West, Cadwyn, Aelwyd and Charter Housing Association are other landlords providing social housing within the county borough. These landlords currently operate their housing waiting lists however the HAAC team have an agreement to nominate prospective tenants when suitable voids become available.

Private Rented Sector

Accommodation in the private rented sector is managed either directly by the private landlord or through a letting agencies. Once enacted, the Housing (Wales) Act 2014, Part 1 will require all private landlords and letting agents to register their properties and undergo training to become licensed. Until this legal requirement is enforceable, only private sector landlords and letting agents who have achieved Accreditation status will be approached to provide housing solutions for clients to whom this protocol is applicable.

Mental Capacity Act (2005):

- There is always the assumption of capacity i.e. that the person is able to make decisions themselves.
- Every effort has to be made to support the individual to make the decision.
- An unwise decision does not constitute a lack of capacity.
- Any action taken on behalf of a person who lacks capacity has to be in their best interests and the least restrictive option for the individual.

In order to have capacity the individual must:

- Understand the information necessary and relevant to the decision to be made.
- Retain the information for long enough to make a decision
- Weigh up the information in order to make the decision
- Communicate their decision

If the individual is able to do all of the above, then there will be the reasonable belief, that they have capacity to make the specific decision at that time.

If the individual is unable to do one or more of the above then there will be the reasonable belief that the individual lacks the capacity to make that decision at that specific time.

Note: Capacity assessments are time and decision specific

Lasting Powers of Attorney: if an individual, who has been assessed as lacking capacity to make a decision, has appointed a Lasting Power of Attorney they may be authorised to make decisions on the individuals behalf if the attorneyship is applicable and relevant to the decision being made.

Gofal is a registered mental health charity, which has been providing high quality community based services for over 20 years. In Caerphilly there are a range of services, which include: Supported Accommodation, Tenancy Support, Family Floating Support, Pathway to Employment Services and a Crisis Intervention Service (which includes the Hospital to Home Service), which supports people who are at risk or losing their homes or are homelessness.

Gofal Crisis Intervention Service and Hospital to Home Service

The service is for people who are experiencing mental health problems who are: homeless, in rent or mortgage arrears, at risk of losing their homes and in need of help to keep their tenancies, in need of more suitable housing, in need of housing related benefits advice or experiencing problems with their landlord.

Tenancy Support

Tenancy support projects are designed to enable people with mental health problems to live independently in their own homes within the community. Support is tailored to the individual and may include addressing rent arrears and debt resolution, community and social integration, access to other services such as GP's, mental health services and accessing training and employment opportunities, management of their mental health and support to access community facilities.

We also have a family support worker as part of this service who works with parents with housing related support issues and to enhance parenting skills.

Supported Housing

Gofal works in partnership with United Welsh to provide 12 units of supported housing which is time limited in the Caerphilly County Borough. The project works to a core and cluster model across two projects. Ty Osborne provides supported accommodation with staff on site 24 hours a day. Jubilee House provides a lower level of supported housing with the staff team from Ty Osborne attending the project on a daily basis and the tenants of the project being able to access Ty Osborne outside of these times.

Services are provided to people with mental health needs, who have difficulty in managing their own tenancy. Support is person centred but might include support around daily living skills, advocacy, emotional support, support around management of an individuals mental health issues and budgeting advice amongst many other areas. The aim of the projects is enable service users to move on into their own independent accommodation.

Supporting People services specialising in provision for people with Mental Illness**Floating Support**

Supporting People floating support referral forms can be accessed on the Caerphilly Supporting People website, following receipt of the referral a instruction will be made to an appropriate agency to provide support.

Floating support services include the provision of crisis, medium and long term support

Accommodation Based Support

Caerphilly Supporting People contracts with a number of support providers to manage supported housing schemes for both long term and short term (2-3 years)

Access to specialist supported housing is agreed in partnership with the support provider and CMHS

Move on

A 'move on' process is in place that allows for tenants of supported accommodation to access individual tenancies with continuing support until tenancy sustainability is achieved.

Protocol for Better Planned Discharge in relation to Mental Health Patients

This protocol is designed to improve local discharge policy and practice for Caerphilly CCBC, ABHB and Gofal; promote shared positive outcomes for people with mental health problems being discharged from hospital with a housing related need, some of which are homeless or at risk of becoming homeless or being discharged into unsuitable accommodation for their needs.

This protocol will ensure that every inpatient in Ty Cyfannol will have a Housing Health check on or as near to admission as possible, so that housing related needs are identified by Gofal's Hospital Link Worker, so providing a basis on discharge for wellbeing and recovery.

Outcomes

- To provide a dedicated housing related specialist service to effectively discharge people from Ty Cyfannol in partnership with health and social care practitioners, Supporting People, Housing and Homeless teams and third sector organisations;
 - To assist in providing safe discharge, to link patients with community services and attempt to minimise delayed discharge;
 - To promote recovery and wellbeing by providing a holistic assessment of an individual's needs by using a Recovery focused outcome monitoring tool. Gofal will use the Recovery Star Outcome Monitoring tool to assess and support a person's journey of recovery. The project will monitor outcomes in relation to housing need, delayed transfers of care and map any significant trends and unmet need and link into Strategic Planning arrangements to ensure that the service meets current needs of individuals who experience mental health problems and have a housing related support need.
-

Housing Health Check

The Hospital Link Worker (HLW) is based on Ty Cyfannol to ensure easy access for inpatients and staff to the service; so better planned discharge can be achieved.

The HLW service is available Monday to Friday daily. In event of the HLW not being available due to annual leave or sickness and a housing crisis emerges the ward staff should contact a member of the Crisis Intervention Service at Gofal. (01495 245802). The HLW will give Gofal team members a handover of work to be completed if absences due occur to ensure continuity of service. The HLW shall complete a diary of their whereabouts and provide their mobile number (for ward staff uses only); so their whereabouts is known when not present on the ward.

Ward Staff will inform the HLW of any new patients who require a Housing Health Check. It is also the responsibility of the HLW to enquire about new patients and their housing situation. The Housing Health Check will identify any housing need. A copy of this assessment will be given to ward staff to keep in the patients file.

For those individuals who are in housing need a more detailed assessment will be carried out by the HLW. Gofal works within the recovery model of support and will use the Recovery Star model. At this stage ward staff will be required to provide information on the patient's needs and a risk assessment / Management plan. This is to ensure effect support planning.

From the assessment process a support plan will be written, where possible in partnership with the patient. Any other support needs which have been identified will be discussed with ward staff and OT; so these needs can be met. Any updates on a person's housing situation will be written in a patient's notes, so keeping staff informed regarding a person's housing status at all times.

Housing Access Route for Inpatients who are Homeless

The HLW shall contact Caerphilly CBC Housing Advice Team if anyone presents as homeless following the Housing Health check. The HLW shall obtain information from ward staff and the patient (if appropriate) in relation to their mental health and housing needs and an up to date risk assessment for the Housing Advice Team to inform the housing prevention duty.

The HLW and Housing Advice Centre Representative shall be invited to all pre-discharge meetings concerning patients with a housing need.

The HACr (Housing Advice Centre Representative) shall research the accommodation available in all housing sectors. The three routes into housing are:

- **Social Housing**
- **Private Sector Housing**
- **Supported Housing**

Supported Housing - The HLW shall complete all relevant housing applications for Supported Accommodation.

When properties become available, the HACr and HLW will discuss the various options. This will be communicated to ward staff and Care Co-ordinator. Once agreed on a property and an offer made, all support providers shall be advised.

Tenancy accepted and sign up arranged to include the attendance of the support provider and / or Care Coordinator (where appropriate). The HLW will provide a resettlement package on discharge into accommodation.

The Care Co-ordinator / HLW to monitor and arrange formal review of progress in tenancy management and to refer to Tenancy Support Service if longer term support is required around tenancy maintenance.

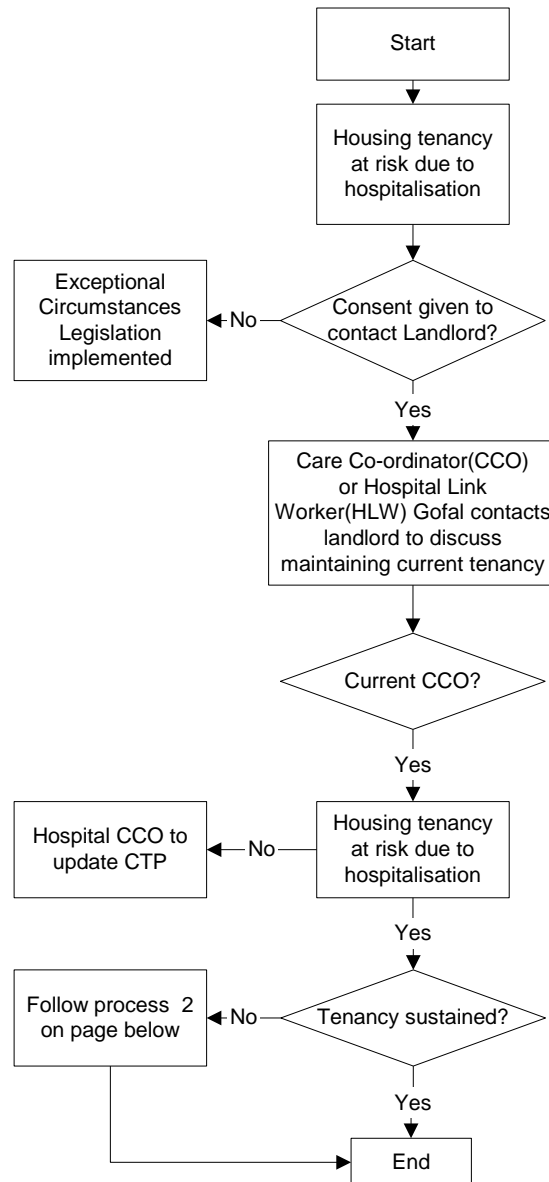
Escalation Process

Effective joint working is the key to this process. Initially, concerns, disagreements or disputes with regard to any aspects of the assessment, care planning, or decision-making should be resolved by members of staff as close to the matter as possible. In the event that a dispute cannot be resolved in this way, arrangements should be made for appropriate senior managers from the relevant agencies to resolve the matter.

Clear and timely communication between agencies should ensure that progress is made towards an agreement on the actions required in each case.

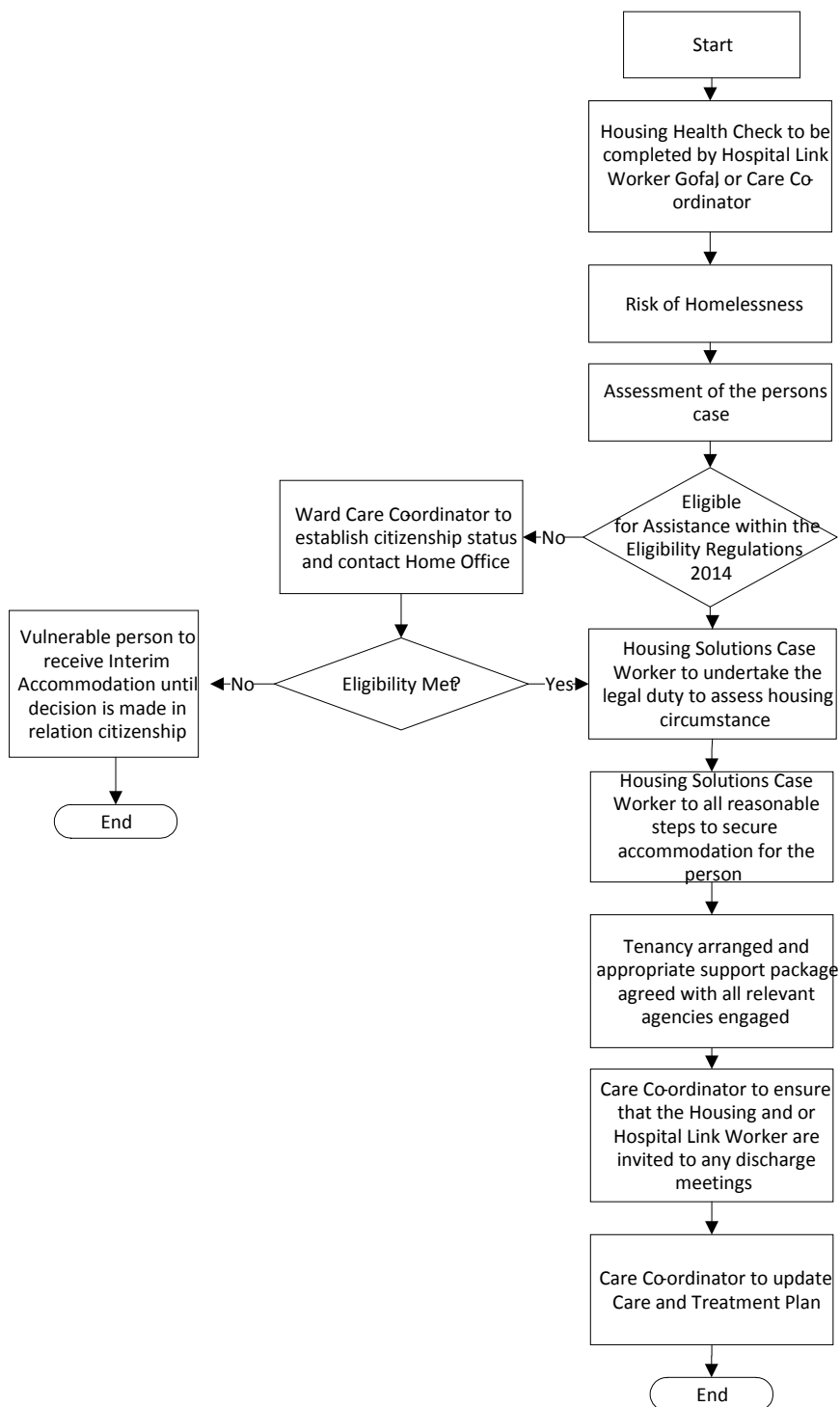
Process 1 Support with Current Tenancy Following Hospital Discharge From Mental Health Ward

18 February 2015



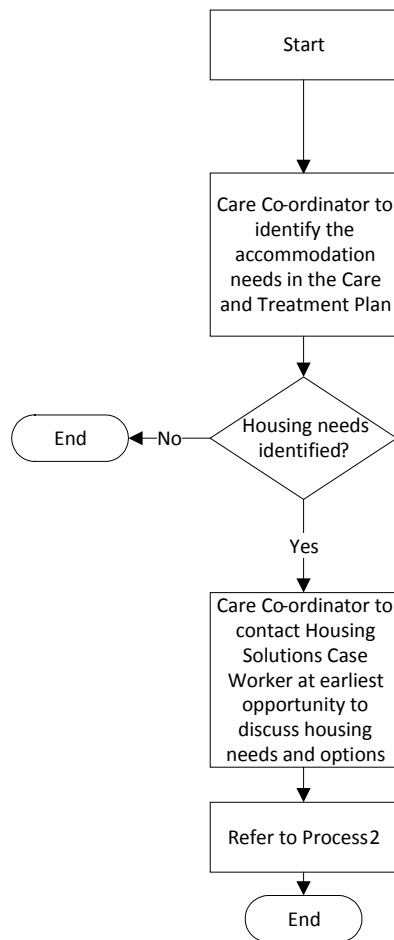
Process 2 for Risk of Homelessness Following Discharge from Ward

10 April 2015



Process 3 Discharge from Secure Provision

10 April 2015



Appendix 1

Example Caerphilly Local Agreement for Consent to Share Information

Service User Name:

Service User Address:

.....

.....

In order to provide a seamless efficient service, there are times when it would be an advantage for us to share information with partner agencies that might include:

Caerphilly County Borough Council
Aneurin Bevan University Health Board
Gofal

As well as reducing the number of people asking for the same details from you, it would also promote your independence by providing better access to the services you need when you need them.

Information will only be shared on a need to know basis and only with your permission and will depend on the sensitivity of the information.

The information that might be required to be shared but not exclusively is:

Information about your support needs e.g.

Assessment identifies that you require assistance to maintain your tenancy

Assessment identifies that you would benefit from supported accommodation

Information relating to your current accommodation status e.g. assessment identifies that you are homeless and requires accommodation

Assessment identifies that you would like to apply for alternative accommodation

Information relating to your housing benefit claim e.g. assessment identifies that you require assistance with your housing benefit claim

Assessment identifies that you require assistance with housing benefits appeals

Information could also be shared as part of a review of current services being provided, a change in your circumstances or following a risk assessment.

I agree that the information can be shared with health and social care professionals

YES/NO

I agree that the information can be shared with Caerphilly Council

YES/NO

I agree that the information can be shared with Aneurin Bevan Health Board

YES/NO

I agree that the information can be shared with Gofal

YES/NO

Service user unable to give consent (please give details):

Service User signature: -----

Date: -----

Appendix 2**Contact Details****Caerphilly Housing Benefit Service**

Housing Benefits Manager
Email Benefits @Caerphilly .gov.uk
Telephone 01443 815588

Caerphilly Homes Landlord Services

Eastern Valleys Area Housing Office, 01495 235477
Upper Rhymney Valley Area Housing Office, 01443 863105

Graig-y-Rhacca Neighbourhood Office 02920 853054
Lansbury Park Neighbourhood Office 02920 860917
Older Persons Housing Management Team 01495 235386

Caerphilly Housing Allocations and Advice Centre

General number 01443 873610
Homelessness Prevention 01443 873546

Social Landlords

Cadwyn 02920 498898
Charter 01633 212375
Linc Cymru 0800 072 0966 / 0300 123 1134 or 02920 482474
United Welsh 02920 858100 / 0800 294 0195
Wales and the West 02920 860462 / 0800 052 2526
Aelwyd Housing Association 029 2048 1203

Caerphilly Mental Health Services (CMHS)

Integrated Team Leader South Community Mental Health Team (02902 855020)
Integrated Team Leader North Community Mental Health Team (01685 846444)
Assertive Outreach Team (AOT) – Integrated Team Leader (01495 226500)
Early Intervention Service– (01633 238804)
Crisis Resolution and Home Treatment Team – (01443 802424)
Ty Cyfannol Ward – Inpatient Unit, Ysbyty Ystrad Fawr – (01443 802388)
Primary Care Mental Health Services – 01633 618022

Gofal

Crisis Intervention Service 01443 865060
Hospital to Home Service
Tenancy Support
Supported Housing

Tenancy Support & Crisis Services: 01495 245802
Email: enquiries@gofal.org.uk

Ty Osborne & Jubilee House: 02921 155012
Email: enquiries@gofal.org.uk

Supporting People Programme

01443 864548
Email supportingpeople@caerphilly.gov.uk

Wales Accord on the Sharing of Personal Information

Information Sharing Protocol for Integrated Mental Health Adult Services and Housing Caerphilly 2015 - 2018

Version: [1]

Further information on how an ISP should be developed within the WASPI framework is contained within Section 1 of the

Guidance on the Development of an Information Sharing Protocol

Further guidance may be sought from the WASPI Service Integration and Development Team at:

www.waspi.org

Note: This page can be removed once the ISP development has commenced

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1 Introduction to this ISP

This Information Sharing Protocol (ISP) is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI), and has been agreed between the participating partner organisations. Partners have given consideration to its contents when drawing up this document.

This ISP has been prepared to support the regular sharing of personal information for Integrated Mental Health Adult Services (ABUHB & CCBC) with Housing, Probation Services, Approved Private and Social Landlords and Voluntary Sector Agencies within Caerphilly.

It supports the information sharing partner organisations involved and the groups of Service Users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures consent processes and legal justification.

This ISP covers the exchange of information between Aneurin Bevan University Health Board, Caerphilly County Borough Council, Gofal, Probation Services, approved Private and Social Landlords and voluntary sector agencies.

It supports the information sharing partner organisations involved and the groups of service users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures, consent processes, and legal justification.

This ISP should be read in conjunction with Caerphilly Mental Health and Housing Joint Protocol.

For the purpose of this ISP, **explicit consent** is required from service users.

Partners may only use the information disclosed to them under this ISP for the specific purpose(s) set out in this document or to support the effective administration, audit, monitoring, inspection of services and reporting requirements.

A glossary of terms for this ISP is contained within Appendix A.

Please note: Staff should not hesitate to share personal information in order to prevent abuse or serious harm, in an emergency or in life-or-death situations. If there are concerns relating to child or adult protection issues, the relevant organisational procedures must be followed.

The information sharing partner organisations

This ISP covers the exchange of information between practitioners of the following organisations:

Information Sharing Partner Organisations	Responsible Manager
Caerphilly County Borough Council	Corporate Director of Social Services Chief Housing Officer
Aneurin Bevan University Health Board Gofal	Divisional Manager Head of Services

Probation Services	Head of Probation Services
United Welsh Housing Association	Chief Executive
Linc Cymru	Assistant Director of Housing
Wales & West Housing Association	Head of Housing
Charter Housing Association (Seren)	Director of Charter Housing
Derwen Cymru (Seren) Housing	Director of Homes and Communities
Cadwyn Housing Association	Director of Operations
Alewyd Housing Association	Housing Manager
MAPPA	Gwent MAPPA chair
Gwalia	Director of Support Services
Drugaid/Kaleidoscope	Director of Operations
The Wallich	South Wales area manager
Police	Police and Crime Commissioner
Prison Service	HMPS Manager

The responsible managers detailed above have overall responsibility for this ISP within their own organisations, and must therefore ensure the ISP is disseminated, understood and acted upon by relevant practitioners.

The responsible manager from each partner organisation will regularly monitor and audit access to information shared under this ISP to ensure appropriate access is maintained.

Benefits of sharing

By sharing personal information under this ISP, it is envisaged that the following benefits will be achieved:

- Facilitating the provision of appropriate accommodation
 - Improved assessment of care requirements
 - More co-ordinated service which avoids duplication and the need for the service user to present information to different agencies.
 - A more pro-active service
 - Reducing the homelessness assessment timescales through joint meetings and case conferences, minimising the time spent by the Service User in inappropriate temporary accommodation
-

Legislative / statutory powers

Disclosure of information will be conducted within the legal framework of the Data Protection Act 1998 (DPA), the Human Rights Act 1998 and in compliance with the common law duty of confidence.

The conditions set out in Schedule 2 and 3 of the DPA are known as the “conditions for processing”. Organisations processing personal data need to be able to satisfy one or more of these conditions. For the purpose of this ISP, the condition that will be allowed upon for both Schedules (where required) is **explicit consent**. Therefore no further conditions need to be met.

In addition to relying on consent as a Schedule condition, public bodies may have statutory requirements to share some types of personal data. In the absence of a statutory requirement, a public sector body should be able to explain the legal power it has to enable it to share. Other organisations may not need statutory powers to share.

Local authorities have wider powers under section 2 of the Local Government Act 2000 to promote or improve the social wellbeing of their area. This provides an implied power to share information with other statutory services and the independent sector.

Section 47 of the NHS and Community Care Act 1990 provides for social services authorities to involve the staff of health and housing agencies in order to prepare comprehensive assessments of need. It can be implied from this duty that there is a power to share information with health bodies or housing authorities.

The Mental Health Act 1983 (amended 2007 and incorporating the Mental Capacity Act 2005) provides for mental health services to undertake formal assessments involving relevant organisations in order to adhere to the Code of Practice and ensure decisions are made in an appropriate manner. This would imply that there is a power and a need to share information with relevant organisations in order to arrive at an appropriate decision when determining appropriate care and in particular the potential restriction of a person's liberty.

Section 22 of the National Health Service Act 1977 provides for a general duty on NHS bodies and local authorities to cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This general duty implies a power to share information between NHS bodies and local authorities.

Paragraph 16 of Schedule 2 of the National Health Service and Community Care Act 1990 provides that NHS Trusts have general powers to do anything which is necessary and expedient for the purposes of or in connection with the provision of goods and services for the health services and similarly will give rise to an implied power to share information.

Details of personal information being shared

Personal information shared for the purpose of this ISP includes a range of information and might therefore include:

- Name
 - Address
 - Date of birth
 - National insurance number
 - Symptoms
 - Diagnosis
-

-
- Medication
 - Risk History
 - Family information
 - Housing information
 - Substance use history
 - Service history
 - Telephone number
 - Marital status
 - Ethnicity
 - Language
 - Financial and Benefit information
 - Other agency involvement
 - Personal Identification reference number

The information is used to assess needs and where appropriate provide care to the service user. On-going review as circumstances change will ensure appropriate support is provided to assist the service user.

Only the **minimum necessary** personal information consistent with the purposes set out in this document can be shared.

Information provided by partner organisations will not generally be released to any third party without prior consultation with the owning partner organisation.

An information reference table within Appendix B provides a comprehensive list of the personal information to be shared between the partner organisations, including with whom in each partner organisation it will be shared with, why it will be shared and the methods of how it will be shared.

Identifying the service user

In order to ensure that all partner organisations, when sharing information, are referring to the same service user, the following personal identifiers must be included:

- Name (all known)
- Date of birth
- Previous addresses
- National Insurance number
- Gender
- Personal Identification number

Informing the service user

It is necessary to communicate with the service user or their lawful representatives about the need for information sharing at the earliest appropriate opportunity, preferably at first

contact unless by doing so would risk harm to others or hinder any investigation or legal proceedings.

Therefore in most cases practitioners will clearly inform service users or their lawful representatives about what personal information is to be shared, and for what purposes it will be used. Partner organisations should also ensure that service users are provided with any information they need to fully understand the way in which their personal data will be handled in any specific circumstance, including the names of any persons or organisations with whom their data may be shared.

Where appropriate, agreed methods of providing this information are:

- Verbally
- Referral letter
- Advice leaflets

Obtaining consent

The approach to obtaining consent should be transparent and respect the rights of the service user.

Consent is given by a service user agreeing actively, to a particular use or disclosure of information. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. For the purposes of this ISP, **explicit consent** will be required from service users.

Consent must not be secured through coercion or inferred from a lack of response to a request for consent. Practitioners must be satisfied that the service user has understood the information sharing arrangements and the consequences of providing or withholding consent.

Where a service user is a child or young person, the practitioner should consider whether the child or young person has the capacity to understand the implications of giving their consent in the particular circumstance. Where the practitioner is confident that the child or young person can understand their rights, then consent should be sought from them rather than a parent. It is important that a child or young person is able to understand (in broad terms) what it means to give their consent.

Consent should not be regarded as a permanent state. Opportunities to review the service user's continuing consent to information sharing should arise during the course of the service provision. Practitioners should exercise professional judgement in determining whether it would be appropriate to re-visit a service user's continued consent at any given juncture. Ideally it should take place in the context of a review or re-assessment.

Consent obtained from service users for the purposes of this ISP will only be used to support the delivery of the purposes and functions set out in this document. Once the provision of this specific ISP concludes or the purpose changes, then consent obtained for it will also end.

In some exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or where an appropriate professional of sufficient seniority within the partner organisation, has taken the view that the duty of confidentiality can be breached where there is a substantial over-riding 'public interest'. Such situations where information might be shared without consent include:

- 'Life and death' situations, for example, where information is shared in an emergency in order to preserve life;
-

-
- where a person's condition indicates they may be a risk to the public or may inflict self-harm;
 - in order to prevent abuse or serious harm to others;
 - on a case-by-case basis, to prevent serious crime and support detection, investigation and punishment of serious crime.

This is not an exhaustive list and each situation should be considered on a case by case basis.

Where decisions are made to share personal information without the service user's consent, as detailed above in 8.7, this must be fully documented in the service user's record.

Where it is not appropriate to defer the sharing of information, then it will not be appropriate to defer consent, as consent cannot be obtained retrospectively. Therefore, only where deemed necessary, may information be shared without consent.

If there are any concerns relating to child or adult protection issues, practitioners must follow the relevant organisational procedures.

Obtaining consent where a service user lacks mental capacity

The Mental Capacity Act 2005 Code of Practice defines the term 'a person who lacks capacity' as a person who lacks capacity to make a particular decision or take a particular action for themselves, at the time the decision or action needs to be taken.

Whenever dealing with issues of capacity to consent, local rules and procedures should be followed and these must be in compliance with the Mental Capacity Act 2005 and its Code of Practice.

Where a person has a temporary loss of capacity consent will be deferred, if appropriate, until such time as consent can be obtained. Consent to share information will be sought when capacity is regained.

Recording consent

Decisions regarding service users' consent of how and when it was obtained and whether it was provided in verbal or in written form, must be stored or recorded in the service user's record.

Refused and withdrawn consent

A service user has the right to refuse their consent to have information about them shared. They also have the right to withdraw previously granted consent at any point, to the sharing of their information. Further personal information should not then be shared under this ISP.

Where the service user has refused or withdrawn consent, the implications of withholding consent will be clearly explained to them and this dialogue will be recorded in the service user's record. If a service user withdraws consent to share personal information it will also be explained that information already shared cannot be recalled.

Information security

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's information security policies and procedures.

Where practitioners are unable to comply with their organisation's policies regarding the safe and secure transfer of information they must ensure that a risk assessment is undertaken by their Information Security/Governance department at the earliest opportunity. Alternative secure methods, as identified within the organisation's policy, must be used until such time as the risk assessment has been undertaken.

A list of agreed methods for the safe and secure transfer of personal information is documented within Appendix B.

Any breaches of security, confidentiality and other violations of this ISP must be reported in line with each partner organisation's incident reporting procedures. Consideration should be given to share, where appropriate, the outcome of any investigation with the partner organisations involved.

Records management

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's records management procedures, specifically in relation to collecting, processing and disclosing of personal information.

All information, whether held on paper or in electronic format must be stored and disposed of in line with each partner organisation's retention and disposal schedule.

Personal information will only be collected using the agreed collection methods, ensuring the required information is complete and up-to-date.

Practitioners will ensure where practical, that records are maintained of when information is shared with a partner organisation, and to whom.

Decisions about service users should never be made by referring to inaccurate, incomplete or out of date information.

If information is found to be inaccurate, practitioners will ensure that their records and systems are corrected accordingly. Consideration must also be given to advising partner organisations where practical.

Data Protection Act and Freedom of Information Act requests

Where requests are received for information relating to this ISP or any individual service user(s) then each request will be dealt with in accordance with each partner organisation's relevant policies and procedures.

Complaints

Each partner organisation has a formal procedure by which service users, partner organisations and practitioners can direct, their complaints regarding the application of this ISP.

Review of this ISP

This ISP will be reviewed **three years after agreement and every two years thereafter** or sooner if appropriate.

Appendix A – Glossary of Terms

Term	Definition
Consent	An informed indication by which the service user signifies agreement and understanding of how personal information relating to them is processed.
Personal information	Information which relates to an individual, including their image or voice, which enables them to be uniquely identified from that information on its own or from that and / or other information available to that organisation. It includes personal data within the meaning of Section 1 of the Data Protection Act 1998 and information relating to the deceased.
Sensitive personal information	Personal information as to; the racial or ethnic origin of an individual; their political opinions, their religious beliefs or other beliefs of a similar nature, whether they are a member of a trade union, their physical or mental health or condition, their sexual life, the commission or alleged commission by them of any offence, or any proceedings for an offence committed or alleged to have been committed by them, the disposal of such proceedings or the sentence of any court in such proceedings.
Personal identifiers	A set of basic personal details that allow partner organisations to identify exactly who is being referred to. For example, name, address, date of birth, post code.
Processing personal information	Broadly describes the collecting, using, disclosing, retaining or disposing, of personal information. If any aspects of processing are found to be unfair, then the Data Protection Act 1998 is likely to be breached.
Service user	An inclusive term to describe those people who have contact with service providing organisations within Wales and have information recorded about them. For example: individual organisations may refer to these people as data subjects, patients, clients, lawful representatives, etc.
Practitioner	An inclusive term to describe any staff working for the partner organisations involved in the care of or provision of services for the service user. For example: police officer, health professional, social worker, volunteer etc.
Responsible Manager	A senior manager within an organisation who has overall responsibility for the area of work related to a specific ISP. It will be their responsibility to ensure that ISPs are disseminated, understood and acted upon by relevant practitioners and that access to personal information is regularly monitored and audited to ensure appropriate access is maintained.

Appendix B – Information Reference Table

The sharing of personal information to support the provision of [Mental Health Adult Services and Housing]

Description	Information Exchange 1	Information Exchange 2	Information Exchange 3	Information Exchange 4
<p>1 Information exchange</p> <p>General description of the process or stage to which the information exchange relates.</p>	<p>Referral</p> <p>Client seeks housing assistance either personally or via partner agency</p>	<p>Assessment</p> <p>Assessment of need against property suitability</p>	<p>Allocation and onward referral</p> <p>Allocation of housing</p> <p>Discharge of homelessness duty</p>	<p>On-going review</p> <p>Case conferences</p> <p>Ad hoc review</p>
<p>2 What information will be shared?</p> <p>Description of the information to be provided.</p> <p>Please note: Only the minimum and relevant personal information is to be shared and strictly on a case by case basis.</p>	<p>Name</p> <p>Current address</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>
<p>3 Consent to share</p> <p>Details of when and how consent will be sought.</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>

4 Partner Organisation(s)	Who by	Who to	Who by	Who to	Who by	Who to	Who by	Who to
a Details of provider and recipient organisation(s).	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service
b Role(s) of staff responsible for providing and receiving the information.	Who by	Who to	Who by	Who to	Who by	Who to	Who by	Who to

1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services
1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer
1.2 Social Worker	1.2 Social Worker	1.2 Social Worker	1.2 Social Worker	1.2 Social Worker	1.2 Social Worker	1.2 Social Worker	1.2 Social Worker
1.3 Support worker	1.3 Support worker	1.3 Support worker	1.3 Support worker	1.3 Support worker	1.3 Support worker	1.3 Support worker	1.3 Support worker
2. Divisional Manager		2. Divisional Manager		2. Divisional Manager		2. Divisional Manager	
2.1 Psychologist		2.1 Psychologist		2.1 Psychologist		2.1 Psychologist	
2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker	
2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff	
2.4 CPN		2.4 CPN		2.4 CPN		2.4 CPN	
2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy	
3. Head of Services		3. Head of Services		3. Head of Services		3. Head of Services	
4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services	
4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer	
5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing	
5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing	
6..Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities	
7..Dir. of		7. Dir. of		7.. Dir. of		7.. Dir. of	

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5 Form title and reference number Detail the title and reference number of any form(s) or letter(s) used to collect and / or convey the information.	Housing application form	Housing application form	N/A	N/A
6 How will the information be transferred? Detail all agreed secure methods in which the information can be transferred to the recipient e.g. fax, direct feed from system, verbal transfer at team meeting, telephone call, e-mail.	Verbal Letter Email Telephone Meeting Fax ICT system	Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system	Verbal Letter Email Telephone Meeting Fax ICT system	Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system

7 When will it be shared? Details of when the information needs to be exchanged or shared e.g. daily, weekly, monthly, yearly, as and when necessary.	As and when necessary	As and when necessary	As and when necessary	As and when necessary
8 Additional considerations Issues or comments not included (where appropriate).				

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