



SURREY MENTAL HEALTH AND HOUSING PROTOCOL

PREFACE

Finding accommodation and maintaining tenancies can be particularly difficult for people with mental health needs. The Care Act 2014, requires agencies to work in partnership to promote the wellbeing of adults with care and support needs in their area. Mental health services, adult social care and local authority social housing agencies in Surrey have agreed to work to this protocol to establish common procedures for better outcomes, including accommodation for people with mental health needs.

In particular, this protocol aims to ensure that accommodation needs, health needs and associated support in the community are identified at an early stage to prevent homelessness when a person with mental health needs is discharged from hospital.

This protocol promotes the setting up of Special Needs Housing Panels in every borough. To ensure that housing and support needs are met in the most appropriate way for people who have mental health needs. To support the panels, Surrey County Council will provide an administrator from each Community Mental Health Recovery Service (CMHRS) who will co-ordinate the panel referral process and the meetings.

There is a commitment from all agencies to support the training needs of staff around mental health and housing. The training will foster partnership working and improve relationships between agencies.

A Housing Champion will be identified in each CMHRS and they will be the link person to the borough Housing Department. A mental health lead will be established in every Housing Department and they will be the link to the CMHRS.

This protocol provides the procedures that need to be followed to help people with mental health needs access appropriate accommodation and support, and prevent them losing their existing accommodation.

The protocol covers the following geographic areas:

Elmbridge Borough Council
Epsom and Ewell Borough Council
Guildford Borough Council
Mole Valley District Council
Runnymede Borough Council
Spelthorne Borough Council
Tandridge District Council
Reigate and Banstead Borough Council
Surrey Heath Borough Council
Waverley Borough Council
Woking Borough Council

and has been put together with the agencies with a responsibility for providing mental health services in these areas such as Surrey County Council, Surrey and Borders Partnership NHS Foundation Trust, Ashford and St Peter's NHS Foundation Trust and Epsom and St Helier University Hospital NHS Trust.



Surrey and Borders Partnership **NHS**
NHS Foundation Trust

Ashford and St.Peter's Hospitals **NHS**
NHS Trust



NHS
North West Surrey
Clinical Commissioning Group

NHS
North East Hampshire and Farnham
Clinical Commissioning Group

Epsom and St Helier **NHS**
University Hospitals
NHS Trust

NHS
Surrey Downs
Clinical Commissioning Group

NHS
East Surrey
Clinical Commissioning Group



Reigate & Banstead
BOROUGH COUNCIL
Banstead | Horley | Redhill | Reigate



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WHAT, WHO AND WHY?

What is this booklet about?

This booklet has been developed by professionals working in mental health services, social services and housing. It sets out what procedures should be followed when people with mental health needs are experiencing housing problems.

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Who is it for?

- **Hospitals (Nurses, Occupational Therapists, Doctors and Consultants).
Discharge Co-ordinators**
 - **Community Mental Health Recovery Services (Community Psychiatric Nurses,
Social Workers, Occupational Therapists, Doctors, Consultants and Psychologists
Carers Practice Advisors)**
 - **Housing Departments (Housing Option Officers, Tenancy Management Officers,
Housing Benefit Officers, Environmental Health Staff and Resettlement Officers)**
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Why has it been developed?

This booklet has been designed to be used as part of the Care Support Pathway. It should make it easier to find out what to do and who to contact when a person is experiencing a housing problem.

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How to use this booklet

This booklet has been designed to be a quick and easy reference guide. The booklet refers to scenarios, and what to do in each case. To keep things simple, all contacts, names and numbers are listed at the back of this booklet. There is also a glossary which explains the terms and jargon used.

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SHARING INFORMATION AND CONFIDENTIALITY

Confidentiality

Confidential information about people is strictly limited to those who need to know.

Sharing information

Whilst respecting each agencies confidentiality policy, it must be understood that it is in the best interest of the client, for all agencies to share information at the earliest possible stage. Thus reducing the possibility of the client losing existing housing, or resulting in a placement in bed and breakfast accommodation, which could exacerbate their mental health problem and impede their speedy recovery.

It is important that we share ALL information that is relevant to another organisation to enable that agency to respond appropriately to the service users needs.

It can also help professionals stay safe.

Letting people know about confidentiality

People should be told at the first point of contact about an organisations confidentiality policy. People should also be asked to give their consent for information to be shared within the organisation and between other agencies. The person will be informed that information will only be shared on a need to know basis.

SITUATIONS AND PROTOCOL

The situation: Admission to an acute mental health hospital

Who needs to act: Care Co-ordinators (CMHRS) Housing Options Officers (Council)
 Named Nurses (Hospital) Housing Benefit Officers (Council)
 Discharge Co-ordinator

A person may not be known to services on admission to hospital. The named nurse needs to ask the person at admission stage if their accommodation is fit to return to e.g. is the electricity, gas, water still connected, the state of cleanliness of the flat, are there any animals in the property, any repairs which need to be undertaken, and whether anyone is visiting the property regularly. The named nurse should contact the Rapid Response Worker at the relevant CMHRS and agree a plan of action.

When a person is admitted to hospital the initial assessment form will include a question on what accommodation the person can return to when they are discharged from hospital. Within 72 hours of admission a multi-disciplinary meeting will be held to discuss the care and treatment plan and establish any issues that may impact on a safe discharge.

If the person does not have a home to return to...

The Council has an obligation to assess anyone who can show that they may be homeless/ threatened with homelessness and in priority need. Not all clients will be found to be homeless or in priority need, and in these cases there is no duty on the Council to provide emergency accommodation. Where a client is considered to be homeless and in priority need, then the Council has a duty to provide emergency accommodation.

A medical assessment is likely to be required as part of the process, if so, it is essential that as much information is provided to enable the assessment to take place. This could be in the form of a letter detailing the medical condition from the psychiatrist, and a report, and risk assessment from the Care Co-ordinator.

If someone becomes homeless without notice, there is usually no alternative other than an emergency Bed & Breakfast placement, which can be outside of the borough area, and may be outside Surrey. Whilst it is acknowledged that this may negatively impact on the wellbeing of people due to the distance from professionals, friends/family support, there may be no alternative.

However, the earlier that the housing service is involved, a better alternative to Bed and Breakfast may be possible. Therefore it is best practice to deal with a client's application while they are in hospital, and if they are found to be homeless, plans can be made to avoid the need for emergency accommodation. Resulting in a better outcome for the service user's recovery.

The likelihood that a client may relapse if placed out of area in bed and breakfast needs to be taken into account when making the decision to discharge from hospital.

The Housing Officer will need to know if it is safe for the person to be placed in bed and breakfast. If it is not safe then discharge needs to be delayed so that alternatives can be considered.

The Named Nurse will contact the Care Co-ordinator within 24 hours of admission (48 hours if the client is admitted over the weekend). The Care Co-ordinator will contact Housing Options Officer within 24 hours from receiving the information from the Named Nurse. A Housing Officer will (if necessary) come to the hospital to conduct a housing options interview.

Even if it is not clear whether independent accommodation is what the service user will need, the Housing Officer would prefer to do an investigation, than be forced to house people with mental health problems in possibly unsuitable emergency accommodation.

If the person has a temporary home to return to...

If the person does have somewhere to return to temporarily, the following procedure should be followed

The Care Co-ordinator should make an appointment for a housing options interview at their local council. In authorities with a special needs panel, it may be appropriate to make a referral.

Before discharge

Where there is a housing need, the Care Co-ordinator should invite a Housing Options Officer to the hospital discharge meeting to address the housing need before a date is considered for the person to leave hospital. If the person is already a Housing Benefit/ Universal Credit claimant, the care co-ordinator **MUST** advise Housing Benefit/DWP for Universal Credit claimants, so that they can update their records.

At the time of discharge

The Care Co-ordinator should provide the Housing Options Officer with an up to date Care Plan and risk assessment. Housing Benefit/DWP for Universal Credit claimants must be advised of the discharge if the person is claiming benefits.

If the client has a permanent home to return to....

If a person is receiving benefit

The Named Nurse should inform the Housing Benefit Department/DWP for Universal Credit claims, that they are in hospital the expected duration of their stay (approx) and any changes to the persons income or family situation.

If the person pays their own rent or has a mortgage

The Named Nurse should ensure that they claim whatever benefits they are entitled to, by referral to the relevant Agency. (see advice agencies in the contacts list)

Situation: Threat of eviction from a private landlord

Who needs to act: Care Co-ordinator (CMHRS)

If a person is being evicted by a private landlord and has not found alternative accommodation the following action should be taken.

The Care Co-ordinator should contact a Housing Options Officer to request a housing options interview. This interview will seek to establish the situation, the persons rights, and if there is potential to negotiate with the landlord to allow them to remain in their accommodation.

Sometimes tenancies contain misleading clauses that do not accurately reflect the tenant's rights under housing law. Sometimes landlords take action, which is appropriate, or at times may illegally evict their tenants. A Housing Officer will work to protect the interest of the person.

The Housing Options Officer will undertake a housing options interview to plan a way forward.

In addition, the person could seek independent advice on the situation from the local Citizen's Advice Bureau.

Situation: Threat of eviction from Council or Housing Association accommodation

Who needs to act: Care Co-ordinator
Rents/Tenancy Management
Officers (Council/Housing Associations)

If the person is notified they are in breach of their tenancy or being evicted by the Council or Housing Association it could be on the following grounds:

- Rent arrears
- Anti social behaviour
- Abandonment
- Death of primary tenant (mother, father or partner)
- Sub-letting

If the Care Co-ordinator is involved at an early stage of the process eviction may be avoided.

The Tenancy Management Officer should contact the Care Co-ordinator within the CMHRS (even if the person is in hospital) to establish how the situation can be resolved. The Tenancy Management Officer should liaise with relevant Council Officers to work towards resolving the problem.

If the person is in Housing Association accommodation and they do not know who the Tenancy Management Officer is for the area, they will need the persons consent to contact the Housing Association.

If staff work together from an early stage and reassess the persons situation, it may be possible that they can review the care plan and work towards a satisfactory outcome.

Situation: Living with relatives or friends but it is not working out

Who needs to act: Care Co-ordinator
Housing Options Officer

Even when relations between persons and their hosts have been good, problems can arise which may become detrimental to the persons well being. Care Co-ordinators may be aware that a situation is becoming difficult early on, or a situation may flare up very unexpectedly. In any event the following action should be taken immediately.

Care Co-ordinators should contact the Housing Options Team to arrange an appointment for the client.

Referral made to the mediation service if appropriate.

If the person needs independent accommodation the Care Co-ordinator should contact the Housing Options Team so that they can consider the available options.

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

Situation: Experiencing difficulties with their neighbours

Who needs to act: Care Co-ordinators (CMHRS)
Trust/Housing Association
Housing Options Officer
Nuisance or Anti-Social Behaviour Officer

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

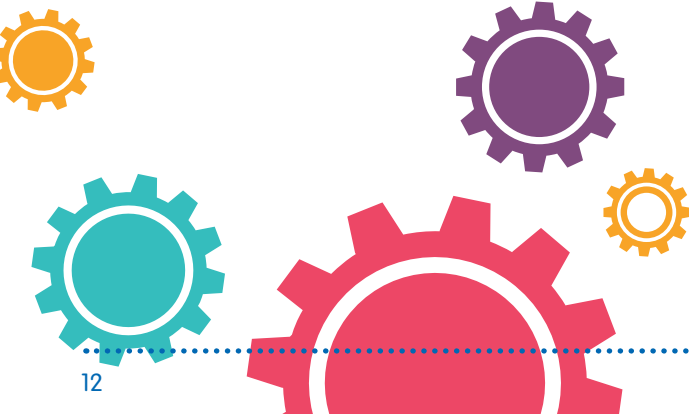
Private Rented Tenants

The Care Co-ordinator should encourage the person to make an appointment with the Housing Options Officer who will advise the person about their rights. They can also talk to the landlord on the tenants behalf, and if appropriate, involve a mediation service.

Council/Housing Association Tenants

The Tenancy Management/Nuisance/Anti-Social Behaviour Officers should contact the Care Co-ordinator (even if the person is in hospital) to establish how the situation can be resolved.

The Care Co-ordinator should contact the relevant Tenancy Management Officer to establish at what stage the process is and whether it can be resolved.



SERIOUS ANTI-SOCIAL BEHAVIOUR

Where there is serious anti-social behaviour then the Police, councils and social landlords have powers to issue closure orders, civil injunctions and apply other sanctions.

People with mental health problems may be subject to such action, particularly if they are not engaged with services.

There is a separate county wide Anti-Social Behaviour Policy agreed between the Police, Surrey County Council, Community Safety Unit and the main housing providers.

Please see the following web link:

www.surreycommunitysafety.org.uk/community-safety-in-surrey/

The situation: Accommodation is being taken over by others

Who needs to act: Care Co-ordinators (CMHRS)
Tenancy Management Officer
Council/Landlord
Police

A person may be visited regularly by people who cause a nuisance. In this situation it is the tenant who is in breach of their tenancy, although it is another party causing the nuisance.

All relevant agencies should attend this meeting to discuss a proactive way forward to resolve the situation. It is imperative that mental health professionals attend these monthly meetings, or send the designated link worker for housing.

If this is not resolved following initial advice/intervention by the landlord/Tenancy Management Officer, it is important that the matter is not allowed to escalate, and a referral should be made either by the Care Co-ordinator or Tenancy Management Officer to Community Incident Action Group (CIAG).

If the service user is in private rented accommodation and the Landlord has been receiving complaints against them...

Following discussion with the person, the Care Co-ordinator should refer the matter to the local Community Incident Action Group (CIAG).

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In some circumstances the landlord or Council may find it necessary to apply for an injunction to prevent the return of the individual(s) causing a nuisance.

The situation: Accommodation is becoming an environmental health concern

Who needs to act: Care Co-ordinators (CMHRS)
Tenancy Management Officer Council/Landlord
Police
Care Co-ordinators CMHRS
Named Nurse
Tenancy Management Officer (council/housing association)
Landlord
Environmental Health Officer

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

If the situation is such that:

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

THE AGENCY'S SAFEGUARDING PROCEDURE SHOULD BE IMPLEMENTED AS THIS IS A SAFEGUARDING ISSUE!

The Care Co-ordinator needs to contact the Environmental Health Officer for advice if they believe the accommodation may be becoming an Environmental Health concern. A joint visit to discuss the situation with the person may then be arranged to encourage the person to clean the flat. When the flat has been cleaned, the Care Co-ordinator needs to continue to monitor the situation.

The Environmental Health Officer cannot help if the premises are merely dirty or there is a hoarding of non putrescible matter e.g. newspapers. Care co-ordinators should be aware that the council cannot arrange or pay for cleaning or dealing with the above, but can take legal action to ensure their resolution.

If the person is unable to clean their premises due to mental illness they can be assessed by the CMHRS to ascertain whether they are eligible for social care support.

Situation: An offer of re-housing by the Council/Housing Association

Who needs to act: Housing Options Officers
Care Co-ordinators (CMHRS)

There are a few occasions where there may not be a duty for a person to be re-housed despite being homeless. It is important that attempts are made to assist the person in securing accommodation within the private rented sector.

The Housing Options Officer and Care Co-ordinator should liaise, to ensure that a full Housing Service is provided. The Care Co-ordinator should ensure that if the person needs help paying the rent, that Housing Benefit or Universal Credit is in place for the start of the tenancy.

WHAT TO DO ABOUT WELFARE BENEFITS

Situation: What to do about Housing Benefit

Who needs to act: Housing Benefits Officer (Council)
Named Nurses (Ward)
Care Co-ordinator (CMHRS)

Care Co-ordinators are to inform their local Housing Benefit Office (HBO) if a person in social or private rented accommodation has mental health needs (subject to their consent), and is known to be in receipt of benefits. If the person wishes the CMHRS to act on their behalf, the HBO will need their written consent.

There are lots of different situations where it might be important for the hospitals, CMHRS's and Housing Benefit staff to contact each other. There are two situations which often lead to a housing benefit claimant having their benefits stopped or not assessed at all. These are:

Non return of review form

Housing Benefit recipients are sometimes asked to complete a review form to check their situation has not changed. If they do not return the form by the due date it will be assumed they no longer require Housing Benefit and payments may stop. A claimant may not notice for a few weeks that Housing Benefit has not been paid (especially if their rent is paid to their landlord), by which time they may be under threat of eviction because of rent arrears.

Benefits changes

If a claimant receives a DWP benefit that passports to 100% Housing Benefit (Income Support, income-based Jobseekers Allowance, income-based Employment and Support Allowance) and the claimant has a change in their circumstance which terminates that benefit the DWP will notify the Housing Benefit Office. This is likely to result in Housing Benefit ending even if the claimant continues to be entitled on low income grounds. The claimant may not be aware for several weeks, especially if their landlord receives the Housing Benefit direct. Instead, a change of circumstance should be reported to all agencies who pay benefit. The Housing Benefit Office should be notified that the claimant wishes to continue their Housing Benefit claim. A new form may have to be completed. This should be done immediately so that there is no break in the payment. A backdated claim can only be paid up to 4 weeks and only if there is good cause for the lateness.

If a person is in hospital

The Named Nurse should contact Housing Benefit within one working day of a person being admitted to Hospital. Housing benefit will need to know the date they were admitted, the date they are expected to be discharged, and any changes in their personal or financial circumstances. Housing Benefit will not stop immediately. Whilst in hospital, Housing Benefit claimants are entitled to their benefit for up to 52 weeks, if they intend to return to their home afterwards and the property has not been let or sub-let in the meantime.

When review forms are not returned

The Housing Benefit Officer should check whether it is indicated on the system that the claimant has a history of mental illness. If the person is found to be known to have a history of mental illness the Care Co-ordinator must be contacted immediately so the relevant applications can be made.

The Care Co-ordinators should immediately contact the Housing Benefit Office when they are aware that a person is having difficulties paying their rent. Claims for benefit are rarely backdated and only for a maximum of 4 weeks, and arrears will start to build up if this issue is not dealt with. Claimant will have to prove "good cause" to have their benefit backdated.*, eg wrong official advice or serious mental impairment. Contact should therefore be a priority, and where possible within one working day of becoming aware of this issue. The sooner Housing Benefit staff are aware of a situation the less likely the person will get into difficulties with rent arrears and lose their home.

*From 1st April 2016 the maximum period for which a claim can be backdated for working age claimants reduced from 6 months to one month. The maximum period of 3 months for pension age claimants remains unchanged.

Non payment of Housing Benefit

If a person is in arrears with their rent it may be because Housing Benefit has not been paid and it is important to establish why this is the case. The Care Co-ordinator should contact the Housing Benefit Officer as soon as possible. Housing Benefit may not have been assessed or have been reduced, suspended or stopped for a number of reasons. Establishing that reason will determine the action taken eg no claim, non-completion of a review form, not providing requested information / evidence, not replying to letters etc.

If Housing Benefit has been reduced or the client is no longer entitled it is possible to appeal against the decision. The right of appeal is shown on the client's benefit notification of entitlement letter. Housing Benefit staff are also able to explain the relevant procedures for an appeal.

When a client is re-housed and makes a new claim.....

Claimants under pension age should contact Jobcentre Plus: 0845 604 3719

If they are job seeking they may be able to claim either Jobseekers Allowance or Universal Credit depending on their circumstances.

If they are too unwell to work they may be able to claim Employment and Support Allowance.

If they are already in receipt of a DWP benefit then the DWP and the Housing Benefit Office still need to be informed that they are being re-housed.

Universal Credit is gradually replacing six means-tested benefits; Income Support, income-based Employment and Support Allowance, income-based Jobseekers Allowance, Working and Child Tax Credit and Housing Benefit. The roll-out will take several more years, possible until 2020/21. Jobcentre Plus will inform the client if they need to claim Universal Credit instead of one of the existing benefits. Universal Credit claimants received rent support as part of that benefit and no longer receive Housing Benefit. This means that the claimant becomes responsible for paying rent to their landlord. There are safeguards that can be put in place for vulnerable clients called Alternative Payment Arrangements (APA). If there is a risk that the claimant will find this difficult then an APA can be requested by them, their landlord or a third party. The most common APA in such cases will be to pay the rent support part of Universal Credit direct to the landlord.

However, CMHRS's can access higher need supported housing. Some of these supported schemes have lengthy assessment periods (eg 3 months), and therefore require forward planning. These schemes can be particularly helpful immediately after hospital discharge and if the client manages well, they may then be considered suitable for the lower need supported housing that Housing Departments can nominate individual's to be considered for.

MAKING A REFERRAL THROUGH THE SPECIAL NEEDS PANEL

Some areas already operate a Special Need's Panel in their borough areas, offering advice and recommendations on the housing and support options for applicants.

This protocol promotes every area having a panel in place.

Clients must qualify to be on the relevant Council's Housing Register before they can be referred to the panel.

The arrangements differ for each panel and the contact section (see pages 25 – 26), provides the phone number to discuss referral to the panels for each council.

WHAT DO HOUSING DEPARTMENTS DO?

Housing Options and Homelessness

The Housing Options and Homelessness section gives advice to members of the public on all types of housing issues. These include private sector tenancies, landlord and tenant disputes etc. One of the main aims of the service is to prevent and investigate homelessness. They investigate people's claims and based on the evidence that they gather they assess their eligibility to be re-housed under homeless legislation.

Allocation of Social Housing

In order to qualify to be considered for social rented housing in a borough or district, applicants normally join the Housing Register or waiting list. Being on the register does not necessarily mean someone will be housed but they may qualify to be considered at some future point. It may take several years to receive an offer of social rented housing given the acute shortage of affordable housing in Surrey.

Each council can determine its own Housing Allocation Scheme (or policy) and there are differences in approach throughout Surrey. Some authorities operate a band system, whilst others operate a points system. Likewise, some areas give a relevance to the amount of time that a client has been on the housing register in a particular band.

There are also rules relating to eligibility and a number of common exclusions or restrictions that apply with most relating to:

- **local connection through residence, or family connection or employment**
- **ownership of property (including outside the UK)**
- **income and capital**
- **housing related debts/rent arrears**
- **a history of Anti-Social Behaviour (ASB) in connection with housing**

The Housing Allocation Schemes are published on the relevant council websites, together with housing application forms.

You may need to speak to the relevant Housing Options Officer about any restrictions on eligibility for social housing clients before applying.

Councils advertise vacant homes on their website. Applicants can express interests in a property through placing a 'bid' for the property. There is also a system of 'auto bidding' for those who are unable to bid for themselves.

Generally, the successful applicant will be the applicant with the highest band and the earliest band priority date (or most points). However, this may not always be the case. For example, some properties are adapted for people with physical disability, and the Council will always aim to offer the property to someone who needs those adaptations in the first instance.

The Allocations Scheme contains rights of review for applicants if they are not happy with the way in which their application has been assessed or handled.

Access to Supported Housing

Some Housing Departments have nomination rights to supported housing schemes that mainly provide low to medium support.

However, CMHRS's can access higher need supported housing. Some of these supported housing schemes have lengthy assessment periods (eg 3 months), and therefore require forward planning. These schemes can be particularly helpful immediately after hospital discharge and if the client manages well, they may then be considered suitable for the lower need supported housing that Housing Departments can nominate individual's to be considered for.

Private Rented Accommodation

Individuals are expected to find their own private rented accommodation but sometimes councils may be able to help find this for them. This may have been sourced through the local authorities own Rent Deposit Bond Scheme. Further details of the schemes available are held by the individual local councils, and advice can be provided by the Housing Options Officer.

Management of Social Housing Properties

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

A separate repairs and maintenance section exists to deal with any work required to a council or housing association property.

Environmental Health

The Environmental Health section deals with private and council accommodation. They have powers under the Housing Act, The Environmental Protection Act 1990 and Public Health Legislation to take action. In certain circumstances they can order private landlords to carry out repairs.



Community Safety

Multi-agency Community Incident Action Groups (CIAGs) in Surrey will discuss and agree action to reduce the negative impact that problem individuals and families have on the wider community through their anti social behaviour. Using the expertise that exists on the group they will identify desirable outcomes and determine what interventions will be used to achieve this.

CIAGs are accountable to the local Community Safety Partnership and should contribute to the delivery of Crime and Disorder and Anti Social Behaviour reduction strategies. Examples of individuals dealt with at the CIAG include:

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

The CIAG is the agreed forum in Surrey for the consideration of Anti Social Behaviour Order (ASBO) applications.

Welfare Benefits

Rules regarding Housing Benefit are constantly changing and Housing Benefit will eventually cease for most people under pension age and be replaced with Universal Credit, which will include rent support. Universal Credit is being implemented gradually, until 2020/21. The Department of Work and Pensions (DWP) is responsible for paying Universal Credit.

The Universal Credit Helpline Telephone number is 0345 600 0723.

If a client is still receiving Housing Benefit this is the responsibility of the local borough/district council and the telephone numbers for the borough and district councils are at the end of this protocol.

Local Council Tax Support Schemes

The national Council Tax Benefit scheme was replaced by locally determined Council Tax Support Schemes for people on low incomes. All the schemes in Surrey differ so you will need to seek advice from the local Council Tax service about the rules in their area. Details of the schemes are on borough or district council websites.

WHAT DO COMMUNITY MENTAL HEALTH RECOVERY SERVICE (CMHRS) TEAMS DO?

The CMHRS is a specialised multi-disciplinary team, comprising health and social care staff. It is the central element of an integrated service model of care in the adult mental health pathway, for both people who use services, carers and their families. As an integrated service the statutory duties under the Care Act 2014 apply to the service. The CMHRSs across Surrey provide support to 18-65 year olds who are suffering from acute or severe mental health problems. The CMHRS offers specialist treatment and support to promote recovery.

The Care Act 2014 promotes wellbeing and prevention within a whole family approach and places a duty to intervene early to support individuals, carers and their families to help them retain or regain their skills and confidence and prevent deterioration of mental health.

The principles of the Care Act places a duty to ensure the needs and goals of individuals, carers and their families, including children and young carers are assessed and supported to achieve desired outcomes. The 'wellbeing principle' is at the heart of care and support for individuals, carers and their families and is embedded in the CMHRS pathway.

The CMHRS works closely with GP's, primary mental health services, the individual, carers and their family and work in partnership with other key partners including voluntary organisations, borough and district councils, and housing providers.

THE ASSESSMENT PROCESS

Initial contact

People are most commonly referred by their GP, family, friends etc. The first task is to assess whether the person meets the criteria for acceptance by the CMHRS and if this is the case then they will be offered a full assessment.

The staff in the CMHRS, work to various statutory obligations and requirements and the initial screening helps to determine acceptance into such processes as the Care Programme Approach or Care Management. If, however, it is decided that the person is not someone who can be helped by the CMHRS then they will be referred on to a more appropriate agency which would be able to help them.

Assessment

The next stage is full assessment and the individual will have a Care Co-ordinator allocated to their case. They will co-ordinate the assessment which may also require input from other professionals in the team, or with other services outside the CMHRS. The purpose of this is to provide information on which an individual plan of care can be based.

Care plans

The care plan reflect the degree of complexity of an individual's needs and consider both health and social care.

- **The care programme approach is known as CPA and is the framework providing care to people under Mental Health Services aged between 18-65.**
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Care Co-ordinators

The Care Co-ordinators are responsible for monitoring the individual's care plan, and arranging any care to support identified, eligible needs. The CPA is a system used by Surrey and Borders Partnership Mental Health Foundation Trust to help plan your care.

Review

Reviews will take place at least every six months and more frequently if they are required e.g. if a client were to have a major change in circumstances such as moving into new accommodation. The practice of (at least) six monthly reviews is specific to mental health.

CONTACTS

Elmbridge Borough Council

Housing Options/Homelessness	01372 474590
Tenancy Management (Paragon Community Housing)	0300 123 2221
Environmental Health	01372 474748 / 50
Housing Benefit	01372 474060

Epsom and Ewell Borough Council

Housing Options/Homelessness/Housing Benefit/Environmental Health	01372 732000
Tenancy Management – Roseberry Housing Association	01372 814000
	Freephone 0800 068 7664

Guildford Borough Council

Housing Options/Homelessness	01483 505050
Tenancy Management	01483 444244
Environmental Health	01483 505050
Housing Benefit/Council Tax	01483 444418
	0330 123 0081

Mole Valley District Council

Environmental Health	01306 879233
Housing Benefit	01306 879187
Reigate and Banstead Borough Council	01737 276000
Housing Options/Homelessness	01737 276000
Housing Benefit/Environmental Health	
Tenancy Management – Raven Housing Trust	0300 123 3399

Runnymede Borough Council

Housing Options	01932 425811
Tenancy Management	01932 425821
Environmental Health	01932 425734
Housing Benefit	01932 425396 / 425386
	Fax No. 01932 425614

Reigate and Banstead Borough Council

Housing Options/Homelessness	01737 276000
Tenancy Management – Raven Housing Trust	0300 123 3399
Environmental Health and Housing Benefit	01737 276000

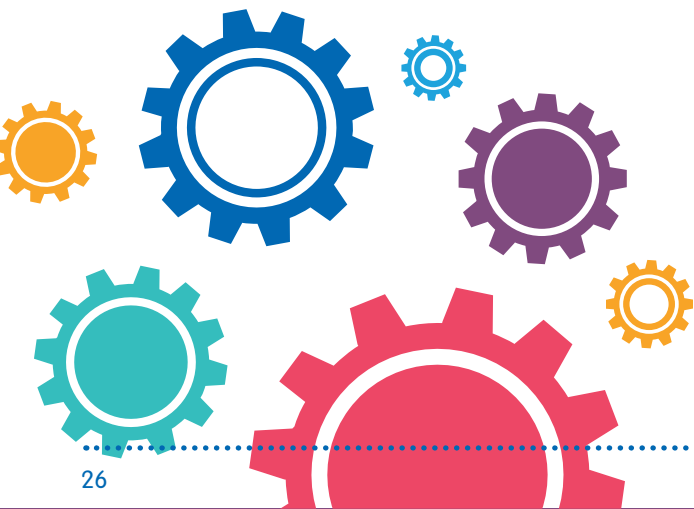
Spelthorne Borough Council 01784 451499
Housing Options/Homelessness
Tenancy Management – A2 Dominion 0800 432 0077
Environmental Health
Housing Benefit

Surrey Heath Borough Council 01276 707100
Housing Options/Homelessness
Tenancy Management – Accent Peerless 0345 678 0555
Environmental Health
Housing Benefit

Tandridge District Council 01883 722000
Housing Options/Homelessness
Tenancy Management
Environmental Health
Housing Benefit

Waverley Borough Council 01483 523333
Housing Options/Homelessness
Tenancy Management
Environmental Health
Housing Benefit

Woking Borough Council
Housing Options/Homelessness 01483 755888
Tenancy Management 01483 743915
Environmental Health 01483 743840
Housing Benefit 01483 743847



Hospitals

Abraham Cowley Unit	01932 722450
Blake Ward	01932 722188
	Fax No.: 01932 874920
Epsom General Hospital	01372 735735
Delius Ward	01372 204159
	Fax No.: 01372 204157
Elgar Ward	01372 204176
	Fax No.: 01372 204161
Farnham Road Hospital	
Juniper Ward	01483 443640
	Fax No.: 01483 217139
Magnolia Ward	01483 443798
	Fax No.: 01483 217140
Mulberry Ward	01483 443792
	Fax No.: 01483 217141

Community Mental Health Teams (CMHRs)

Runnymede and West Elmbridge CMHRs	01932 723392
	Fax No.: 01932 723479
East Elmbridge CMHRs	0208 783 3950
	Fax No.: 0208 783 3999
Woking CMHRs	01483 756318
	Fax No.: 01483 770221
Mole Valley CMHRs	01306 502400
	Fax No.: 01306 502608
Epsom and Ewell CMHRs	01372 204000
	Fax No.: 01372 204029
Guildford CMHRs	01483 443551
	Fax No.: 01483 443667
Reigate CMHRs	01737 272301
	Fax No.: 01737 272346
Spelthorne CMHRs	01932 794848
	Fax No.: 01932 794846
Surrey Heath	01276 605522
	Fax No.: 01276 605353
Tandridge CMHRs	01883 385481
	Fax No.: 01883 385588
Waverley CMHRs	01483 528100
	Fax No.: 01483 528198

Special Needs Panels

Please contact your local borough/district council to find out if a Special Needs Panel has been set up.

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Help with Benefits

Universal Credit Helpline 0345 600 0723

Text Phone 0345 600 0743 Monday to Friday 8am to 6pm.

Specialist Mental Health Citizen Advice Bureaux:

Abraham Cowley Unit CAB covers North West Surrey 01932 874766

Heathlands CAB covering Surrey Heath 01276 21711

Epsom and Ewell CAB 01372 732630

Guildford and Waverley Citizens Advice Bureau Mental Health Project 07749 011888

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Other Citizen Advice Bureaux (CAB):

Ash CAB

Ash Hill Road GU12 5DP 01252 315 569

Opening times: Mon – Thurs 9.30am–4pm

Banstead CAB

The Horseshoe, Banstead SM7 2BQ 03444 111 444

Opening times: Tues and Fri 10am–2pm

Camberley CAB

Rear of Library, Knoll Road GU15 3SY 01276 684 342

Opening times: Mon - Thurs 10am–4pm

Caterham and Warlingham CAB

Soper Hall, Harestone Valley Road, Caterham, CR3 6YN 01883 344 777

Opening times: Mon and Thurs 10am–3pm, Tue 10am–1pm, Wed 2pm–5pm

Cranleigh CAB

Village Way, Cranleigh GU6 8AF 03448 487 969

Opening times: Mon, Tues and Thurs 10am–4pm

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Dorking CAB

Lyons Court, Dorking RH4 1AB

03444 111 444

Opening times: Mon, Tues and Thurs 10am–4pm, Fri 10am–1pm

Epsom CAB

The Old Town Hall, The Parade, Epsom KT18 5AG

01372 237 000

Opening times: Mon 10am–1pm, Tues 10am–3pm, Weds 10am–1pm,
Thurs 10am–3pm, Fri 10am–1pm**Esher CAB**

Harry Fletcher House, High Street, Esher KT10 9RN

01372 464 770

Opening times: Mon, Tues, Thurs, Fri 10.30am–3.30pm, Weds 5pm–7.30pm

Farnham CAB

Montrose House, South Street, Farnham GU9 7RN

03448 487 969

Opening times: Mon to Weds 10am–1pm, Thurs 12pm–4pm

Godalming CAB

New Montrose House, 36 Bridge Street, Godalming GU7 1HP

03448 487 969

Opening times: Mon to Fri 10am–4pm

Guildford CAB

15-21 Haydon Place, Guildford GU1 4LL

01483 576 699

Opening times: Mon, Tues, Weds and Fri 10am–4pm, Thurs 10am–5pm

Haslemere CAB

Well Lane House, Well Lane, High Street, Haslemere GU27 2LB

03448 487 969

Opening times: Mon, Weds, Thurs and Fri 10am – 1pm, Tues 1pm – 5pm

Horley CAB

Albert Rooms, 92 Albert Road, Horley RH6 7HZ

08701 264 196

Opening times: Weds 10am–1pm

Leatherhead CAB

The Georgian House, Swan Mews, Leatherhead KT22 8AE

03444 111 444

Opening times: Mon to Thurs 10am–4pm

Oxted CAB

First floor, Library Building, 14 Gresham Road RH8 0BQ

01883 715 525 or 01883 730 259

Opening times: Mon, Weds and Fri 10am–1pm,
Tues and Weds 1pm–4pm

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Redhill CAB

24 Cromwell Road, Redhill RH1 1RT
Opening times: Mon, Thurs 10am–1pm

03444 111 444

Runnymede and Spelthorne

Addlestone Bureau, The Old Library, Church Road, Addlestone KT15 1RW
Opening times: Mon, Tues, Weds 10am–12.30pm and 1.15–3.30pm,
Thurs morning appointments only then 1.15pm–3.3pm, Friday 10am - 12.30pm

01932 827 187

Walton, Weybridge and Hersham CAB

72 The High Street, Walton on Thames KT12 1BU
Opening times: Monday, Tuesday and Thursday 9.30am–3.30pm,
Wednesday and Friday 9.30am–12.30pm

01932 248 660

Woking CAB

Provincial House, 26 Commercial Way, Woking, GU21 6EN
Opening times: Mon to Fri 10am–4pm

03444 111 444



GLOSSARY

Special Needs Panels

Special Needs Panels consider housing applications from people with special needs eg: mental health needs/sensory impairment/physical disability.

CAB

Citizens Advice Bureau

CMHRS

Community mental Health Recovery Service

Emergency Accommodation

Bed and Breakfast

CPA

Care Programme Approach See description of what this entails under 'What do Community Mental Health Recovery

CIAG

Community Incident Action Group



