

## Terms of Reference

*To enable the formulation and operation of*

### **Rough Sleeper Multi-Disciplinary Team Case Conferences**

**Version:** V1

**Organisational Leads:**

- District
- HPFT
- CGL
- Probation
- Primary Health Care
- Nominated Third Sector Partner(s) [add additional below]

**Lead Author:** Public Health, Hertfordshire County Council

**Approved Date:**

**Approved By:**

**Issue Date:**

**Review Date:**

**Target Audience:**

All members of the Rough Sleeper MDT/Taskforce for DISTRICT

**This Policy must be read, agreed to and understood by:**

All members of the Rough Sleeper MDT/Taskforce for DISTRICT

## Terms of Reference

### DISTRICT Rough Sleeper Multi-Disciplinary Team Case Conference

#### 1.1 Purpose of the Rough Sleeper Multi-Disciplinary Team (MDT) Case Conference

In March 2020 the Government Directive 'Everyone In' required all Local Authorities to accommodate everyone who was homeless/at risk of homelessness into temporary accommodation, to safeguard as many people as possible from Covid-19.

In response to this, Hertfordshire district and borough councils began placing people into temporary accommodation. As part of our local Accommodation Cell to manage and respond to Covid-19 for all those placed in temporary accommodation, Public Health Rough Sleeper Tracker has been developed to track and monitor individuals in terms of their assessment of health, housing and support need.

The tracker will inform the development of housing and support move-on plans. Each of the 10 Districts is to provide client level data based on all clients placed in temporary accommodation in response to Covid-19 alongside self-reported support needs for each of their cases. All 10 District's data has been, and will continue to be, populated into a Master Tracker held within Public Health.

From the data recorded within the tracker, priority cases will be identified by Public Health and by the Districts. These cases are those deemed to have the greatest support needs that are currently not being met or where further support is needed.

The aim of the Rough Sleeper MDT Case Conference is to focus solely on these priority cases to ensure that every individual is offered an assessment of need and/or the necessary referral into the appropriate agency.

The MDT will be arranged in each of the Districts led and coordinated by **Housing Options Managers, Community Safety Managers, Anti-Social Behaviour Managers, or equivalents (MDT Coordinator)**.

Each priority case is to be discussed in turn at each case conference. The objective is to establish the lead support agency which will undertake an assessment, this will in turn determine the pathway for housing related support (to consider all options, such as supported housing, floating support etc).

#### 1.2 Definition of client group

The purpose is to discuss priority cases identified from the Public Health Rough Sleeper Tracker. Cases will be assessed for priority based on:

- Recorded as having support needs (mental health, substance misuse, offending, safeguarding, NRPF) and not currently receiving support from the relevant agency
- At risk of rough sleeping due to eviction or are on a final warning from temporary accommodation and not currently receiving support from the relevant agency
- Clinically Extremely vulnerable and not currently receiving support from the relevant agency

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- Those who have been evicted and not currently receiving support from the relevant agency
- Those who have been assessed for move-on who have ongoing unmet support needs

There may be further cases that the MDT Coordinator identifies as priority need that have not been recorded on the tracker that they will bring to the case conference for collaborative conversations, and where appropriate, addition to the tracker.

#### 1.3 Agency attendee list

A key representative should attend from each of the key agencies (listed below) to enable consistency and a commitment to the aims of the group. If they are unable to attend a representative who has been briefed should attend in their place, or an update of cases should be provided in writing prior to the case conference.

**The MDT Coordinator will be responsible for sharing case details in advance of the case conference.**

##### 1.3.1 Key Agencies;

- MDT Coordinator
- Housing Options
- Probation
- Hertfordshire Partnership Foundation University Trust
- CGL (Change Grow Live) Spectrum
- Primary Health Care
- *Any Third Sector agency with relevant knowledge of, or involvement with, cases that are being discussed*

Domestic Violence IDVA will not be present but the DV Directory will be provided to the MDT representatives. All Care Leaver cases are currently being addressed outside of the MDT.

#### 1.4 Referral process

Discussions around each priority case will include whether the case is known to the any of the represented agencies and if they are, discussions around what further support would be of benefit. If the case is not known to any of the agencies, an agreement will need to take place;

- 1) To determine if an assessment is required and the lead agency for this
- 2) If an assessment is not required, to identify the lead service (including others not represented at the meetings) could offer to meet unmet needs.

If it is agreed that an onward referral would benefit, the meeting will discuss what can be provided and by who, referral pathways and who is best placed to lead on that referral.

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The lead referrer will be the person who **is already known to that case** who can discuss all the options with the client **prior** to the referral being made.

Timeframes for the potential referral to an agency will be agreed at the meeting.

#### 1.5 Decision-making process

All agencies involved in discussing a case are responsible for agreeing what a support plan could look like for that person. For this process to be effective members must come to case conferences prepared with information about their agency's remit and their available capacity and how they can cooperate with other agencies.

An action plan should then be agreed at the MDT with clear timeframes for each action and a lead worker identified for each action.

There will be an agreed minute taker for the meeting, separate from the Chair, and minutes will clearly identify what actions will be taken for each case and who the lead referrer will be. Updates and agreed actions from the meeting will be recorded on the Public Health Rough Sleeper Tracker. The tracker will be shared with Public Health ([roughsleepermdt@hertfordshire.gov.uk](mailto:roughsleepermdt@hertfordshire.gov.uk)) every quarter to enable the Master Tracker to be updated.

#### 1.6 Meeting dates and times

Once the MDT Coordinator receives details of the named representatives from each of the agencies attending the MDT alongside the priority cases for that District area, it will be up to Coordinator to make contact with each of the representatives and to schedule in an agreed meeting time and date **as soon as possible**. The meeting will take place virtually (preferably via Microsoft Teams).

The Districts will include any other priority cases (not already identified) to the list of clients to be discussed at the meeting. These cases should be added to the tracker where appropriate.

MDT Case Conferences should be held every 4 to 6 weeks with the Public Health Rough Sleeper Tracker being completed at each meeting. The tracker is to be shared with Public Health at the end of each quarter, coinciding with H:Clic reporting schedules.

## 2. Client confidentiality and data sharing

All clients should be made aware of and understand the privacy notice that has been developed as part of the tracker which will provide information around why their data is being recorded for the purposes of the tracker and their rights.

**All partner organisations represented at the MDT will have read, agreed and signed the Rough Sleeper MDT Information Sharing Agreement developed by Public Health.**

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Service Users **WILL NOT** be directly contacted by an agency that they are NOT already engaging with. Therefore, any decisions made at the MDT Case Conference around where clients need to be referred to and what a support plan could look like will be discussed between the service user and the lead referrer (who will already be known to the client). By default, this may be the Housing Options Team.

Consequently, this will mean that there will be agencies taking part in the case conference that will be party to client information that they may not then receive a referral for. It is only at the point of an onward referral being received by the agency will the agency then record the client's details on their case management database. **No client details will be formally recorded by any of the agencies attending the MDT Case Conference unless, the client is already open to them.**

## Agreement

On behalf of the agencies they represent, the parties named below agree to the Terms of Reference outlined above. The parties named below also agree to the provision of a named contact for MDT Case Conferences. In case of the named contact being unable to attend a fully briefed deputy will attend.

[Copy additional entries below for each organisation]

Organisation Name	Address	Date
<b>Signatory</b>	<b>Job title</b>	<b>Signature</b>