

Rough Sleeper Multi-Disciplinary Team Toolkit for Practitioners



Public Health and Adult Care Services
HERTFORDSHIRE COUNTY COUNCIL

Rough Sleeper Multi-Disciplinary Team (RS MDT) Toolkit for Practitioners

Table of Contents

Section 1	
Introduction	2
The Evaluation and Links with Strategy	3
A Phased Approach to Development	4
Benefits for Agencies.....	5
Section 2	
The Toolkit	6
Terms of Reference and Information Sharing.....	6
Terms of Reference Overview	7
Features of a Successful RS MDT Case Conference	8
Using the Rough Sleeper Tracker	9
Prioritisation of Cases.....	10
Ideas for Engaging Entrenched Rough Sleepers with Support Services	12
Community of Practice	13
Section 3	
Next Steps	15
Section 4	
Appendix	18
Appendix A – Full Terms of Reference	
Appendix B – Information Sharing Agreement	
Appendix C – RS MDT Case Conference Agenda	
Appendix D – RS MDT Case Conference Notes & Actions	
Appendix E – Case Study Template	
Appendix F – Public Health Rough Sleeper Tracker	

Section 1: Introduction

“Everyone In”

In response to COVID-19, the Government’s ‘Everyone In’ initiative sought to bring in Rough Sleepers off the streets to protect their health and to prevent wider transmission, thereby reducing the impact of the virus on people experiencing homelessness and local communities.

The **Hertfordshire Accommodation and Recovery Cell** (a multi-agency partnership of representatives from District Local authority Housing, Adult Care Services, Public Health, Probation, CCGs and MHCLG) was set up to plan and manage the Countywide response to meeting the housing, health and support needs of the homeless, including rough sleepers.



Initiation of the RS MDT Case Conferences and the Rough Sleeper Tracker

To establish the support needs of rough sleepers accommodated under the ‘Everyone In’ initiative (April 2020), Public Health designed a service user level tracker. The tracker identified each rough sleeper, along with any self-reported health, housing and support needs. Once this was populated by each of the District Councils, Public Health identified priority cases which had the greatest support needs that were currently not being met or where further support was needed.

This priority list then formed the basis of the **Rough Sleeper Multi-Disciplinary Team (RS MDT) Case Conferences**, led by each of the District/Borough Housing Options Managers (or equivalent), offering an assessment of need by each individual agency and/or the necessary referral into the appropriate agency for housing and support.

The Evaluation and links with Strategy

The Public Health Evidence and Intelligence Team undertook an evaluation to:

- (1) Explore whether the RS MDT approach should be considered for the future Housing Related Support model as a tried and tested way of working**
- (2) Gather insight of any challenges or gaps in the model which could prevent the approach from becoming successful, and recommendations for overcoming them**

The evaluation consisted of observations of RS MDT case conferences and 15 interviews with MDT members across a range of Districts and agencies. The findings from the evaluation have resulted in:

- An understanding of the **features of successful RS MDT Case Conferences** (page 8), **challenges which members have faced**, potential **benefits for service users** and **benefits for agencies involved** (page 5).
- The development of the **Rough Sleeper Tracker** (co-created with District Housing Colleagues) (Appendix F) which aims to;
 - Capture the level of unmet support needs in this population
 - Capture outcomes over time
 - Monitor outcomes and needs for those with protected characteristics
 - Ensure effective targeting of resources
 - Inform commissioning and MHCLG funding decisions
 - Enable effective running of RS MDT Case Conferences (including the prioritisation of cases for discussion)
- **Recommendations for future work** both short-term and long-term. See page 4 and Section 3 (Next Steps).

One of the recommendations which came from the evaluation was the creation of a **toolkit** which could help districts **organise and run effective RS MDT Case Conferences**.

How this approach links into our Complex Needs Strategy

The collaborative working amongst RS MDT partners aligns with the vision of the [Complex Needs Strategy](#) of **'Working together. Delivering prevention focused services to enable adults to live independently'**. The commitment of partners throughout the pandemic allowed us to test the RS MDT approach and the outcome of the evaluation will provide key learning for future commissioning of housing related support services.

The RS MDT approach aligns with the strategic aims:

- **Fair access to services**
- **Prevention and crisis intervention**
- **Housing provision**

A Phased Approach to Development

The recommendations from the RS MDT evaluation will take time to fully embed. This toolkit describes **how to set up and run effective RS MDT Case Conferences** now (Phase 1) and as Phase 2 begins to roll out, this toolkit will be updated. We anticipate further development of the tracker itself as we continue to learn throughout both phases.

The most up to date versions of the Toolkit and the Tracker will be available centrally via the [Hertfordshire Health Evidence website](#). Please see below for an overview of what Phases 1 and 2 will look like. Section 3 (Next Steps) of this toolkit describes how we will progress with Phase 2.

<div style="text-align: center; font-size: 2em; border: 2px solid blue; padding: 5px; width: 40px; margin: 0 auto;">1</div> <div style="text-align: center; background-color: #00a0e3; color: white; padding: 10px;"> <h2 style="margin: 0;">Phase 1</h2> <p style="margin: 0;">Establishment & Development</p> </div>	<div style="text-align: center; font-size: 2em; border: 2px solid purple; padding: 5px; width: 40px; margin: 0 auto;">2</div> <div style="text-align: center; background-color: #6a3d9a; color: white; padding: 10px;"> <h2 style="margin: 0;">Phase 2</h2> <p style="margin: 0;">Development & Maintenance</p> </div>
<h3 style="text-align: center; color: #00a0e3; margin: 0;">Delivery:</h3>	<h3 style="text-align: center; color: #6a3d9a; margin: 0;">Delivery:</h3>
<ul style="list-style-type: none"> • Establish a regular Rough Sleeper MDT Case Conference cadence 	<ul style="list-style-type: none"> • Maintain regular Homeless MDT Case Conference cadence
<ul style="list-style-type: none"> • Establish good representation from statutory services 	<ul style="list-style-type: none"> • Open out membership to non-statutory services and housing related support providers
<ul style="list-style-type: none"> • Use MDT Case Conferences to discuss support for rough sleepers using existing resources 	<ul style="list-style-type: none"> • Use MDT Case Conferences to discuss support for all homeless adults
<ul style="list-style-type: none"> • Use support needs data to triage and prioritise discussion of cases at MDT Case Conferences 	<ul style="list-style-type: none"> • Establish accurate data collection on the support needs of all homeless adults
<ul style="list-style-type: none"> • Establish Community of Practice for MDT members 	<ul style="list-style-type: none"> • Potential for extra resources being made available for statutory services to be part of established Homeless MDT Case Conferences (Countywide Pilot)
<ul style="list-style-type: none"> • Establish an evidence base of case studies for evaluation purposes 	<ul style="list-style-type: none"> • Development and roll-out of Common Assessment Framework (No Wrong Door) in line with Hertfordshire Supporting Adults with Complex Needs Strategy
<ul style="list-style-type: none"> • Data from Phase 1 will be used to inform recommissioning of housing related support services according to need 	<ul style="list-style-type: none"> • Recommissioning of housing related support services in Hertfordshire

Benefits for Agencies

From the evaluation of the RS MDT approach, the following benefits have been identified for the agencies involved in RS MDT Case Conferences:

Time Savings

- Reduce time chasing information for individual service users
- Oversight of all cases from one contact
- **Decisions made quickly** allowing cases to progress
- **Reduce workload**

Expectations of Referrals

- Understand who each service can or cannot help
- Manage expectations of each service
- Allow agencies **to identify gaps in provision**
- **Inappropriate referrals prevented.** **Appropriate referrals** to voluntary/non-statutory services lead to **reduced burden on statutory services**

Better Communication between agencies

- Break down barriers of information sharing
- Conversations between case conferences due to contacts made
 - Understanding of increased demand (due to COVID-19)
 - Shared **commitment** to find appropriate housing
 - **Multi-agency framework** established
 - **Holistic approach** to supporting service users with multi-faceted support needs

Correct Signposting

- Learn about other agencies & their work
- Advice & guidance shared
- Triage referrals
- Correct **pathways** established quickly
- Pursue viable options only
- Leading to **prevention of inappropriate referrals** and **reduced burden on statutory services**

Section 2: The Toolkit

This toolkit has been created using **observations** from successful RS MDT Case Conferences, **solutions** developed to overcome the reported challenges from RS MDT practitioners and from **conversations** and **interviews** with Housing Options Managers on what could assist them.

We anticipate further development of the toolkit as we continue to learn and progress from Phase 1 to Phase 2 of the RS MDT Case Conference rollout.

The most up to date version of the Toolkit will be available centrally via the [Hertfordshire Health Evidence website](#).

Terms of Reference and Information Sharing



TERMS OF REFERENCE

A clear and concise Terms of Reference (ToR) document should be **agreed upon** by members of any existing RS MDT. Any new members should be sent the document prior to their attendance for agreement.

Appendix A is a suggested draft Terms of Reference that you can use for your RS MDT Case Conference. A brief overview of this document is also provided below.

The Terms of Reference, as well as acting as a document to focus the work of the Case Conference, also acts as a buy-in mechanism for members of the RS MDT.

All RS MDT agencies and organisations, whether permanent or ad hoc, should agree to and sign the ToR prior to attending.

The RS **MDT Coordinator** or their nominated administrator will be responsible for ensuring the Terms of Reference have been signed by all agencies in attendance.



INFORMATION SHARING

All Rough Sleeper MDTs should have an Information Sharing Agreement (ISA) in place to enable the proportionate and relevant sharing of service user information, in support of the aims of the RS MDT.

Appendix B is an Information Sharing Agreement developed by Public Health and signed off by the HCC Information Governance Team.

All RS MDT member agencies and organisations, whether permanent or ad hoc, must agree to and sign the Information Sharing Agreement.

The MDT Coordinator or their nominated administrator will be responsible for ensuring the Terms of Reference have been signed by all agencies in attendance.

Terms of Reference Overview

Full Terms of Reference in Appendix A

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

Aim: Focus on priority cases to ensure that every individual is offered an assessment of need and/or the necessary referral into the appropriate agency.

Objective: Establish the lead support agency which will undertake an assessment to determine the pathway for housing related support. During **Phase 2 of MDT development** we will be co-creating a **common assessment framework** – please see Section 3: Next Steps for further details.

Definition of client group

Cases will be assessed for priority based on:

- Identified support needs (mental health, substance misuse, offending, safeguarding, No Recourse to Public Funds (NRPF) and **not currently receiving support**
- At risk of rough sleeping due to eviction or are on a final warning from temporary accommodation and **not currently receiving support**
- Clinically Extremely vulnerable and not currently receiving support
- Evicted and not currently receiving support
- Assessed for move-on and has ongoing unmet support needs

Agency attendee list

A **key representative** should attend from each of the key agencies 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.

Service user confidentiality and data sharing

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

No service user details will be formally recorded by any of the agencies attending the RS MDT case conference unless the person is already open to them.

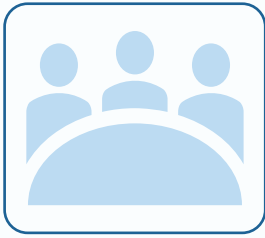
Key Agencies

- MDT Coordinator (Housing Options Manager or equivalent)
- Housing Options
- Probation
- Hertfordshire Partnership Foundation University Trust (HPFT)
- CGL (Change Grow Live) Spectrum
- Primary Health Care
- Any Third Sector agency with knowledge of/ involvement with cases that may be discussed

Updates and agreed actions will be recorded on the **Public Health Rough Sleeper Tracker**.

The tracker will be shared with Public Health every **quarter** to enable the Master Tracker to be updated and an analysis summary shared.

Features of a Successful RS MDT Case Conference



ADMINISTRATION

Well run RS MDTs keep to time, most take **1.5 hours** but are **scheduled for 2 hours to allow for particularly complex case discussions** as and when they arise.

It is recommended that RS MDT Case Conferences are held **every 4 to 6 weeks**.

The Chair (RS MDT Coordinator) should always be a **separate** person to the minute taker. **Appendix C** provides a suggested Agenda and **Appendix D** a template for minutes.

The tracker, where possible, should be updated during the RS MDT itself - **there is no need for detailed sentences; bullet points are best for tracking actions**.

Details of the cases to be discussed at each RS MDT should be **circulated at least 3 days prior** to the meeting. This includes cases carried over from the previous RS MDT and any new cases that have come to light since the previous RS MDT. **Ideally you will discuss no more than 15 cases per RS MDT - all service users should have a Date of Birth attributed to them** as this allows all agencies to look up cases.



GOOD REPRESENTATION

Agencies that should attend as a matter of course:

Hertfordshire Partnership Foundation Trust (HPFT)
Change, Grow, Live (CGL)
Housing (District Team)
Probation

Agencies that can have a significant impact on positive outcomes:

Primary Health Care
Adult Care Services (ACS)
Social Workers
Children's Services
Voluntary, Community and Social Enterprise (VCSE) organisations providing mental health services
VCSE organisations providing family support services
Supported Housing Providers

Agencies who cannot attend in person should **provide a written update or summary** on each case under their remit. This decreases inter-agency duplication and overlap.



SHARING OUTCOMES

Outcome summaries will enable a picture to form that will show patterns that led to success, and potential patterns to identify system improvement. **The Tracker has an Outcomes Summary tab which can be a helpful visual to show RS MDT members the progress that is being made with complex cases.**

Case studies and examples of good practice should be shared within the RS MDT and wider still, to senior managers of each attending agency.

VCSE members should be encouraged to complete case studies each quarter. There is a template for this in **Appendix E**.

A **Community of Practice** has been set up where members of RS MDTs across the County can meet and share good practice, challenges and solutions. **If you would like to know more about this please e-mail RoughSleeperMDT@hertfordshire.gov.uk**

Using the Rough Sleeper Tracker

The purpose of the Rough Sleeper Tracker is to:

- Capture the level of unmet support needs in this population
- Capture client outcomes over time
- Monitor outcomes and needs for those with protected characteristics
- Ensure effective targeting of resources
- Inform commissioning decisions
- Enable effective running of RS MDT meetings (including the prioritisation of cases for discussion)

Every **quarter** we will request that the Tracker is shared with Public Health to enable the Master Tracker to be updated and the **data to be analysed**. Public Health will report back on District-level statistics such as the number of presentations in each support need category, further broken down by age, gender and whether they're receiving support.

We recommend the following actions for best use of the tracker alongside the MDT Case Conferences:



The General Data section should be filled in before the RS MDT Case Conference. We recommend trying to recruit some admin help to do this



Put all Rough Sleeper cases into the tracker, the questions in the 'General Data' section (in orange) will help you to prioritise cases. In **Phase 1**, we request that **only rough sleeper cases** are discussed at RS MDTs and entered into the tracker. If you have capacity to also discuss homeless cases at your MDTs, **please speak to us** and we will amend your version of the tracker to capture this data.



Ensure when cases are closed to change the status to 'closed', then you can **filter for just the open cases**. This will help you to keep focused on the cases you are discussing. You can also filter on names or any other field.



Share the tracker on screen in the RS MDT Case Conference and update as discussion progresses.



All cases start at MDT 1, the baseline (blue section), and then progress through MDT 2, MDT 3 etc. **The RS MDT number therefore refers to each individual case**, rather than the total number of MDTs held.



Save time by copying the actions straight from the action columns into an email for circulation after the RS MDT. This helps to ensure agreed actions are completed.

Prioritisation of Cases

Defining the Client Group

For the purposes of conducting rough sleeping street counts and evidence-based estimates, the Ministry of Housing, Communities and Local Government (MHCLG) defines people who sleep rough as:

1. **People sleeping, about to bed down** (sitting on/in or standing next to their bedding) **or bedded down in the open air** (such as on the street, in tents, doorways, parks, bus shelters or encampments).
2. **People in buildings or other places not designed for habitation** (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters often comprised of cardboard boxes).

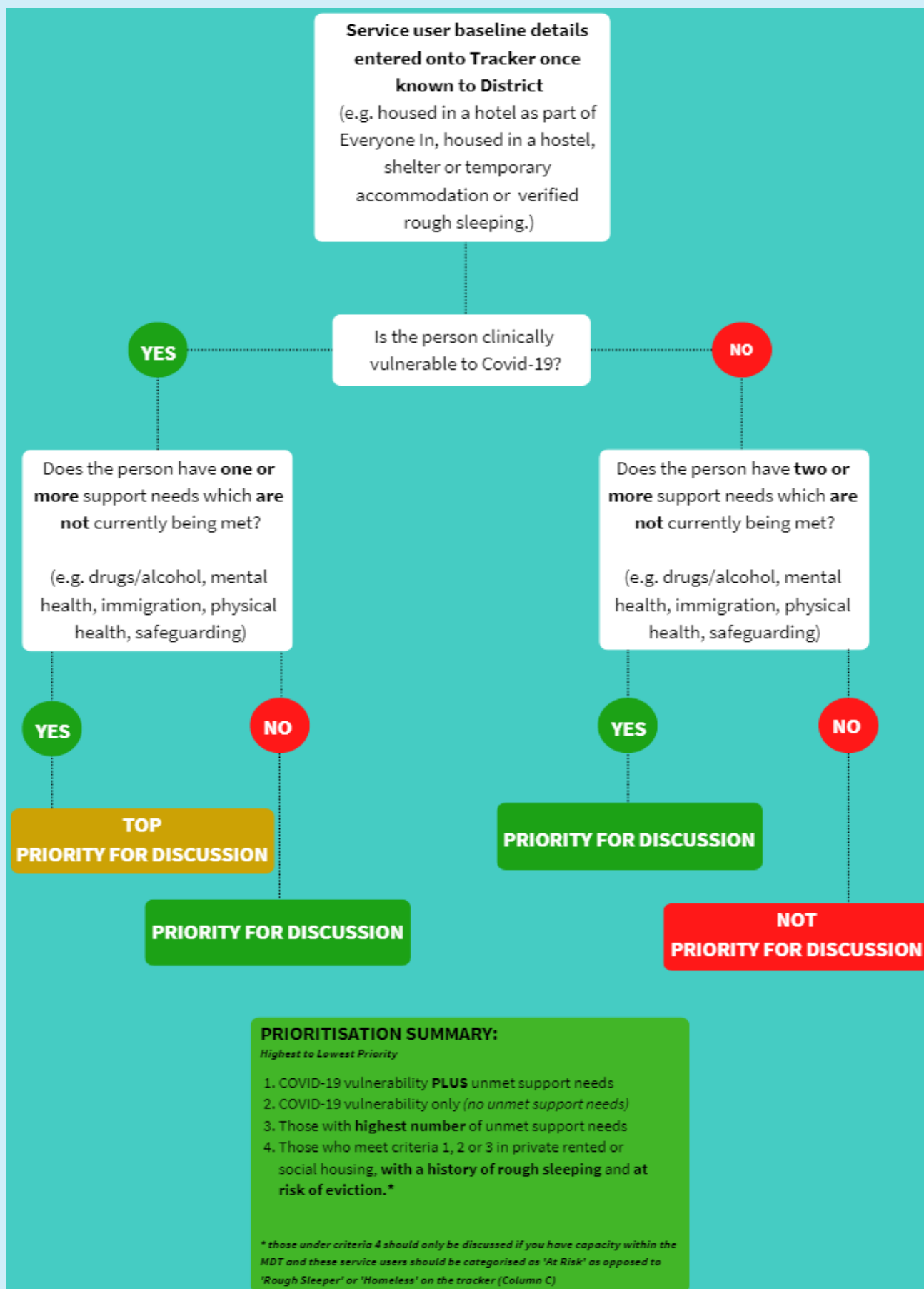
This is a helpful definition for those Districts who have a backlog of cases on their Rough Sleeper Tracker. Focusing on verified rough sleepers for new case discussions will automatically lend itself to prioritisation thereafter. Those who are temporarily housed (i.e. those in hostels, shelters or hotels) would then follow in terms of priority based on housing status. **It is the remit of the MDT Coordinator to prioritise cases for discussion both from internal identification, and of those cases put forward by partner agencies and organisations.**

It is important to recognise that people move in and out of periods of rough sleeping. Rough sleeping can be a transitory state, and many experience a ‘revolving door’ cycle, moving in and out of short-term accommodation – therefore the two tier prioritisation approach outlined above will likely pick up these individuals at some point with a view to breaking the cycle.

We recognise that ‘Everyone In 2’ means that there should be nobody rough sleeping at present, but we learned from 2020 that the entrenched rough sleeping cohort often do not ‘stay in’ for long without a high level of support.

The flow diagram on the next page has been created to facilitate the prioritisation of cases for the RS MDT Case Conferences.

If after using the prioritisation tool on the next page you are struggling to narrow your case discussion focus to the recommended 10-15 cases, please e-mail roughsleepermdt@hertfordshire.gov.uk.



Ideas for Engaging Entrenched Rough Sleepers with Support Services



Community of Practice

For RS MDT members

For practitioners, by practitioners

Communities of Practice (CoP) work when they are attended by professionals that share a job function. When people that do the same work in different environments get together, share what works, and share discrete practices, it can be a very rewarding experience. CoPs are learning communities.



You can set up a CoP within your district, with neighbouring districts and boroughs, or with some coordination and co-operation at a county level.

CoPs exist only if they provide value

We have heard from some would-be CoP leaders that they worry about an unknown time commitment. CoPs are learning communities, unofficial networks that people find time to attend because they are worth it, and what we learn makes us more effective at our jobs.



Think of starting a new CoP as an experiment. If value exists, people will keep coming. If not, stop running the CoP. It is a perfectly acceptable outcome to try to start a community and have it not last. Experiments are worth trying.

Choose a meeting frequency

Running a Community of Practice does not have to be a huge time commitment. Only meet as often as is practical. It can be once a month, once a quarter, or twice a year; whatever works best for your community.



Choose a communication channel

Whether it's a mailing list, monthly in-person or virtual meetup, a website, or whatever, it doesn't matter so long as it works for your group. Less is more, think about what it will be like to maintain your choices six months from now.

TOP TIPS - COMMUNITY OF PRACTICE

Problem Solving



Sharing solutions

"Has anyone else experienced X? What was your approach?"

Information Sharing



Sharing knowledge

"I came across this and thought it would be useful for the group."

Sharing Experiences



Learning through conversation

"I dealt with a similar thing..."

Building a system



Developing efficiencies

"How does your District do this - it seems to work really well? With this information it should be easier for us to do the same"

Space to think



Shared ownership

"We have faced X five times now. Let's make a note of it and work together to resolve it creatively."

Virtual visits



Practical and identifiable identity

"Can we come and observe your MDT. It would be good to see how you do things and to see who you involve and how."

Knowledge mapping



Making connections, improving outcomes

"Who knows what? What are we missing? What other groups should we connect with?"

Section 3: Next Steps

What you can expect in Phase 2

Initiated
January
2021

Complex Needs Data Focus Group

The Data Focus Group's role is to examine the **source, purpose and the value** of data collected by the 10 Districts, Adult Care and Public Health. It aims to standardise data collection where possible and avoid duplication. The group's objective is to create an **evidence base** for housing related support needs across the County, which will **inform future commissioning decisions**.

Group membership includes five Districts, Public Health and Adult Social Care – all acting as **Complex needs data champions**.

MDT Community of Practice

The RS MDT Community of Practice (CoP) provides a forum for RS MDT members to come together to **discuss challenges** they're facing, to **problem-solve** and to **share best practice**. The RS MDT CoP will be developed and owned by members of the RS MDT.

Look out for an invitation for the first event which will take place on **Microsoft Teams** on **3rd February**.

We envisage the CoP to become a valuable feedback mechanism for further development of the model in Phase 2 – a Public Health representative will periodically request to attend for the purposes of learning about developments from a practical and operational perspective.

Initiating
February
2021

Countywide pilot

The Countywide pilot will involve the introduction of dual diagnosis workers into the MDT Case Conferences as well as dedicated HPFT and CGL case workers in each District. Development and roll-out of the common assessment framework forms part of this pilot (see below).

See diagram on Page 17 for the theory of change model for the pilot.

Spring
2021

Spring
2021

Common Needs Assessment Framework Creation

Another step towards creating a Whole Person Approach to addressing the support needs of homeless people and those facing multiple disadvantages is creating a **Common Needs Assessment Framework**, which will enable a **'No Wrong Door' approach**.

This assessment form will be completed by the first point of contact a resident has with any service, regardless of discipline. It will cover all potential aspects of support required; ensuring residents get on the right pathway for help much earlier which will facilitate **early intervention** and aid **prevent needs escalation**.

Recommissioning of services

The process for the recommissioning of Housing Related Support services will begin in March 2021 for a roll out in April 2022. As per the [Complex Needs Strategy](#), we aim to take an evidence-based approach to future commissioning decisions using data from phase 1 of the Rough Sleeper Tracker.

Spring 2021 –
Spring 2022

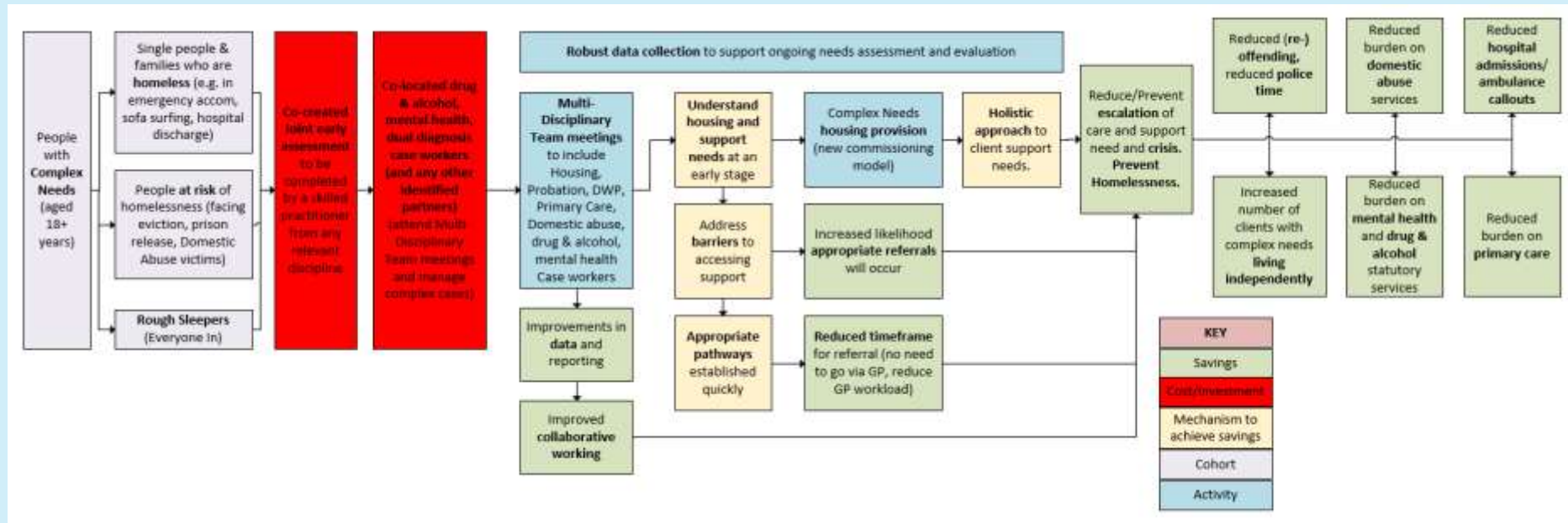
Directory of Services

A comprehensive Complex Needs Directory of Services is being developed which will sit along the Community Services Directory. The Complex Needs Directory will mirror the Community Services Directory in that it will be regularly updated and hosted online.

Please follow [this link](#) to access Hertfordshire's Mental Health Directory.

Autumn
2021

Anticipated Benefits of the Countywide Pilot (Theory of Change Model)



Section 4: Appendix

APPENDIX A – Full Terms of Reference

APPENDIX B – Information Sharing Agreement

APPENDIX C – RS MDT Case Conference Agenda

APPENDIX D – RS MDT Case Conference Notes & Actions

APPENDIX E – Case Study Template

APPENDIX F – Public Health Rough Sleeper Tracker

The pdf versions of these appendices can be downloaded separately from the website. If you require a Word version or the MDT tracker spreadsheet, please e-mail ph.evaluation@hertfordshire.gov.uk and we will send them out to you.