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Classification:	General Release
Title:	Homelessness Prevention: Westminster GP referral Pathway
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Wards Involved:	Westminster wide
Policy Context:	Homelessness Reduction Act and Westminster Prevention Strategy
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1. Executive Summary

- 1.1 Health and housing are largely interlinked. Patients will frequently discuss housing issues with GPs. Residents commonly ask GPs to advocate to housing providers on their behalf, creating time-consuming work in an area that is not their specialism nor responsibility.

The transformation of Westminster's housing services means early, upstream support and intervention can be provided for households at risk of future homelessness. Where previously households may approach the Housing Options service at a point of housing crisis, there is now an extensive and holistic homelessness prevention service that can support households whatever the nature of their housing concern.

To work with at risk households, before the point of housing crisis, requires working closely with partners, to identify those at risk, deliver consistent messaging and establish effective referral pathways.

The aim of the Westminster GP Referral Pathway is to create one single, simple point of referral GPs can use when their patients raise housing concerns. The referral will be to housing and homelessness prevention specialists who will take on the case, removing responsibility from health professionals and enabling efficient and early intervention.

This is an opportunity to identify and support vulnerable households to prevent their homelessness and to reduce the burden on GPs of discussing and alleviating patients' housing issues.

2. Key Matters for the Board

- 2.1 Agreement to trial Westminster GP Referral Pathway: identifying patients in need of housing related support and supporting referrals to Shelter for homelessness prevention.
- 2.2 Support to conduct a small piece of research into the nature and frequency of housing related queries raised by patients in general practices. Research will be with sample of practices in survey or focus group format (to be agreed). This will serve as one bench mark for evaluation of the pilot.
- 2.3 Support to advertise Shelter's Westminster service in practices across Westminster.
- 2.4 Support for duration of the pilot including encouraging GPs and practices to make patients aware of the prevention service, support their patients to make referrals and encouraging participation in pilot evaluation.

3. Background

- 3.1 Westminster is transforming its homeless prevention service. The new model aims to work with households before the point of housing crisis, at a time when issues are less complex and less costly.

Where previously households may not have received support and intervention until there was an imminent risk of losing their home, Westminster now offers a service that can support households even when there is low risk or where the risk of homelessness is not in the short term.

To maximise likelihood of preventing homelessness, support for at risk residents needs to be provided as early and upstream as possible. To work with households prior to them reaching crisis and approaching Housing Options, we must work closely with our partners to identify those at risk and provide timely intervention.

Evidence suggests vulnerable households speak with their GP about housing issues prior to attending Housing Options. We would like to develop and trial a referral pathway with General Practices across Westminster.

The pilot we propose would serve a dual purpose:

1. Increasing prevention success and thus reducing the number of households reaching housing crisis and being placed in emergency or temporary accommodation
2. Rescuing time GPs spend discussing or alleviating patients' housing issues.

4. Options / Considerations

- 4.1 Developing a referral system whereby GPs complete a simple referral on behalf (with consent of) the patient.
- 4.2 Developing a self-referral mechanism which is promoted and encouraged at practices across Westminster.
- 4.3 Trialling each of the above approaches at different practices.
- 4.4 Recording of patients refusing a referral.
- 4.5 Ability to track which practice referrals originate from for purpose of monitoring and evaluation.

5. Legal Implications

- 5.1 If GPs refer on the patient's behalf, consent would need to be signed and data sharing mechanism agreed.

6. Financial Implications

- 6.1 No additional costs. Potential to reduce GP time spent discussing and resolving issues that affect health (eg. Stress from potential tenancy loss, poor living conditions) and advocating on patients' behalf.

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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