

Public Document Pack

HEALTH OVERVIEW AND SCRUTINY PANEL

Thursday, 20th February, 2014
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Stevens (Chair)
Councillor Claisse (Vice-Chair)
Councillor Cunio
Councillor Laming
Councillor Parnell
Councillor Spicer

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have 6 scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the Health Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINK and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINK and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview & Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINK and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2013/14

2013	2014
23 May 2013	31 January 2014
18 July	20 March
19 September	2 April
21 November	17 April
	15 May

Council's Priorities:

- **Economic:** Promoting Southampton and attracting investment; raising ambitions and improving outcomes for children and young people.
- **Social:** Improving health and keeping people safe; helping individuals and communities to work together and help themselves.
- **Environmental:** Encouraging new house building and improving existing homes; making the city more attractive and sustainable
- **One Council:** Developing an engaged, skilled and motivated workforce; implementing better ways of working to manage reduced budgets and increased demand.

CONDUCT OF MEETING

Terms of Reference

Details above

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTEREST

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Personal Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PERSONAL INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 23rd January 2014 and to deal with any matters arising, attached.

7 INQUIRY INTO THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE: MEETING ONE - SETTING THE SCENE

Report of the Assistant Chief Executive introducing the concepts and the speakers that will set the context for the Inquiry, attached.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 23 JANUARY 2014

Present: Councillors Stevens (except minute number 41) (Chair), Claisse, Cunio, Parnell and Spicer

Apologies: Councillors Laming

35. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The Panel noted the apologies of Councillor Laming

36. **ELECTION OF VICE-CHAIR**

RESOLVED that Councillor Claisse be elected Vice-Chair for the remainder of the municipal year.

37. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 21st November 2013 be approved and signed as a correct record.

38. **INQUIRY INTO THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE: TERMS OF REFERENCE AND INQUIRY PLAN**

The Panel considered the report of the Assistant Chief Executive, seeking approval for the terms of reference for the Panel's inquiry into the impact of housing and homelessness on the health of single people

It was noted that the Panel considered the inclusion of a robust definition of homelessness would strengthen the Inquiry's Terms of Reference. With the consent of the Chair, a representative of the Southampton Patients' Forum suggested that it would be helpful if the inquiry outcomes were linked with the Fairness Commission. In addition it was noted that Healthwatch were keen to access the patient perspective. They are currently undertaking a project considering the barriers of registration to accessing GPs.

RESOLVED that the Panel approved the terms of reference of the inquiry subject to allowing sufficient flexibility to enable suitable witnesses to attend and the inclusion of a definition of Homelessness

39. **UNIVERSITY HOSPITAL SOUTHAMPTON, EMERGENCY DEPARTMENT REPORT**

The Panel considered the report of the Chief Executive of University Hospital Southampton detailing the Hospital's performance against targets the Hospital's targets relating to the emergency department.

The Panel discussed the general improving performance of the Hospital's Emergency Department and the ongoing steps to make improvements that would hopefully see continued improvement. It was noted that the Hospital had changed working patterns for consultants that would allow a more efficient service. The Panel discussed how:

- working with Birmingham's Emergency Department had encouraged staff to improve standards and become more efficient.
- The establishment of new 7 day / weekend working patterns and practices
- The winter weather had been milder than the previous two years;
- 15 beds had been set up to enable patient assessments away from an acute setting in a temporary nursing care setting. This should release those patients with complex care needs that have previously delayed the availability of beds.

RESOLVED that

- (i) further information regarding elderly care assessment and vulnerable adult assessment be provided at a future meeting;
- (ii) future performance of the hospital is assessed against the latest delivery plan.

40. **UNIVERSITY HOSPITAL SOUTHAMPTON, CLEANLINESS UPDATE**

The Panel received a verbal update from the University Hospital Southampton Chief Operating Officer briefing them on the Hospital's cleaning regime.

It was noted that the contractor undertaking the cleaning had a range of standards to adhere to dependent on the area involved. It was explained that clinical areas had more stringent requirements for cleanliness. The Panel were informed of how the monitoring process was structured and how senior officers were made aware of any areas that needed attention

The Panel noted that recent norovirus outbreak in hospital had been quickly contained. It was noted that the Hospital was taking steps to help isolate areas of the hospital should future outbreaks occur by for example the provision of isolation units and single en suite bedrooms.

It was explained that questionnaires by visitors and patients had not identified the issue of cleaning as a problem.

41. **PEOPLE DIRECTORATE BUDGET PROPOSALS AND LINKS TO THE PEOPLE TRANSFORMATION AND POTENTIAL FUTURE IMPROVEMENT**

The Panel noted the report of the Director of Quality and Integration setting the potential outcomes of the People Directorate transformation on budget proposals

Councillor Shields, Cabinet Member for Health and Social Care, introduced the item detailing the various themes set out within report.

The Panel explored how robust the assumptions were that the enabling patients to take control of their circumstances would have. The Panel noted that these models had been assessed from a variety of authorities who had success with programmes to enable patients to stay at home for longer.

The Panel discussed the importance of direct payments to patients and noted that where authorities had been successful in rolling these out there had been a notable increase in patients quality of life aligned with practical savings that could then be redistributed.

With consent of the Chair, a member of the public addressed the meeting and requested that some relevance be given to the statistics within the reports to indicate how the Council was performing.

42. **INTEGRATED COMMISSIONING AND QUALITY**

The Panel considered the report of the Director of Quality and Integration, providing an update on the progress of the Integrated Commissioning Unit in achieving the agreed work programme and performance and finance outcomes.

The Panel noted that the Unit had opened on 6th December 2013 and that this was its first report to the Panel.

The Panel discussed the development of the Integrated Commissioning Unit's (ICU) work streams on how in particular it would develop in regard to:

- Quality assurance
- Supporting families;
- Integrated Care for vulnerable people;
- the provision health care to children at school and the ICU role in commissioning the services required in this area; and
- how the market place could be used to drive up service standards and quality.

RESOLVED that

- (i) matters relating to the provision of a domiciliary care tender be considered by the Panel at a future meeting;
- (ii) officers should review how information relating to the status of care homes is presented on the website;
- (iii) officers be requested to arrange for Panel members to attend future quality team inspections as an observer.

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Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	INQUIRY INTO THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE: MEETING ONE – SETTING THE SCENE		
DATE OF DECISION:	20 FEBRUARY 2014		
REPORT OF:	ASSISTANT CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name	Dorota Goble	Tel: 023 8083 3317
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This report provides details for the first meeting of the Health Overview and Scrutiny Panel (HOSP) Inquiry examining the impact of housing and homelessness on the health of single people.

The Cabinet Member for Housing and the Cabinet Member for Health and Adult Social Care will give a brief outline of the administration's strategy for responding to homelessness health. There will also be two presentations, followed by questions from the Panel. The presentations will highlight

- The national picture of homelessness health, including key issues and drivers for change (Sarah Gorton, Homeless Link, South East Regional Manager)
- Southampton's perspective of the health of single homeless people, including a profile of those in need and the model for tackling their health and resolving their situation. (Liz Slater - Housing Needs Manager; Matthew Waters - Commissioner for Supporting People and Adult Care Services; Pam Campbell - Consultant Nurse, Homeless Healthcare Team)

RECOMMENDATIONS:

- (i) The Panel is recommended to consider the information provided by the Cabinet Members and presentations and use this, alongside the appendices, as evidence in the inquiry.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to consider the evidence in order to agree findings and recommendations at the end of the inquiry process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not to proceed with inquiry. This option was rejected as the Panel have agreed to undertake the inquiry given the current high demand for single accommodation alongside the fact that single homeless people are less

likely to be in priority need. It is widely known that homelessness, especially rough sleeping, has significant and negative consequences for an individual's health. Many studies have found strong correlations between homelessness and a multiplicity, and increased severity, of both physical and mental health conditions.

3. However, despite this increased morbidity, homeless people consistently miss out on the healthcare they need. As a result, health problems are left untreated and health deteriorates. When homeless people do access health services, they are likely to do so in an unplanned way (for example through accident and emergency) and to be in a state of chronic ill health. This results in longer stays in hospital and multiple readmissions, and has clear cost implications. The Inquiry aims to consider the impact and barriers to single homelessness people accessing healthcare and make recommendations that aim to reduce blockages in the system and prevent future increasing demand on services, within existing cost constraints.

DETAIL (Including consultation carried out)

4. The final Terms of Reference for the Inquiry were approved by the HOSP on the 23rd January 2014, subject to a minor amendment. The final Terms of Reference and Inquiry plan are attached at Appendix 1.
5. The purpose of the Inquiry is to consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, and live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and well being and access to a settled and decent home.
6. The first meeting of the Inquiry aims to help the Panel to understand the national picture and local issues for the health of single homeless people and the model of support for their health needs.
7. The first half of the meetings will be presented by Sarah Gorton, Homeless Link, South East Regional Manager, who will give an overview of the national picture for homelessness health, highlighting key trends and drivers for change alongside good practice examples and opportunities for invest to save. Homeless Link National Audit on the Health and Wellbeing of People who are Homeless is attached at Appendix 2.
8. Homeless Link is the only national charity supporting people and organizations working directly with homeless people in England. They represent homelessness organizations among local, regional and national government. As the national collaborative hub for information and debate on homelessness, they seek to improve services for homeless people and to advocate policy change. Through this work, they aim to end homelessness in England.
9. Sarah Gorton is regional manager for the SE, covering Sussex, Surrey, Hampshire, Buckinghamshire and Oxfordshire. Her role as regional manager is a link for all the agencies working on single homelessness and rough sleeping in the area, promoting good practice and working with local authorities and partner agencies to work effectively to prevent rough sleeping.

10. The second half of the meeting will examine the local perspective for the health of single homeless people. The Cabinet Member for Housing and Cabinet Member for Adult Health and Social Care will first make brief statements outlining the administration's approach to this issue.
11. This will be followed by a presentation to the Panel on the strategy for reducing homelessness in the city, the profile of health needs and health issues for homeless people in the city and the model for supporting people who are homeless. This presentation will be given by:
 - Liz Slater - Housing Needs Manager;
 - Matthew Waters - Commissioner for Supporting People and Adult Care Services;
 - Pam Campbell - Consultant Nurse, Homeless Healthcare Team
12. The Homelessness Prevention Strategy and Review 2013-18 alongside the Homelessness Services Model of Provision are attached at Appendix 3, 4 and 5.
13. The Panel is invited to have a discussion on the changes to the national and local Welfare Reforms and their potential impact with the Cabinet Member for Resources and those giving evidence.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None

Property/Other

14. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

16. None

POLICY FRAMEWORK IMPLICATIONS

17. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL
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Appendices

1.	Final Terms of Reference and Inquiry Plan for The Impact of Housing and Homelessness on the Health of Single People
2.	Homeless Link National Audit on the Health and Wellbeing of People who are Homeless
3.	The Homelessness Prevention Strategy 20013-18
4.	The Homelessness Prevention Review 2013-18
5	Homelessness Services Model of Provision

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE

INQUIRY TERMS OF REFERENCE AND PROGRAMME

- 1. Scrutiny Panel:**
Health Overview and Scrutiny Panel
- 2. Membership:**
 - a. Councillor Matthew Stevens (Chair)
 - b. Councillor Matthew Claisse
 - c. Councillor Carol Cunio
 - d. Councillor Georgina Laming
 - e. Councillor Brian Parnell
 - f. Councillor Sally Spicer
- 3. Purpose:**
To consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and well being and access to a settled and decent home.
- 4. Background:**
 - 4.1 This Inquiry will focus on the health of homeless single people. The definition of homelessness for this inquiry will be those who are sleeping rough, living in insecure accommodation such as a squat or sofa-surfing, in short-term accommodation such as a hostel or recently moved into to private rented accommodation for the first time after a period of homelessness. It will also examine the quality and impact of accommodation that homeless people move on to, which is likely to be either a shared home or a single unit.
 - 4.2 The rationale to focus on single homeless people stems from the high demand for single person's accommodation, with over half of the 15,000 people on the housing register are in need of single units. Evidence suggests that a high proportion of homeless individuals having complex health needs, requiring significant and intensive support from specialist services. The Southampton experience, through the 2013 Homelessness Strategy Review identified homeless single people are:
 - More likely to be marginalised or isolated, with limited support networks
 - Less likely to be in priority need for the council to house them but likely to have aggregate needs that will make their life more chaotic
 - Experience barriers to accessing mainstream primary care
 - More likely to have no recourse to public funds
 - Significantly affected by the Welfare Reforms, particularly changes to the local housing allowance, migrant benefits rights and Universal Credit
 - 4.3 Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need and are the key focus for other current initiatives such as the Families Matter and the Better Care (Integrated Transformation Fund) programmes. Therefore these groups will not be included as part of this Inquiry.
 - 4.4 The model for homelessness prevention in Southampton is delivered and commissioned by a wide range of public and third sector providers and has a strong history of collaboration and good practice through the Homeless Prevention Strategy. Despite preventing a large number of single households from becoming homeless in 2012/13 there were still 520 people on the Homeless Health Team's register. However, increasing trends of homelessness are adding pressures on services for homeless people.

- 4.5 The national picture of funding these services is also changing with financial pressures in the public sector. Nationally, the ring-fence for Supporting People grants has been removed and across the country councils are reducing spend on Supporting People services. Additional budget pressures also prevalent in the public and third sector are placing further pressures on the services that support homeless people.
- 4.6 There is much evidence published that homelessness and poor quality housing can have a significant and negative impact on an individual's health and well being. Those who are who have slept rough have significantly higher levels of premature mortality. Homeless Link undertook a national audit of over 700 homeless people which demonstrated the inequality in the health needs of homeless people:

- **Mental Health** – 7 out of 10 homeless people have one or more mental health needs, although they may not be diagnosed, it is estimated that 30% of the general population experience some form of mental distress; over a third of homeless clients said they would like more support. It is estimated mental health costs £9.7 million in Southampton, with £1.3 million worth of anti-depressants prescribed in 2011/12.
- **Substance misuse** – Over half of clients in the audit use one or more types of illegal drug, with around a quarter engaged in some form of treatment or support. 3 out of 4 clients consume alcohol regularly, with 1 in 5 drinking harmful levels. Alcohol misuse in hospital admissions and primary care treatment is estimated to cost £12 million per annum in Southampton.
- **Physical health** – 8 out of 10 homeless people had one or more physical health needs including:

Condition	Homeless People	General Population
Musculoskeletal problems	38%	10%
Respiratory problems	32%	5%
Eye complaints	25%	1%

- **Tuberculosis** – TB rates have doubled in the UK in the last 10 years. The homeless population is particularly vulnerable to the disease, and more likely to present with advanced forms. However, even if diagnosed and being treated a homeless patient is also more likely to discontinue treatment given their chaotic lifestyle.

4.7 Primary care is the first point of contact for health services to respond to an individual's health needs. However, evidence in the national audit suggests that homeless people are more likely to access healthcare through accident and emergency services, with their stay likely to be longer. Their lifestyles may also mean that they are more likely to seek medical help when their condition has significantly deteriorated. The review will examine the picture of homelessness access to health care service in the city.

4.8 Historically, single homeless people have predominantly been males over 30, anecdotally these are often people who have had traumatic or troubled life experiences including service men, care leavers and offenders; however, in recent years the trend has changed to reflect a larger proportion of women with the age profile getting younger. The interventions to support homeless people are generally split into those for young people, aged 16-25 and adults.

4.9 The pathway from rough sleeping to settled and suitable accommodation can be a long one and requires intensive support to help an individual to move on. It is estimated that it takes 7 attempts for an individual to make a real difference to their lives through intervention, equating to approximately 2 years for individuals with intensive support to turn things around. The panel will need to recognise the long term support needed to make a difference to these individuals and will examine the challenges and opportunities for the current homelessness support and health services delivery.

5. Objectives:

- a. To understand the current model for homelessness prevention supports and how it promotes better health outcomes for single people
- b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
- c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people
- d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
- e. To explore the adequacy of single accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, inline with any existing contract periods.
- f. To consider further collaboration or invest to save opportunities that would prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

6. Methodology:

- a. Outline of current national policy and local activity including:
 - The service model for homelessness prevention and Supporting People
 - National and local data on health inequalities for single homelessness
- b. Engage commissioners, public sector and third sector providers
- c. Visit facilities to understand service provision and talk face to face with clients and frontline staff
- d. Understand client needs through direct contact with service users alongside case studies
- e. National and local health audit results and key data for Southampton
- f. Identify and consider best practice and options for future delivery:
 - National best practice examples
 - Local success stories

7. Proposed Timetable:

Five meetings February 2014 – May 2014

INQUIRY PROGRAMME (Subject to the availability of speakers)

Meeting 1: 20 February 2014

SETTING THE SCENE

National and local picture of homelessness

Single homelessness health needs and trends

Consider the health inequalities of homelessness compared to the local population and cost /impacts of demand on services

Outline of the model for homelessness prevention for adults and young people

To be invited:

Sarah Gorton, Homeless Link

Andrew Mortimore, Director of Public Health

Liz Slater, Housing Needs Manager

Matthew Waters, Commissioner for Supporting People and Adult Care Services

TBC, Young people perspective

Stephanie Ramsey, Integrated Commissioning Unit

Pam Campbell, Homelessness Health team*

Alison Elliott, People Director

Cllr Payne, Cabinet Member for Housing and Sustainability

Cllr Shields, Cabinet Member for Health and Adult Social Care

Visits to be arranged prior to meeting*

Homeless Health Team

Street Homeless Prevention Team

Meeting 2: 20 March 2014

PART A: ACCESS TO SERVICES

To be invited:

Homelessness Prevention, Liz Slater

Homeless Health team, Pam Campbell

Substance Misuse Services, Colin McAlister

Mental Health services – Southern Health TBC

Accommodation overview – Two Saints / Matthew Waters, Supporting People

Primary care – access and experiences of GPs

Acute Care – admission to hospital, support whilst in hospital and discharge from hospital

Probation / YOT

PART B: SERVICE PROVIDERS

Adults:

Society of St James*

Two Saints*

Floating support to keep people in their own services

MIND – Richmond Fellowship*

Young People

YMCA

Chapter 1*

No Limits*

Visits to be arranged prior to meeting*

Two Saints, Patrick House, Breathing Space, No Limits, MIND – Richmond Fellowship

GP Forum 12th March

Good practice examples – to be advised

Meeting 3: 2nd April 2014

MOVING ON TO LONG TERM ACCOMMODATION IN THE PRIVATE SECTOR

To examine the quality and availability of accommodation in the private sector

To be invited:

Housing Strategy - Liz Slater, Barbara Compton

Regulatory Services – licensing and quality of private rented accommodation

Landlord's perspective

Housing 'Right to Buy' receipts – opportunity for single unit accommodation – Sherree Stanley

Meeting 4: 17th April 2014

MOVING ON: LIFE SKILLS AND ADVICE

Helping individuals to develop the skills and the confidence to stay in settled and safe accommodation

To be invited:

Housing Needs Manager

Booth Centre*

EU Welcome / border control

No Limits

Society of St James

Two Saints

YMCA*

Chapter 1

Visits to be arranged prior to meeting*

Meeting 5: 4th May 2014

INQUIRY RECOMMENDATIONS

Overview of the evidence and emerging recommendations

Public Health

Housing Needs Manager

Supporting People Commissioner

CCG / ICU

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Agenda Item 7

Appendix 2



THE HEALTH AND WELLBEING OF PEOPLE WHO ARE HOMELESS:
EVIDENCE FROM A NATIONAL AUDIT

IN GOOD HEALTH?

- **8 out of 10 homeless clients have one or more physical health need**
- **7 out of 10 clients have one or more mental health need**
- **In the past 6 months, 4 in 10 had been to A&E at least once and 3 in 10 had been admitted to hospital**
- **Almost 1 in 3 regularly eat less than 2 meals per day**

The health of people who are homeless is among the poorest in our communities. Being homeless means you are more likely to suffer from mental and physical ill health, and at the same time unable to access the health services you need.

This report brings into focus the health and well being needs of people who are homeless. It directly draws on the experiences of over 700 homeless people from across England who contributed to a new audit tool, developed by Homeless Link and partner agencies from across the voluntary and statutory sectors.

As the coalition government outlines its vision for reforming the NHS, local agencies are preparing to play a greater role in deciding how to best meet the health needs of communities. Aims for improved health outcomes, fairness and a cost effective NHS are at the centre of this change. For our health services to achieve these goals, commissioning has to be built on the evidence of need of everyone in the community, including those who often fall beneath the radar of routine planning. Often these individuals have the highest need, the poorest health outcomes and can require the most costly services if left untreated.

The data provided by this audit gives us the opportunity to better understand the prevalence of poor health among homeless individuals at a local and national level, and identify how services can better address these in the future. The findings highlight key health challenges facing homeless people and the agencies trying to support them, and send a clear message that our health services cannot afford to overlook their needs.

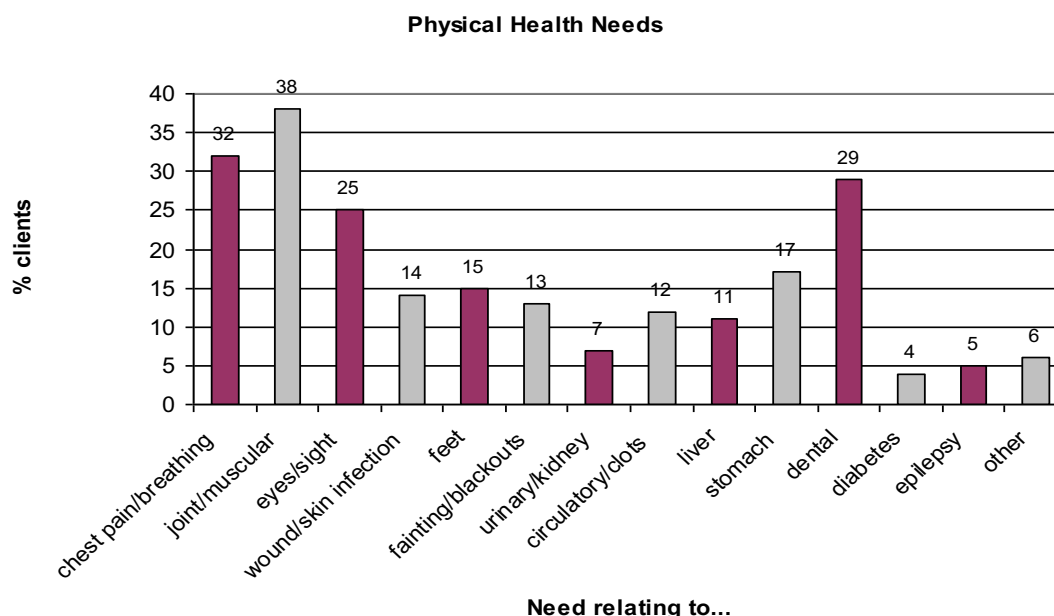
THE FINDINGS

HEALTH AND WELLBEING

Physical health

8 out of 10 clients have one or more physical health need and over half have a long term physical health need. Most felt they managed these needs well; however 1 in 5 said they found it difficult to cope and wanted support.

In the national audit, 82% reported one or more physical health need. The range of conditions reported included:



Over half (56%) clients in the audit reported that they had a long term physical health need. This compares to 29% of the general population who are estimated to have a long term physical illness.¹ Where comparative data is available for all the above conditions, this represents far higher prevalence rates compared to the general population².

Condition	General Population	Homeless People
musculoskeletal problems	10%	38%
respiratory problems	5%	32%
eye complaints	1%	25%

Almost 1 in 5 clients said that they found it difficult to manage their health problem, even if some support was already being received.

Mental Health

7 out of 10 clients have one or more mental health need. A third of these clients said that they currently lack the support they need to address their mental health.

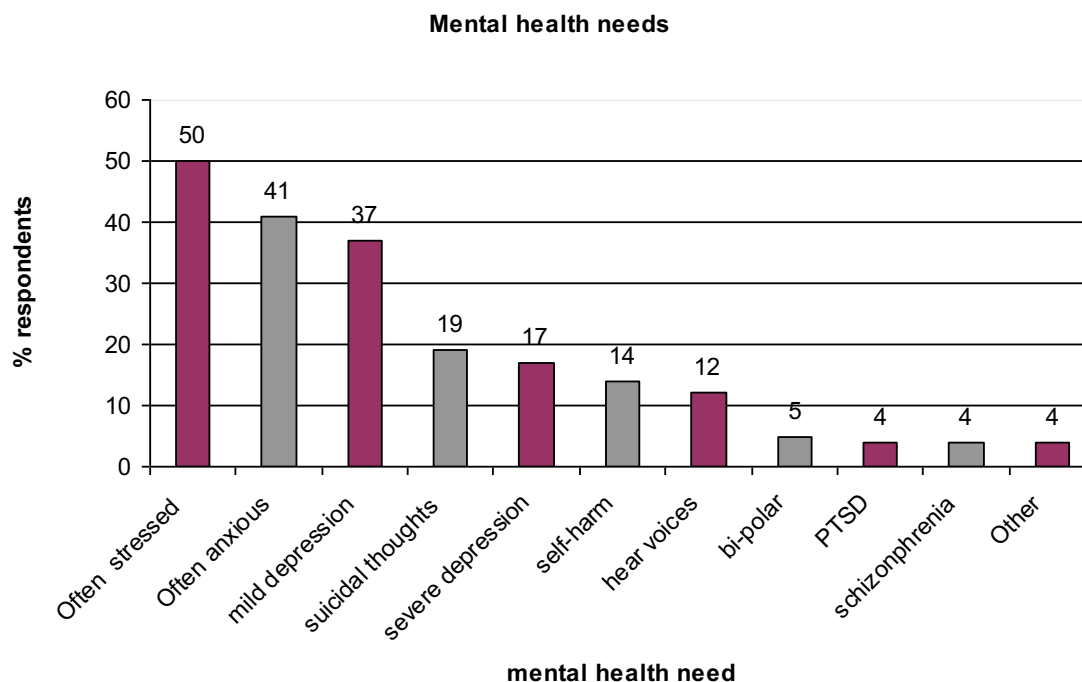
The data showed the high prevalence of mental health problems among homeless people – both diagnosed conditions and those which may fall under the threshold for services. It is estimated that 30% of the general population experience some form of ‘mental distress.’³ 72% clients in the audit

¹ Office National Statistics, General Lifestyle Survey, 2008. 29% self reported a ‘long standing’ illness.

² Please note the data from the audit includes both short and long term need related to these conditions. General population stats as reported in ONS General Lifestyle survey, *ibid*. This data refers to long term need but provides best available comparison.

³ Goldberg, D. & Huxley, P., *Common mental disorders a bio-social model*, 1992

reported one or more mental health need – a rate almost two and a half times as great. The chart below outlines the needs clients reported, of which 45% said their mental health problem was a long term need.



The Office of National Statistics estimates 4% of people in the general population self harm. Our data suggest that people who are homeless are three and a half times more likely to self-harm. At the same time, the ONS suggests around 10% general population experience symptoms linked to anxiety or depression.⁴ Our audit suggests a rate around five times this among people who are homeless.

Many clients with a mental health need also have problems relating to drugs or alcohol. Often they face difficulties gaining access to specialist services able or willing to address these. In our survey, 44% of those with a mental health problem report 'self medicating' with drugs or alcohol to alleviate their mental health problems have.

35% of those with a mental health need said that they would like more support with their mental health. Talking therapies was the most common source of help clients requested, followed by support from a specialist mental health service, such as CMHT. This suggests homeless people are not currently accessing the interventions they need to address their mental health problems.

Well being

In the audit 77% of homeless people smoke. This compares to 21% of the general population.⁵ Only half of smokers in the audit (55%) had been offered smoking cessation advice.

Our audit data highlighted the poor diets many homeless people have. Almost a third of clients regularly eat less than two meals a day. In addition, only 1 in 4 homeless people said they usually eat 3 or more pieces of fruit or veg per day. Only 7% usually consume the recommended 5 per day, compared to 27% of the general population⁶ – a third do not eat any at all.

⁴ Office National Statistics (2000) quoted by Mind http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

⁵ The NHS Health and Social Care Information Centre, Statistics on Smoking, 2009

⁶ The NHS Health and Social Care Information Centre, Statistics on obesity, diet and physical activity, England, 2009

Diet, exercise and smoking are strongly linked to an individual's overall mental and physical well being. This data suggests that more could be done to tackle some of the causes of poor health and target preventative services more effectively.

SUBSTANCE USE

Over half the clients in the audit use one or more type of drug. Around a quarter of drug users were engaged in some form of treatment or support.

52% of participants indicated they used one or more type of illegal drug. This included:

- 28% cannabis
- 13% heroin
- 13% crack/cocaine
- 13% methadone
- 5% amphetamines

4% of clients indicated they currently inject drugs. The results suggest that about 1 in 4 clients are engaged in some type of support to address their drug use. Of these, almost a third felt this support was not adequately meeting their needs. A small number were not engaged in treatment but thought that this would help them. Support to help stop using drugs was the source of help most commonly requested.

3 out of 4 clients consume alcohol, and around half of these indicated this was weekly consumption or less frequent. However 20% of clients said they drank more than 4 times per week (the frequency considered harmful by the Department of Health). A third of these clients said they consume 10 or more units each time they drink, which suggests very harmful levels of alcohol consumption.

The majority of clients said they did not require support for their alcohol use. However, 17% wanted more support around their alcohol use. About half of these clients were already engaged in some sort of help, but did not feel it met their needs. Most wanted support to stop drinking, or support to reduce their alcohol consumption.

ACCESS OF HEALTH SERVICES

Despite using services at a primary level, homeless people also use hospital services at a disproportionate rate to the general population and discharge protocols are still not being implemented routinely.

The audit showed 8 out of 10 clients used a GP at least once during the past 6 months. Despite this contact, 4 out of 10 clients had been to A&E at least once during this period. In the past 6 month period:

- 41% went to A&E at least once
- 31% were admitted to hospital at least once
- 28% used an ambulance at least once
- 82% had been to a GP at least once

Over a 12 month period it is estimated only 7% of the general population will have an inpatient hospital stay. The figure of 31% for homeless people is over 4 times this rate, although this is based on a 6 month period.

The clients in the audit had an estimated average length of stay of 7.2 days (based on their most recent admission). This finding reflects a recent study by the Department of Health⁷ which found an average length of stay of 6.2 days for homeless people, compared to 2.1 days for the general population.

The Department of Health states that all acute hospitals should have admission and discharge policies ensuring homeless people are identified on admission and linked into services on

⁷ Healthcare for single homeless people, DH, 2010

discharge⁸. However, the audit found only a quarter (27%) of clients admitted to hospital had help with their housing before they were discharged.

85% of clients said they were registered with a GP, the majority permanently. However, this still leaves 15% unregistered, and nearly 1 in 10 (9%) said they had been refused access to a GP or dentist. The reasons given to them included 'unsuitable' behaviour, or lacking required ID or proof of address: 'I didn't have a utility bill with my name'; '(they) would not take people from a temporary hostel.'

Case Study: 40 year old male rough sleeper

When the client participated in the audit, he reported several physical health needs including muscular pain, circulatory problems and epilepsy. He was not taking any medication or receiving treatment for these conditions.

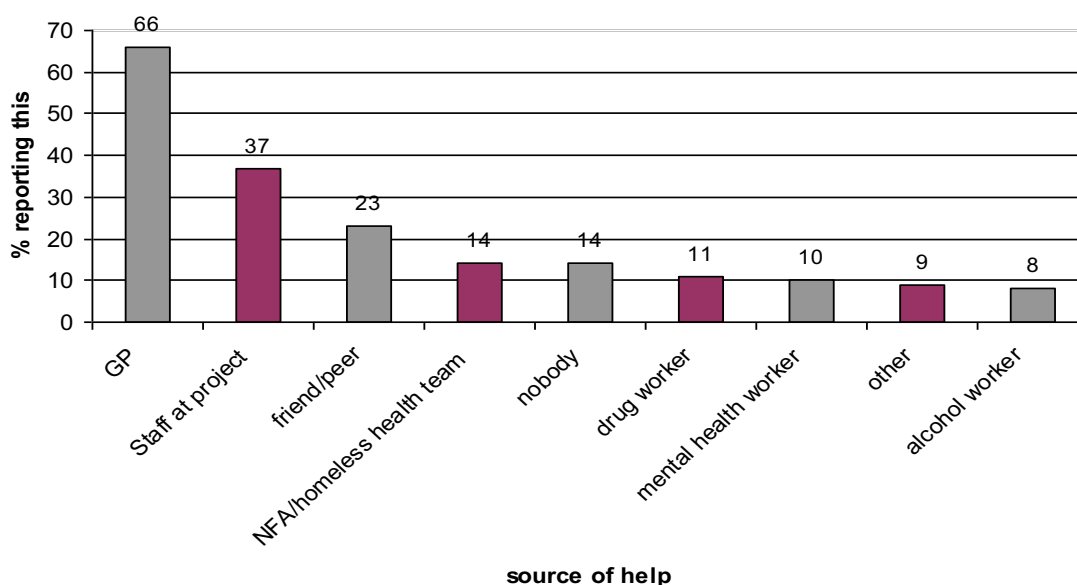
The client also reported multiple mental health needs, including depression, post traumatic stress disorder and anxiety. He was not receiving any treatment, but felt he would benefit from a specialist mental health service.

Despite the long term nature of many of his health problems, the client only has a temporary registration with a No Fixed Abode (NFA) healthcare team, and is not registered with a GP. In the past 6 months he has made multiple visits to medical services, including over five visits to A&E. He has been admitted to hospital after suffering fits where he stayed for two nights. Despite his housing status, he was not helped with his accommodation on discharge.

The client's disproportionate usage of acute services and lack of ongoing engagement around his mental and physical health suggests there is a far greater role for primary care services in better meeting his needs.

Clients were also asked who they considered to be their main sources of help. The data showed the important role of staff in the homelessness sector and homeless people themselves in addition to health professionals.

Who supports homeless people with their health?



This interim report provides a snapshot of some of the key findings. More detailed analysis is available on request. A full report from the project will be published in the Spring 2011.

⁸ Discharge from hospital; pathway, process and practice, DH, 2003

APPENDIX: ABOUT THE HEALTH NEEDS PROJECT

These findings were gathered as part of a project aimed at improving the health of homeless people. This project was delivered by Homeless Link with funding from the Department of Health.

The project addresses the lack of available data about the health of people who are homeless. This information is not routinely collected, and so rarely affects decisions around local priorities. Yet without this data, making informed decisions about how to best allocate resources and improve services can be difficult.

An audit tool was developed to enable homelessness agencies to gather consistent data about the health needs of their clients. Since March 2009, Homeless Link has been supporting nine local partnerships to pilot the audit tool and draw up local action plans to respond to the findings. The areas are Birmingham, Leeds, Bristol, South East Essex, Southampton, Sunderland, Lincolnshire, Ashton, Leigh and Wigan and the London Borough of Brent. In total, 727 clients with a range of housing and other support needs were interviewed by outreach teams in day centres, emergency and second stage accommodation.

At a local level, responses are being implemented at both a strategic and practical level, from ensuring the Joint Strategic Needs Assessment (JSNA) picks up the health of the local homeless population to identifying how local agencies can work together to improve access to local health services. Partnerships lie at the heart of the audit approach: clients, homelessness agencies, the health and housing sectors all have key roles to play.

While each pilot area is leading on the response to their own audit, this report draws on the collated data to provide a national picture of need.

More details can be found on our website www.homeless.org.uk/health-needs-audit. For further information on the findings please contact Helen Mathie, Policy Projects Manager on 020 7840 4428 or on helen.mathie@homelesslink.org.uk.

Homeless Link September 2010

Homeless Link is the national umbrella organisation for frontline homelessness charities in England. Currently we have more than 470 member organisations. Our members include hostels, day centres, outreach and resettlement agencies, housing advice centres, youth projects, health projects, welfare rights groups, regional homelessness networks, refuges, drug and alcohol services and faith run voluntary services. As the collaborative hub for information and debate on homelessness, we seek to improve services for homeless people and to advocate for policy change. Through this work, we aim to end homelessness in England.

Homeless Link, Gateway House, Milverton Street, London SE11 4AP
+44 (0) 20 7840 4430 | info@homelesslink.org.uk | www.homeless.org.uk

Chief Executive: Jenny Edwards | Chair: Ann Skinner | Charity Registration No. 1089173 Company Registration No. 4313826

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Councillor Warwick Payne

This is our third Homelessness Prevention Strategy and draws on our experiences and achievements to build on the solid foundations we've laid down in tackling homelessness in Southampton.

It comes at a time of huge economic and social change. Welfare changes will clearly have an impact on housing tenants and those on limited incomes. The social housing landscape is also changing at a rapid pace.

Our commitment to preventing homelessness is unwavering. The Council has recently set its core priorities in our City Plan 2013-16 and this Strategy will help us deliver our priorities for keeping safe and improving the health of some of Southampton's most disadvantaged residents.

Continuing the successes of the past will require joint working between the public, private and voluntary sectors and we greatly value the contributions made by each and every group.

This Strategy sets out how we plan to meet the challenges ahead and also reaffirms our stance that 'prevention is better than cure'.

It is more cost-effective and better for vulnerable individuals and families to stop homelessness before it starts, and we're determined to keep assisting those people who need our help in their hour of need.

**Councillor Warwick Payne
Cabinet Member for Housing & Sustainability**



Alison Elliott

This Strategy reflects the People Directorate's commitment, across all service areas, to focus on early help and prevention. Given the pressures in housing and the welfare benefits reforms some of our most vulnerable members of society face an uncertain future.

Preventing homelessness is a top priority for this directorate as it is well understood the impact of homelessness can have on the most vulnerable children, young people and adults. The impact of losing the most basic need of a home is devastating on the future prosperity of the individuals affected.

There are significant opportunities to build on the collaborative approach that has been developed to date within the directorate to ensure the whole Council and its partners work together to focus on the prevention agenda.

Whilst this is undoubtedly a challenging time for housing it is also a time of potential opportunities and this Strategy focuses on how we can harness those opportunities to support people retain that most basic need, a home.

**Alison Elliott
Director of People, Southampton City Council**



Overview

The Homelessness Act 2002 requires local authorities to carry out a review of homelessness every five years, and to use the findings to develop a Strategy for preventing homelessness locally.

Southampton City Council has produced two previous Strategies, in 2003 and 2008, outlining how we aimed to prevent homelessness and secure sufficient accommodation and support for all those who have or may become homeless.

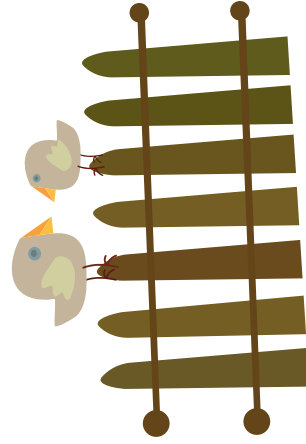
Since our first Strategy was published in 2003 there have been noticeable achievements in our homelessness response including:

- significant decreases in homelessness applications and acceptances;
- halved the use of temporary accommodation for families in order to meet government targets; and
- continued low levels of rough sleeping and the use of Bed and Breakfast (B&B).

The 2013 Strategy builds upon the achievements of our previous two Strategies, and outlines the challenges we face in today's economic and social climate.

This document sets out:

- our aims and objectives for the next five years;
- the local and national context;
- our achievements to date including successful partnership working;
- the results of the review that we conducted to help us produce the new Homeless Strategy; and
- the challenges we face ahead and our proposals to continue to prevent homelessness in our city.



Setting the scene – the local context

Southampton

Our 2013 Strategy comes at a time when the country is undergoing a period of social and economic change. The government's welfare reforms and the reductions in housing benefit mean more people are struggling to manage their finances. This is already putting extra pressure on housing, and the full effects of the welfare reforms are yet to be fully realised.

As a Council we must continue to reduce public spending. Public austerity measures are also impacting on statutory agencies and voluntary groups, and we must all adapt the way we work. Since 2009 whilst prevention figures have continued to increase, we have seen small increases in homelessness presentations, and the levels of rough sleeping.

Like the rest of the South East, Southampton's property prices continue to grow at a rate that puts home ownership out of reach for the majority of households. As such the demand for social housing in the city is extremely high, and waiting times for an affordable home can often reach up to seven years. Consequently the private rented sector has become a very useful source of meeting local housing needs and has grown to become one of the largest private rented sectors in the South East.

Private rented homes in the city vary in quality, size and cost but generally rent levels are lower here (especially in some areas of the city), than other parts of the region such as the New Forest and Winchester. As a result, people on limited incomes can find themselves priced out of these more expensive housing areas, causing them to move to Southampton out of economic necessity, placing greater strain on the city's housing.

Our 2013 Strategy comes at a time when the country is undergoing a period of social and economic change.



Setting the scene – the national context

Government Policy

The current coalition government set out a vision for encouraging housing supply and supporting choice in its Housing Strategy, which was published in November 2011. A ministerial working group was also set up to look at the complex causes of homelessness, and in August 2012 published two important papers: “Vision to end rough sleeping: no second night out nationwide” and “Making every contact count: a joint approach to preventing homelessness”. They highlighted the importance the government placed on the issue at a national level.

The latter document listed the following 10 challenges for local authorities to adopt to help prevent homelessness:

- 1** Adopt a corporate commitment to prevent homelessness which has buy in across all local authority services.
- 2** Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs.
- 3** Offer a Housing Options prevention service, including written advice, to all clients.
- 4** Adopt a ‘No second night out’ model or an effective local alternative.
- 5** Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support.
- 6** Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords.
- 7** Actively engage in preventing mortgage repossessions including through the Mortgage Rescue Scheme.
- 8** Have a homelessness Strategy which sets out a proactive approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs.
- 9** Not place any young person aged 16 or 17 in Bed and Breakfast accommodation.
- 10** Not place any families in Bed and Breakfast accommodation unless in an emergency, and then for no longer than six weeks.

Changes to Homelessness Funding

Funding from central government to support our Homelessness Strategy has changed.

The previous Strategy had an annual ring fenced Homelessness Prevention Grant of £365,000 to support initiatives that helped meet our objectives.

However, this figure almost doubled following the comprehensive Spending Review in 2011, and an award of £634,000 was made to Southampton. But the removal of the ring fence means that as a Council, we have had to make some difficult decisions on how it is spent.

Homelessness and Supporting People funded homelessness services are now commissioned in the wider city context improving the links to Probation, Health, Adult Social Care and Children’s Services.

Another change to previous funding regimes is that increasingly central government is administering homelessness prevention funding by allocating grants to the third sector. Several national charities such as Homeless Link and Crisis have taken on the role of fund administrators, and local organisations must bid for grants. As a local authority we are not allowed to make direct grant applications, and instead must play a key role in supporting and coordinating agencies in submitting joint bids, and assisting them in monitoring outcomes. Distributing funding this way increases the need for a clear strategic direction. We must ensure that any supported bids contribute to the city’s objectives on preventing homelessness.

The table below summarises the funding resources used by the city to tackle homelessness between 2008/13.

Spend	2008/09	2009/10	2010/11	2011/12	2012/13	Funding Type
B&B	£31,778	£44,307	£44,850	£28,132	£24,898	General Fund
PRS Bonds	£20,724	£15,186	£8,044	£6,580	£5,027	Combined Fund
Rent Deposits	£45,620	£41,605	£25,211	£77,639	£81,129	DCLG
Day Centre	n/a	n/a	n/a	£25,000	£25,000	DCLG
Accommodation Service	£47,872	£31,760	£38,853	£45,000	£35,000	DCLG
Furniture Packs	n/a	£7,600	£9,366	£9,517	£15,426	DCLG
No Limits	£22,885	£16,111	£17,340	n/a *	n/a*	DCLG
Women’s Aid	£12,471	£17,429	£17,778	n/a*	n/a*	DCLG
EU Welcome	£13,000	£22,257	£28,219	£13,500	£4,500	DCLG
Street Homeless Service	£190,598	£189,000	£148,000	£118,000	£118,000	DCLG, now in-house

* funds towards these services have now been incorporated into Southampton’s corporate grants pot.

We have also received smaller sums of one-off funding from central government to support particular projects, for example the funding of a court desk advice service, transition to new system of housing benefit award and a repossession fund.

Localism Act 2011

The Localism Act 2011 transferred more decision making powers from central government back into the hands of local authorities. It aimed to ensure decisions about housing were taken locally, and as such introduced a number of significant changes to social housing policy including:

- Fixed term tenancies of no less than five years, ending the “tenancy for life” previously granted to new tenants.
- New powers (from April 2012) to enable the full discharge of our homelessness duty by securing an offer of suitable accommodation in the private rented sector.
- Greater freedom for local authorities to formulate their allocations policy for access to social housing.

Other changes include the introduction of the new Affordable Rent Product which sets rents on new developments, and a proportion of existing stock as it becomes vacant, at up to 80% of the local market rents. This new higher rental income will be used to fund future developments of social housing.

The Council developed its Tenancy Strategy in 2012. The need to focus on homelessness prevention and assisting the local authority in meeting the needs of homeless households is reiterated within this Strategy. It also included a continuing commitment to the principle of tenancies for life in the Council’s own stock and that rent levels should remain consistent with the local housing allowance levels.

A copy of our Tenancy Strategy is available online at:

www.southampton.gov.uk/Images/Tenancy%20Strategy%202013_tcm46-338199.pdf

Welfare reforms (the national context)

The Coalition Government is introducing the biggest changes to welfare reform in 60 years. These changes are designed to reduce the unprecedented historic rise in welfare benefit spending and encourage more claimants into employment by making work pay. Many households will see their benefit payments cut, and all claimants must manage their own finances responsibly, open a bank account and pay their rent and other bills regularly. We predict these reforms – and the effect they will have on individuals – will be the single biggest challenge to preventing and tackling homelessness over the coming years.

Many more benefit claimants will actively be seeking work, looking for smaller accommodation, or trying to exist on much smaller “capped” levels of benefits; all of which may lead to increased levels of homelessness and a much greater need for local, joined up homelessness prevention work.

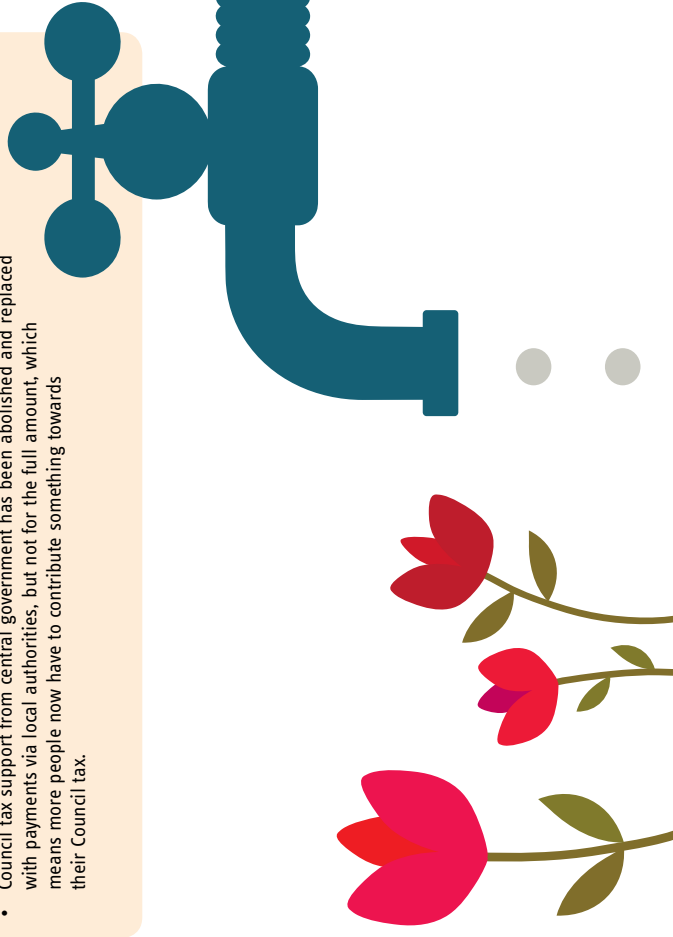
Since our last Homelessness Strategy was published in 2008 there have already been significant shifts in legislation and even more welfare reforms are set to be implemented in the next few years.

Tackling homelessness will prove much more challenging, as the impacts of welfare reform are felt. In recognition of this, the government has increased Discretionary Housing Payments (DHP), to local authorities, from £57,783 in 2010/11 to £527,593 for 2013/14. DHP is available to help benefit claimants who are having difficulty making up the shortfall in their rent, but is only available for a short term period whilst the tenant adapts to their new circumstances. It will not prevent evictions where claimants are unable to manage their finances successfully in the long term.

As well as changes to limit the amount of benefits paid out to households claimants will be expected to apply on line, manage their money monthly and receive their housing costs directly as part of a single sum called Universal Credit. Tenants will be responsible for paying their rent directly to their landlord (either social or private) directly. The uncertainties on the degree of impact these changes will have makes it vital to have a flexible Homelessness Prevention Strategy.

Summary of the welfare reforms:

- The reorganisation of several different benefits (including housing benefit) into one single Universal Credit, paid direct to claimants.
- The expectation that most claims be made online.
- The increasing of conditions, for example to job search for up to 35 hours a week, before claimants can receive benefits.
- Increasing sanctions on claimants who don't meet their claim conditions.
- A tightened medical assessment process for the claiming of disability and sickness benefits, and the introduction of Personal Independence Payment which will be implemented over the next few years.
- The expectation that most claimants' will open a bank account and manage their own finances independently.
- Claimants who do not find and sustain work will be subject to Total Caps.
- Larger families will be particularly affected by significant benefit reductions.
- New size criteria for benefit claimants (living in social or private accommodation) means payments will be reduced for those with “spare rooms” and these households will be expected to search for cheaper or smaller accommodation, or make up the shortfall in rent out of their own pocket.
- Social Fund Crisis Loans and Community Care Grants were no longer available after April 2013.
- Council tax support from central government has been abolished and replaced with payments via local authorities, but not for the full amount, which means more people now have to contribute something towards their Council tax.



Achievements since our 2008 Homelessness Strategy

The city has focused its energy and resources increasingly on preventing homelessness. Consequently we have seen a 50% increase in the number of recorded homelessness preventions. In 2008 the number of households prevented from becoming homeless was 902, but five years later this increased to 1486 cases in 2013.

Whilst homeless acceptances have increased nationally by 20% over the last four years, in Southampton we have successfully managed to restrict this figure to 10%. This is a significant achievement and illustrates a higher proportion of preventions per head of population than the South East as a whole.

Tackling homelessness – Southampton’s key headlines:

- We met the statutory six week maximum in B&B throughout the last five years.
- The use of temporary accommodation for families was halved, meeting the government target of 134 (in 2010).
- We prevented 1486 households from becoming homeless in 2012/13.
- In 2012/13 we procured private rented accommodation for 286 priority need households, through use of bonds and deposits.
- Together with our social housing provider partners, we delivered 1796 affordable new homes between 2007/12.
- Between 2009/13 we rescued 36 owner occupiers under the government’s Mortgage Rescue Scheme, enabling home owners to become tenants and remain in their home.
- We worked successfully with private sector landlords to ensure accommodation in the private sector remains a realistic option. Two new projects were launched: to provide much needed shared accommodation for young people, and settled homes with long term leases to help more former homeless people get back on their own two feet.
- We identified families affected by the four-bed housing benefit limit, and negotiated new rent levels or helped them to find alternative accommodation.
- A successful bid of £200,000 of Homelessness Transitional Funding ensured the city’s only remaining Day Centre stays open for two years after its local funding was cut. The Centre provides an essential service for the city’s rough sleepers.
- A new single homeless service pathway was introduced following the service review of Supporting People funded services.
- We supported 25–35 year olds access appropriate accommodation through the Day Centre.
- Private rented accommodation was accessed at the Day Centre for 120 households in 2012/13. This includes single homeless clients who received funds for a deposit or rent in advance, through the help of an Accommodation Officer at the Day Centre.
- Using the Homebid lettings system we have been able to maintain a route into social housing that is not dependent on a household becoming homeless.
- We have achieved considerable success in ensuring tenants in our temporary accommodation are supported and can prepare for a move on into stable accommodation.
- We developed a programme of publicity to help raise awareness of the many welfare benefit changes.
- Working with the DWP we visited 249 families who were identified as being affected by the benefit cap, to help them prepare for the cut in income.

Homelessness Review 2013

Homelessness trends

To help us prepare for the development of this Strategy, and in order to explore the challenges facing the city, a statistical review of homelessness and homelessness services in Southampton was carried out. This information was shared with a wide range of agencies that are involved in helping to deliver services to homeless people citywide.

The review was led by the Homelessness Strategy Steering Group who met regularly to monitor progress of the Strategy, help steer change and make recommendations for use of government grant funding.

It was completed in consultation with key stakeholders (organisations and agencies working in Southampton on homelessness related issues) including:

- Adult and children’s social care services
- Health services
- Youth offending service
- Probation service
- Various advice agencies
- Housing partners and providers

Stakeholders were asked to complete questionnaires that focused on the main issues facing three distinct groups who encounter homelessness: young people (16 – 25 year olds), single people (including rough sleepers) and families. The aim was to identify the needs of these groups, and find solutions.

A summary of the financial challenges ahead along with these review findings were used as evidence of the needs in the city, and provided a framework to help us develop a coherent and viable Homelessness Prevention Strategy.

The review provided hard evidence of the collective success of the homelessness prevention measures in Southampton over the past few years, which is a tribute to the collective work of many agencies across the city.

A separate homelessness full review document including the full list of agencies consulted as part of the review is available on the Council’s website at www.southampton.gov.uk/living/housing/housingpolicies/homelessnessstrategy.aspx

The consultation with stakeholders identified real concerns about shrinking resources and potential increasing demand for services from homeless clients. The results are outlined on the following page, and the challenges identified for the future



The review provided hard evidence of the collective success of the homelessness prevention measures in Southampton.

The stakeholders came to the consensus that the four key objectives in our current Strategy remain relevant and should be retained as the focus for looking forward. These objectives are:

- 1** Prevent homelessness.
- 2** Maximise the number of available homes in the city to all sectors of the community including homeless people.
- 3** Provide good quality accommodation with support for short periods only, in order to enable successful move on and maintenance of a settled home.
- 4** Improve positive outcomes for homeless people or people at risk of homelessness.

are discussed in the next section.

The agreed commitments that the city should follow are:

Young people

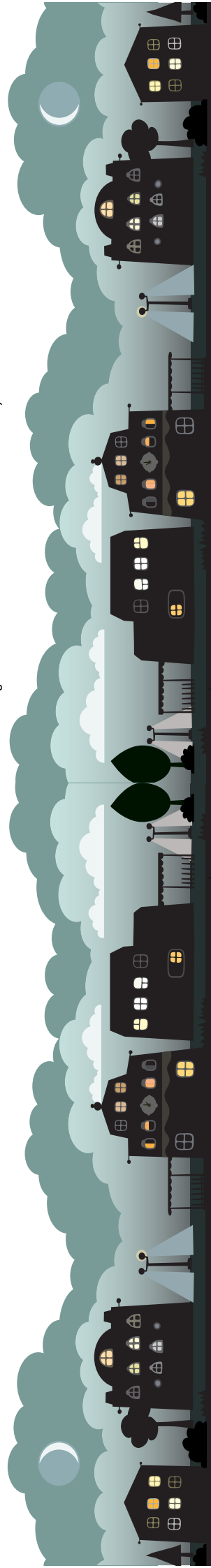
1. Refrain from the use of B&B for 16/17 year olds except in emergencies.
2. Return young people to the family home where it is safe to do so, and keep the possibility of return home even when placed in supported housing.
3. Avoid placing young people under the age of 25 in adult services wherever possible.
4. Carry out early planning for housing for those leaving care in order to improve outcomes.

Single adult

1. Keep numbers of rough sleepers to minimal levels and retain a rough sleeper outreach service that can locate and work with street sleepers.
2. Retain emergency assessment accommodation for rough sleepers so that they can be taken off the street, in line with the government guidelines of 'No second night out'.
3. Ensure vital Day Centre provision is retained so that homeless people have access to basic needs and services that support the accommodation pathway.
4. Keep a range of accommodation provision that reflects the differing needs of single adults, and enables them to progress to sustainable independent living.

Families

1. Make only minimum use of B&B for families.
2. Ensure temporary accommodation is of good quality, located in a range of locations across the city and used for time limited periods to reduce the uncertainty for families.
3. Keep resources focused on assisting families to stay in their homes and retain an approach which supports families to find their most appropriate solution.
4. Ensure that homelessness priority for social housing is balanced against other housing needs so that incentives to homelessness are not created.
5. Make use of the new power to use accommodation in the private rented sector, but only where it meets a good standard and is available for more than two years.



Looking forward: emerging challenges and opportunities

Welfare reform and social policy changes nationally are likely to bring significant challenges to homelessness services in the coming years. Housing need and demand for services is intensifying, and there are early warning signs that homelessness is on the increase. Whilst actual numbers of additional homeless households are still small, the worry is how we will be able to respond in financially constrained times should this trend continue.

The key challenges identified by the review are explored below:

Homelessness prevention

Feedback from private landlords indicates that many are reluctant to let their properties to benefit claimants because of the uncertainty this represents for their rental income. Private landlords who do not receive rent payments from tenants who are struggling to manage on a reduced income or benefit reductions, will look to recover possession of their property, leading to more evictions and increases in homelessness.

Similarly, in the social housing sector there is also increasing pressure on both Council and registered provider landlords to collect rent to help fund the development of further homes or as a consequence of self financing arrangements. Whilst this presents opportunities to improve services, it is heavily reliant on the full collection of rental income. In addition, new social rent levels charged under the Affordable Rent regime are higher than previously which make the burden of collecting these rents from hard pressed households much greater. This is compounded by reductions in the direct payment of rent by housing benefits. Under-occupancy deductions, benefit cap restrictions and the introduction of Universal Credit, will all create additional burdens on collection of rent and have the potential to increase the numbers of tenants evicted for rent arrears. In 2012/13 the Council received £40 million in housing benefit payments for Council rents – around half of the authority's rental income – which is now insecure with the introduction of Universal Credit.

Household incomes are clearly under pressure as a consequence of increasing living costs and reduced incomes. The migration from Disability Living Allowance to the new Personal Independence Payment is predicted to reduce available income to households with disabilities by up to 40%. Larger families especially will be affected by the benefit cap of £500 per week, which may mean some households will need to use up to 50% of their income to pay their rent. All benefit claimants, except pensioners, will see increases in the amount they have to pay for Council tax. This increasing pressure on household incomes coupled with a rise in both private and social housing rents, pose significant difficulties for vulnerable, especially larger families. Our challenge is to support households in making the right choices on how they spend their income, how best to budget and how to improve their long term prospects for independence through paid work.

Owner occupiers have not been shielded from the economic downturn and also pose a potential risk to becoming homeless. Employers are being forced to make increasing numbers of redundancies, which can increase an owner occupier's chances of losing their home. Repossession rates however are lower than in previous economic downturns. This is due to relatively low mortgage interest rates, lower sales values locally, and the introduction of a government Mortgage Rescue Scheme coupled with positive measures that lenders now have to follow.

We are concerned about the possibility of increasing homelessness amongst owner occupiers. Lenders may start to repossess more homes from struggling homeowners when property prices start to rise, and likewise if there is a mortgage interest rate rise the ability for owners to sustain their repayment is threatened. This is coupled with the impending termination of the current government funded Mortgage Rescue Scheme in March 2014, one of our primary prevention tools, that may also lead to additional homelessness pressure.

Supply and use of stock

The size of the private rented sector in Southampton is twice the size of the national average, yet it is out of reach financially for increasing numbers of families and single people. Therefore it may no longer be a realistic option for low income households, especially those needing larger accommodation when Universal Credit is introduced. National increases in homelessness acceptances have already risen, due to the end of Assured Shorthold Tenancies, from 14% to 21%. Locally the rise in households accepted as homeless due to the end of Assured Shorthold Tenancies is from 19 in 2008/9, to 74 in 2012/13. We anticipate that this figure will continue to rise.

Equally access to good quality private rented housing is a challenge many families are facing. A Housing Condition Survey of Southampton's private sector housing in 2003 found that 23,600 homes were non-decent and 15,300 in need of substantial repair. Regulations and HMO additional licensing is a welcomed addition to improve conditions of private sector accommodation; however there is some suggestion that a few landlords may withdraw from the lettings market deterred by tougher regulation. Private rented accommodation is heavily relied upon as a significant means of preventing homelessness, so managing these two important but competing priorities will be a challenge.

Within the social sector, demand for Council housing and registered providers is outstripping supply as families and single people attempt to access this accommodation in the absence of other affordable options. Over half of the Housing Register – which currently stands at 14,000 – are single people. As the welfare reforms take effect we anticipate the demand for larger family homes to further increase. We have already seen increased demand for smaller accommodation from social housing households affected by the 'spare room' benefit reduction. Estimated supply of new build suggests a shortfall of roughly 1,471 homes per year. This is coupled with a further concern that Affordable Rents introduced on new social housing developments may still be out of reach for some low income families.

We also anticipate increasing demand for local social housing stock due to displacement of households from higher cost areas in Hampshire and London, as families affected by the benefit cap relocate to places like Southampton to find cheaper accommodation. This in turn will place extra pressure on other local services including health, social care and children's services.

As the welfare reforms take effect we anticipate the demand for larger family homes to further increase.



Temporary accommodation for short periods

In Southampton, placement of families into B&B accommodation has always been a last resort, carried out in accordance with statutory requirements, whilst other housing options are explored. If homeless applications rise as expected, the use of B&B accommodation for vulnerable households, especially for those with children, will inevitably increase as an emergency homelessness response. In 2009, No. 5 Bellevue Road (which provided temporary support needs for the 16 – 65 age group) closed with the loss of 63 units of accommodation. The loss of this short term supported accommodation makes alternative arrangements for this client group a big challenge.

A reduction of Supporting People funds will further reduce the numbers of available bed spaces in supported housing for the single homeless, and subsequently may lead to increases in numbers of people having to sleep rough or 'sofa surf' for longer spells. The average number of rough sleepers found on outreach sessions has doubled from five people in 2008/09 to 9.8 people in 2012/13, with a 50% increase in the numbers of separate individuals found during the year from 98 in 2009/10 to 154 in 2012/13.

Rough sleepers

The number of people found sleeping rough on Southampton's streets has been variable over past years, but the increase in average numbers as outlined above shows that rough sleeping remains a real concern.

A particular issue is the significant rise in EU accession state nationals found sleeping rough in Southampton (which is higher proportionally than in London).

Local outreach sessions have found an average of 48% of rough sleepers come from EU member states (compared with 28% of London's rough sleeping figures collected by CHAIN). This figure may increase further with the removal of restrictions from new EU accession states joining in January 2014.

The number of people found sleeping rough on Southampton's streets remains a real concern.

Sustaining positive outcomes

Supporting People funded services play an essential role in preventing homelessness in the city (through providing accommodation and floating support), but pressure on local budgets will impact seriously on some of our most vulnerable client groups.

Supporting People homelessness services provide the main support to help drug and alcohol users turn their lives around and find settled accommodation. Trained support workers focus on harm minimisation, and provide particular support for offenders leaving prison and those completing drug and alcohol rehabilitation. New proposals to change resettlement support services for offenders (via the Ministry of Justice's Transforming Rehabilitation agenda) are likely to create uncertainty and additional pressure on housing and associated services. Reductions in funding may impact on the ability of these services to address their clients' housing needs.

We remain committed to tackling and preventing homelessness in Southampton by continuing to develop best practice, working with partners and pooling city wide resources.

We know there are many challenges ahead, including:

- the potential for more households to be evicted for rent arrears, following benefit reductions
- increasing pressure on our finances due to tighter budgets and changes to the way homeless funding is allocated
- instability and uncertainty in the voluntary and community sectors caused by budget restrictions
- the increasing reliance on the local private rented sector, and the need to increase good quality, affordable accommodation.

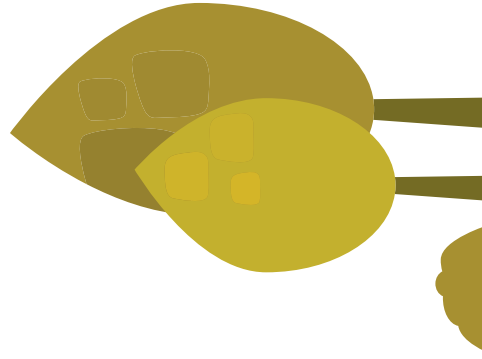
Despite these challenges we see opportunities for the future. Front line statutory services have been brought together in the Council's new People Directorate, and with the Council taking responsibility for Public Health there are now much closer and stronger links with health care commissioning.

The successful work being undertaken within the Families Matter programme (Southampton's response to the government's Troubled Families agenda) will build on existing prevention work and help many more families maintain their homes.

We remain committed to tackling and preventing homelessness in Southampton by continuing to develop best practice, working with partners and pooling city wide resources.

This Strategy sets out our ongoing objectives and illustrates our continuing achievements against them. We have highlighted and identified challenges that we consider may hinder our progress in delivery of those objectives.

An Action Plan will be developed to detail our anticipated approach, yet offer flexibility to enable our services to adapt to changing priorities as they emerge.



Homelessness Prevention Strategy 2013 – the way forward

We have drawn on our experiences and achievements to produce our current Homelessness Prevention Strategy. It has also been developed in light of national policy and the rapidly changing environment, and as such we have made a commitment to review it annually.

This annual review will be carried out within the Homelessness Strategy Steering Group, where all relevant agencies are represented. This will ensure the actions remain responsive to the realities on the ground. By keeping a close eye on progress we aim to ensure that services and statutory responsibilities continue to be met and that we maintain a clear focus on preventing homelessness in Southampton.

We have drawn up the following minimum standards for preventing homelessness in Southampton.

Homelessness Prevention Strategy priority actions:

- Continue to foster a city approach to tackling homelessness to sustain a strong focus on preventing homelessness.
- Carry out close monitoring of homelessness demand and impacts on other agencies funded to prevent homelessness, so that early responses can be made.
- Promote the positive contribution of working together to achieve collective aims and realise the benefits of joint working that the new Council People Directorate brings.
- Engage with work and skills development programmes to assist benefit dependent households into work – increasing access to IT and computer literacy to help in this process.
- Encourage household budgeting skills and facilitate access to low cost financial products as a means of improving financial capability amongst vulnerable groups.
- Work in partnership with local advice agencies and courts to deliver prevention advice targeted at those most in need of it.
- Develop sign up to policies, for both private and social landlords that avoid eviction and do not exclude those in greatest need.
- Sustain access to good quality private accommodation and 'bring back' empty properties into use by working with private sector landlords.
- Deliver the right level of temporary accommodation for families through the Council's asset plan and ensure capital resources are made available for investing in the accommodation.
- Ensure participation in the review of supported housing for young people and parents and seek the right range of housing provision for care leavers.
- Protect current funding for homelessness services and continue to target homelessness funds towards prevention activities.
- Support funding opportunities that complement the city's homelessness prevention agenda in light of dwindling local authority finances.
- Develop close working with private sector leasing schemes and registered providers to sustain a flow of additional accommodation.
- Build on work with the Police, Probation and Borders Agency to tackle entrenched rough sleepers in line with a 'No second night out' approach.

- Consider new trends in housing need as part of Lettings Policy review so that we continue to use social housing to best effect and as a strong prevention tool.
- Maintain close working with registered providers to influence the development of more homes of the right mix of property sizes.
- Maintain current arrangements for rent direct payments to private landlords where they accommodate vulnerable tenants and work to maximise the opportunities for rent direct to all landlords under Universal Credit where this will sustain tenancies for vulnerable households.
- Investigate the cost of providing emergency beds for rough sleepers with no recourse to public funds during severe weather via the current providers.

We will monitor trends in homelessness annually by using the following set of Priority Indicators to ensure that the Strategy and service can adapt to the changing landscape. We will:

1. Closely monitor the incidence of statutory homelessness and homelessness prevention numbers.
2. Liaise with Housing Benefit, Private Sector housing team and maintain landlord forums to seek to identify the numbers of landlords in the private rented sector no longer housing our clients.
3. Monitor court possession hearings and evictions of social housing tenants.
4. Track any rise in numbers of families approaching services, who are unable to afford their accommodation.
5. Record increases in use of B&B temporary accommodation, by volume, length of stay and the cost to the Council.
6. Investigate increase in displaced homeless applicants moving to our area through local authority notifications and via referral from services such as Health Visitors.
7. Track the dependence on food banks by amount of local welfare assistance and grant funds used.
8. Monitor the number of casework enquiries from families with financial and debt problems.
9. Track the increase in families overcrowding themselves in smaller accommodation through the Housing Register, social care agencies and Health Visiting teams.
10. Monitor rough sleeping numbers by regular street outreach counts and numbers of people accessing the Day Centre.
11. Profile the ages of clients found on street counts and log numbers accessing specific services such as No Limits to track any rises in young people becoming homeless.
12. Record numbers of young people provided with supported housing that prevents them becoming homeless and the numbers of pathway housing plans completed prior to leaving care.
13. Plot any rise in people fleeing domestic violence against homelessness causes.
14. Record the numbers of people subject to the benefit cap requiring homelessness assistance.

This written information is available on request in other formats or languages. Please contact your housing office for help.



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Appendix 1 Homelessness Review 2013

Statistical Review

In preparation for the development of the Homelessness Strategy 2013-18, and in order to explore the challenges facing the city; a statistical review of homelessness and a summary of the financial challenges ahead was presented in July 2012 to the HSSG and used in the client focused stakeholder meetings as evidence of the needs in the city.

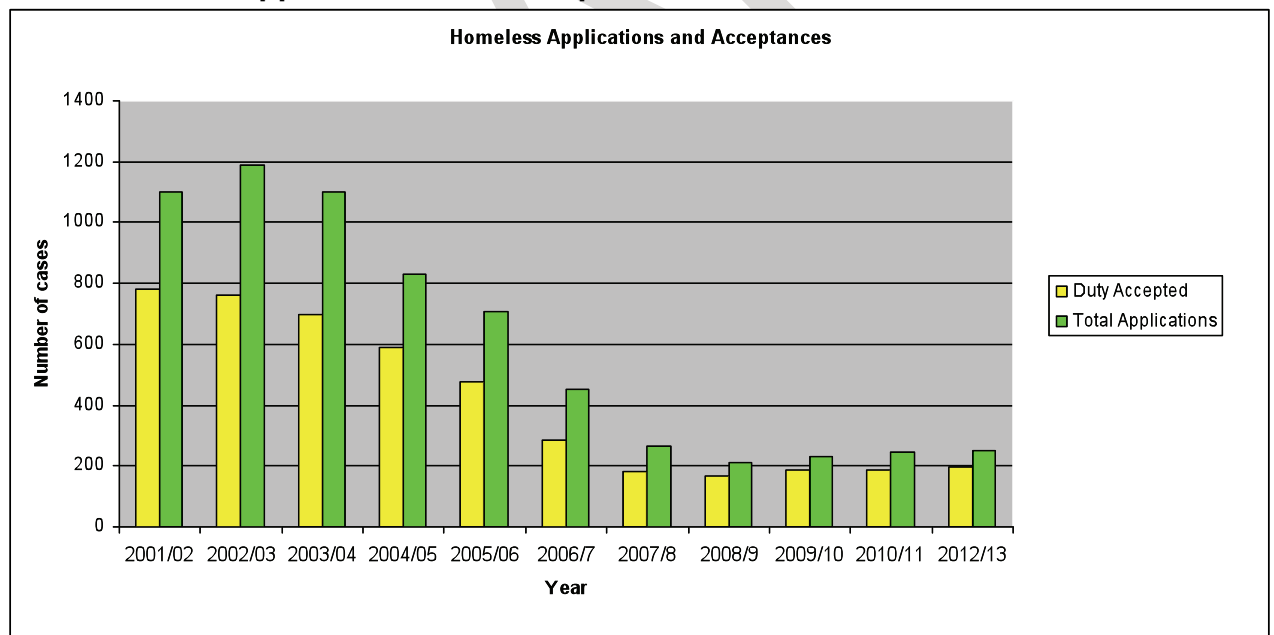
The statistical review evidenced the success of the homelessness prevention measures in the city, comparing well with national figures, whilst also showing a steady increase in homelessness since 2009.

A further update was completed using available figures in July 2013.

Statutory Homelessness in Southampton

People defined as statutorily homeless are those to whom the council owes a duty to provide settled accommodation where they are in priority need and have become homeless unintentionally.

Homelessness Applications and Acceptances

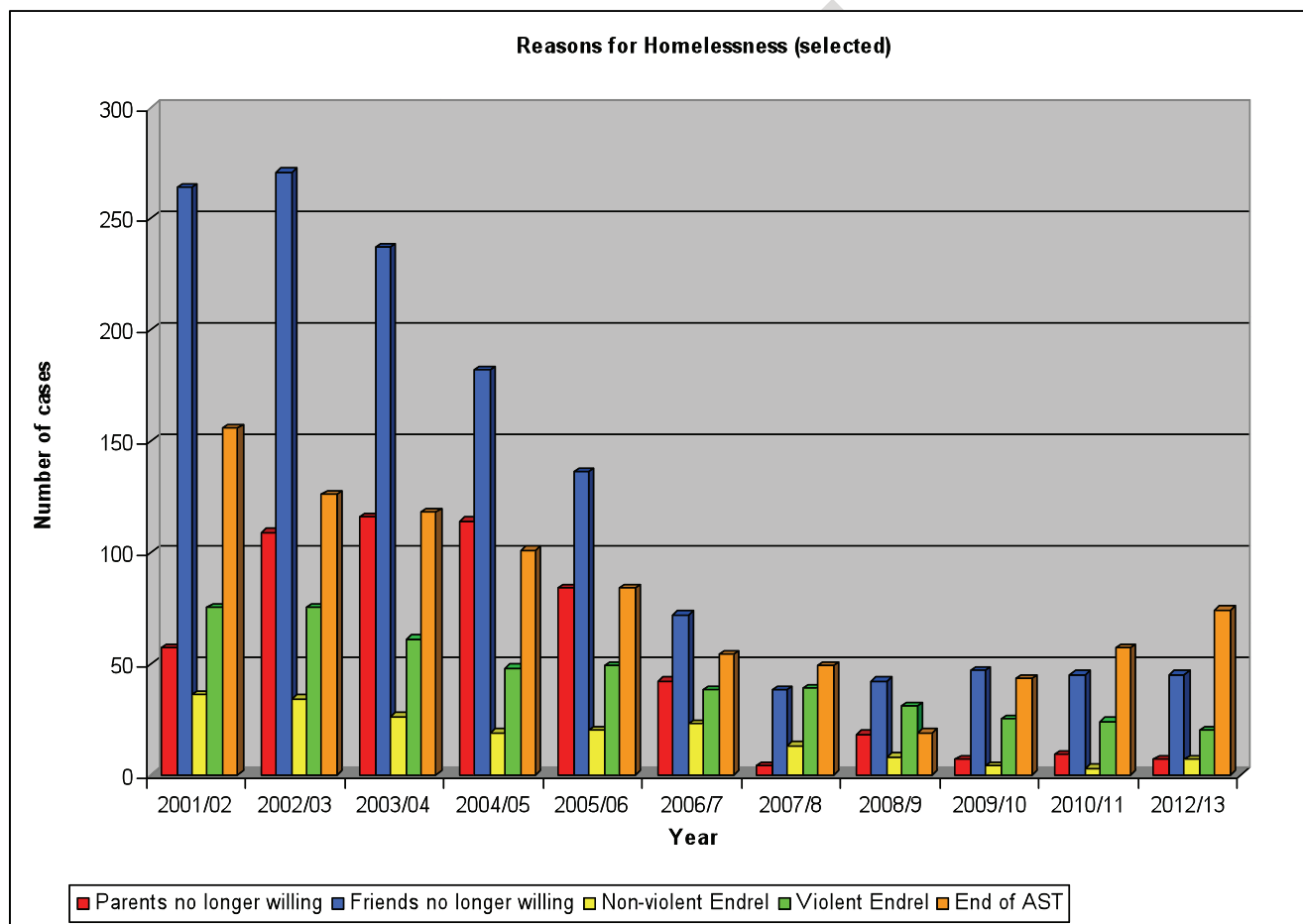


Increased Homelessness Prevention and Improved Housing Options for people at risk of homelessness had resulted in a significant decline in both Homelessness Applications and Homelessness Acceptances between 2003 - 2009. Since 2009 we have seen a rise of 11% in homelessness acceptances, this compares with a national increase of 20%, of which 10% increased in 2012.

The impact on levels of homelessness predicted from the recession and the increase in unemployment, income shock, debt etc has not yet been fully realised in Southampton, in part due to relatively low local house values and low interest rates.

Reasons for Homelessness

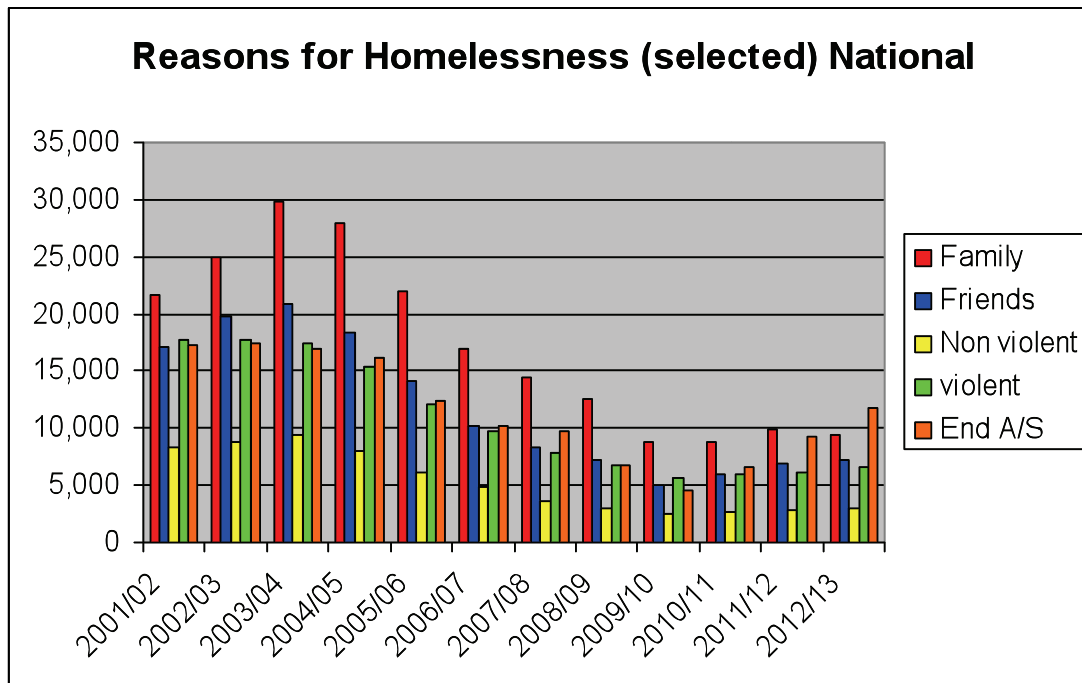
The most common causes of homelessness amongst those to whom the council accepted a duty continue to be Parents/Relatives no longer able to accommodate, Friends no longer able to accommodate, Relationship Breakdown, and End of Assured Shorthold Tenancy.



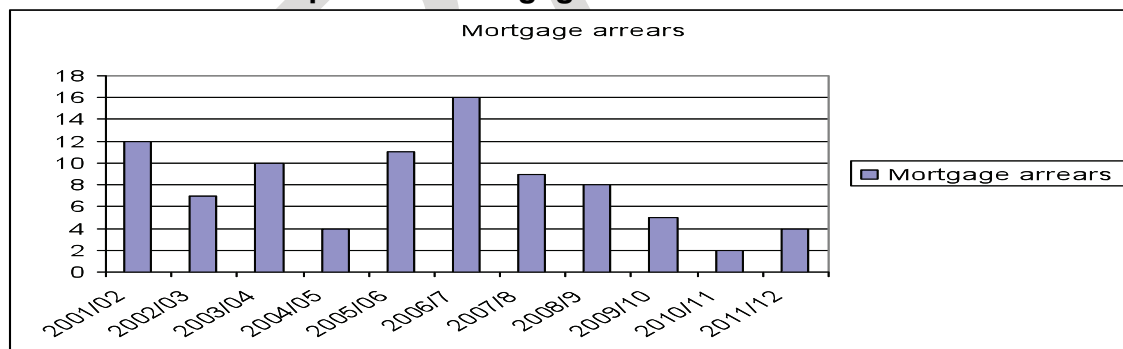
The distribution between the 4 main causes of homelessness has changed with the rise in homelessness, with a significant increase in the numbers of households accepted as homeless due to the end of their Assured Shorthold since 2009. Even accounting for an all time low of 31 in 2008/9, the figure of 74 acceptances due to end of Assured Shorthold in 2012/13, more than accounts for the overall increase in homelessness acceptances.

The distribution differs from the national picture in that Southampton has continued to see a decrease in acceptances for reasons other than Assured Shorthold. The sharp increase in Assured Shorthold's reflects the National

picture but has been more marked in Southampton, indicative of the higher than average proportion of the housing stock privately rented in the city.



Homelessness Acceptances: Mortgage Arrears



The number of homeless households accepted due to mortgage arrears has remained low.

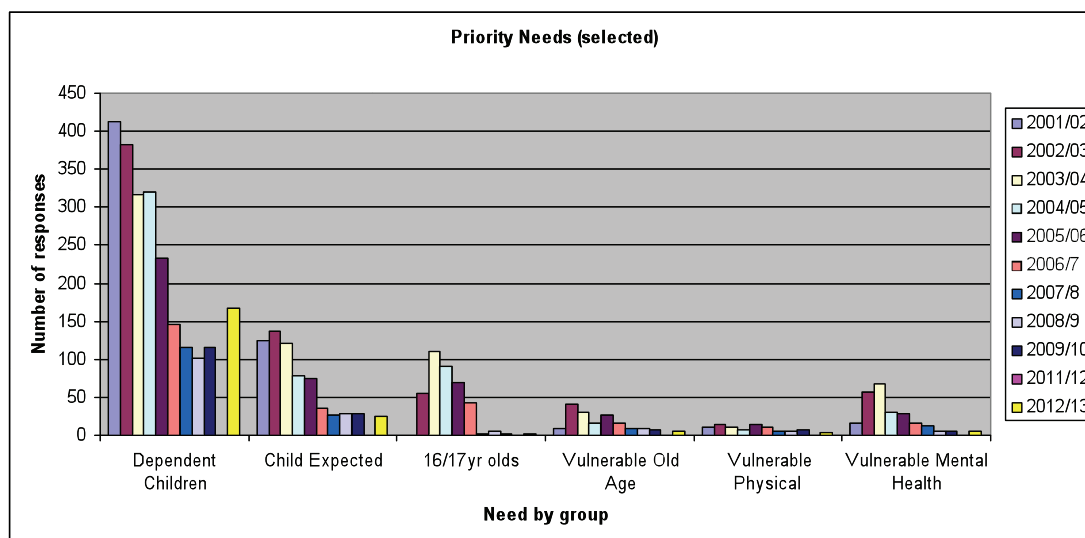
However the numbers approaching the council for **advice regarding mortgage** repossession have increased from a baseline of 14 cases in 2007 to 44 in 2009, 74 in 2010, 41 in 2011 and 100 since 1st April 2012 (in part due to improved reporting).

Mortgage Rescue Scheme ;

2009 = 1 2010 = 10 2011 = 13 2012 = 12 2013=8 to July 2013.

Priority Need Groups

Following a year on year decrease since 2003, in the period since 2009 there has been a rise of 68% in the numbers of households with dependant children accepted as homelessness. The figures for other priority need groups have either remained static or continued to fall since 2009.



Numbers in Bed and Breakfast Accommodation

Period	2010/11	2011/12	2012/2013
Households placed	71	107	90
Average length of stay	3.5 days	6.7 days	5.85

Following a significant increase in numbers placed in B&B and a doubling of the average length of stay, the homelessness unit has managed to reduce this in 2012/13 despite increases in applications.

Temporary Accommodation

Southampton met the government target to reduce the number of households in temporary accommodation by half by 2010 to a target of 133 working from a baseline of 267 households on 31/12/04.

End of year numbers in TA: 2007/08=157 2008/9=132, 2009/10=130, 2010/11=136 2011/12 136 2012/2013 = 131

New Communities

The change in family make-up of new community households, particularly as children join their parents has affected the availability/need for family housing in the city. Many of these families due to length of residency in the city are now eligible for social housing.

Street Homelessness in Southampton

Rough Sleepers

Figures below represent rough sleepers as recorded on night counts where held (since 2010 an estimate is required if no count takes place)

	Southampton	% of region	South East	National
2005/6	0	0%	47	502
2006/7	6	8.5%	71	498
2007/8	0	0.0%	55	483
2008/9	0	0.0%	34	457
2009/10	5	1.6%	310	1766
2010/11	24	5.6%	430	2181
2011/12	18	No longer calculated		2309

Southampton also reports an average of people found rough sleeping on outreach sessions, this has nearly doubled since 2010/11 see below, this can be explained in part by an earlier outreach time 6 a.m. since 2011/12 .

2003/07 = 6, 2007/9=5, 2009/10=4, 2010/11=5.5, 2011/12=8.2, 2012/2013.9.8

There has also been a significant increase, 50% in 3 years, in the number of separate individuals found sleeping rough during outreach sessions.

2009/10=98 2011/12=149 2012/2013 =154

There has been a significant increase in the number of rough sleepers from EU Accession States (EU A10's) predominately from Poland. As shown below they remain on the street longer in part due to access to benefits. In working with this group the Street Homelessness Prevention Team have been assisted both by E U Welcome helping people to access work and accommodation or return to their home state, and also close cooperation with the Borders Agency. This has seen the return of ... A10's in 2012/13

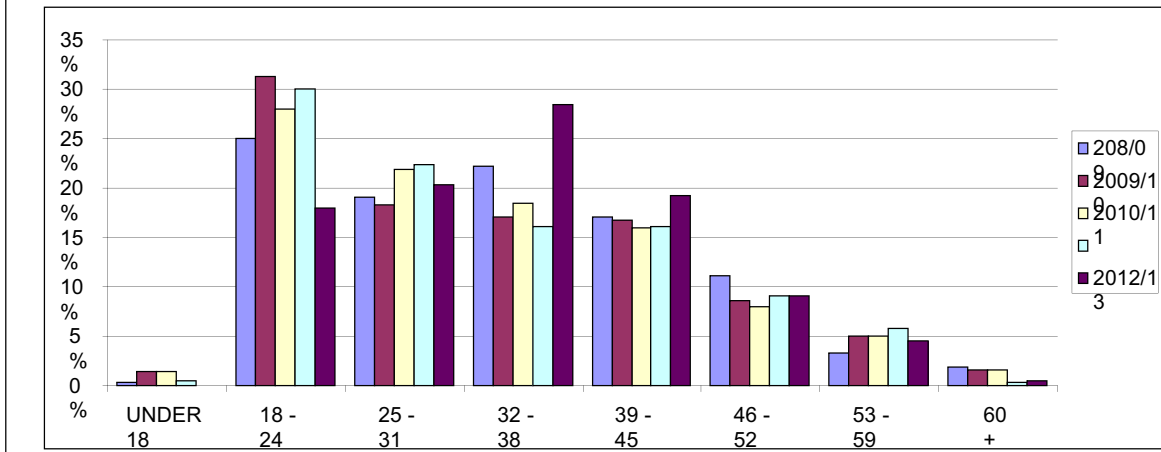
Rough Sleeper (RS) Outreach sessions 2012/13 100 sessions (6 & 7 a.m.)					
Nationality	Different Individuals Annual	Numbers found R.S. Annual	Ave. times found	% at session	Average no. R.S's found
UK	105	510	5	52%	5
EU A10's	49	475	10	48%	5
Total (154	985	6.4	100%	9.8

New Assessments (initial contacts) of individuals rough sleeping or at risk of rough sleeping = the number of people new to the street homelessness service each year

Street Homeless service Initial Assessments 2007-12 % rough sleeping and under 25

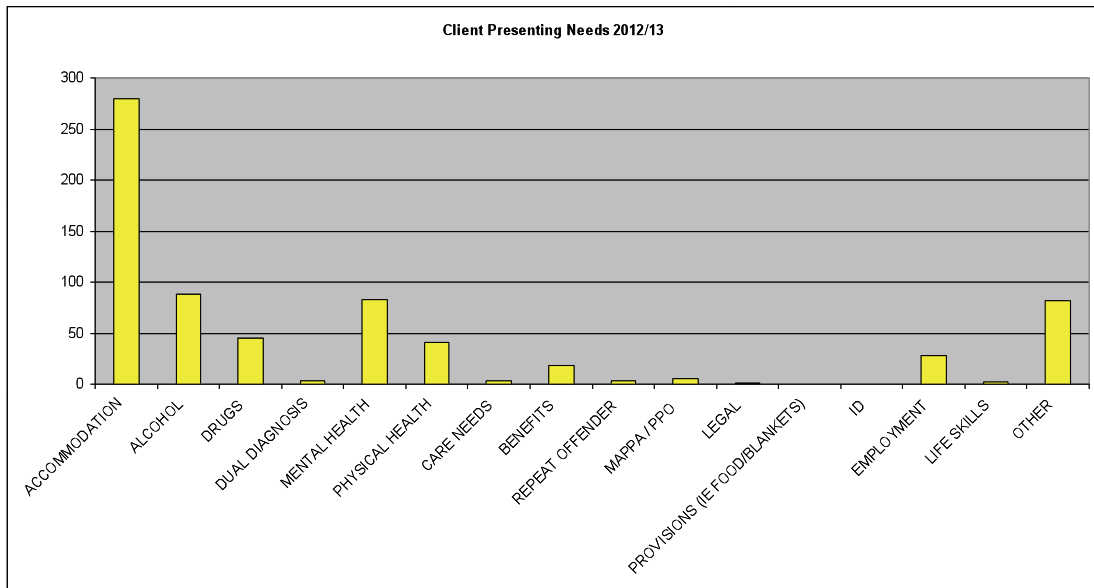
	<i>Annual Total</i>	<i>% claim rough sleeping</i>	<i>% of total under 25</i>
2007 – 2008	456	56%	26%
2008 – 2009	571	48%	25%
2009 – 2010	647	33%	32%
2010-11	811	31%	29%
2011-12	552	22%	31%
2012-13	311	22%	24%

Age Profile Initial Contacts Southampton



- Predominate age group changed from 25-31 in 2011/12 to 32-38 in 2012/13.
- There had been a significant increase in under 25's between 2007/8 and 2011/12 this has fallen with diversion to No Limits.
- Relative decrease in people identifying themselves as rough sleepers 22%.
- Increase in those identifying themselves as staying with family and friends(sofa surfing) 31% in 2012/13.,
- The decrease in initial contacts in 2012/13 can be accounted for by the introduction of a vigorous Triage system in August 2012 diverting clients in accommodation to housing advice surgeries and floating support.

Many of the clients present with complex needs including **Drug and/or Alcohol abuse, and Physical and/or Mental Health problems as illustrated below.**

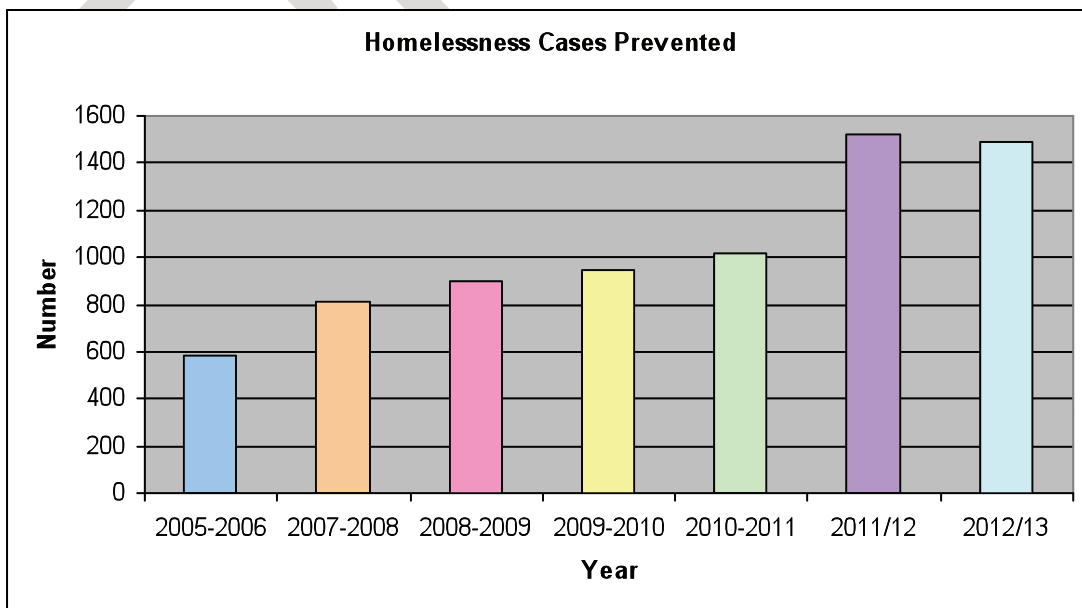


Homelessness Prevention (BVPI 213)

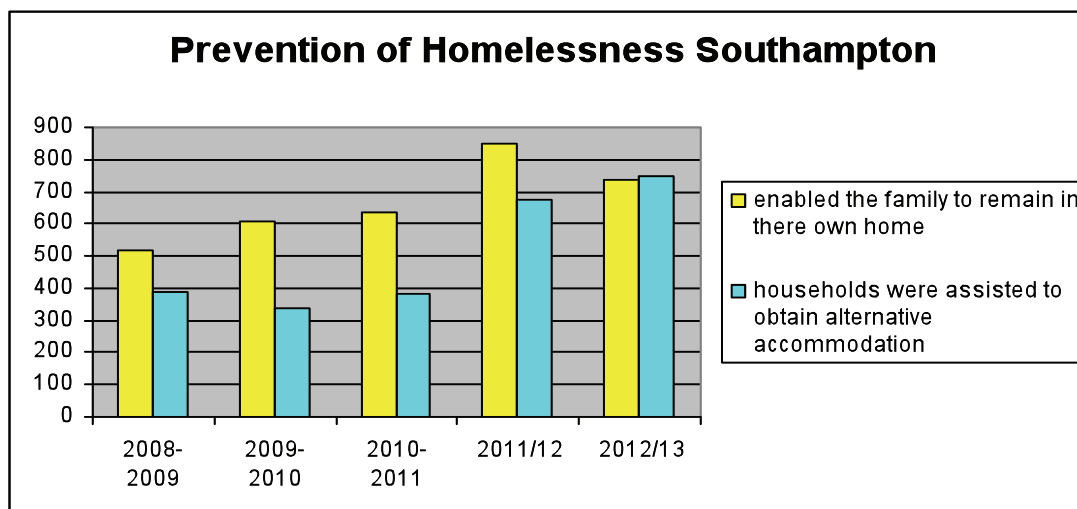
Introduced in 2005, BVPI213 requires that councils should record ‘*The number of households who considered themselves as homeless, who approached the Local Authority’s housing advice service (s) and for whom the advice casework intervention resolved their situation*’.

Southampton City Council Homelessness cases prevented:

There had been an annual increase in preventions over the last 8 years most significantly in the year 20 11-12 when they rose by 50%, in part due to the inclusion of street homelessness statistics.



More recently prevention figures can be further subdivided into those: where prevention enabled the family to remain in their own home and those where households were assisted to obtain alternative accommodation:

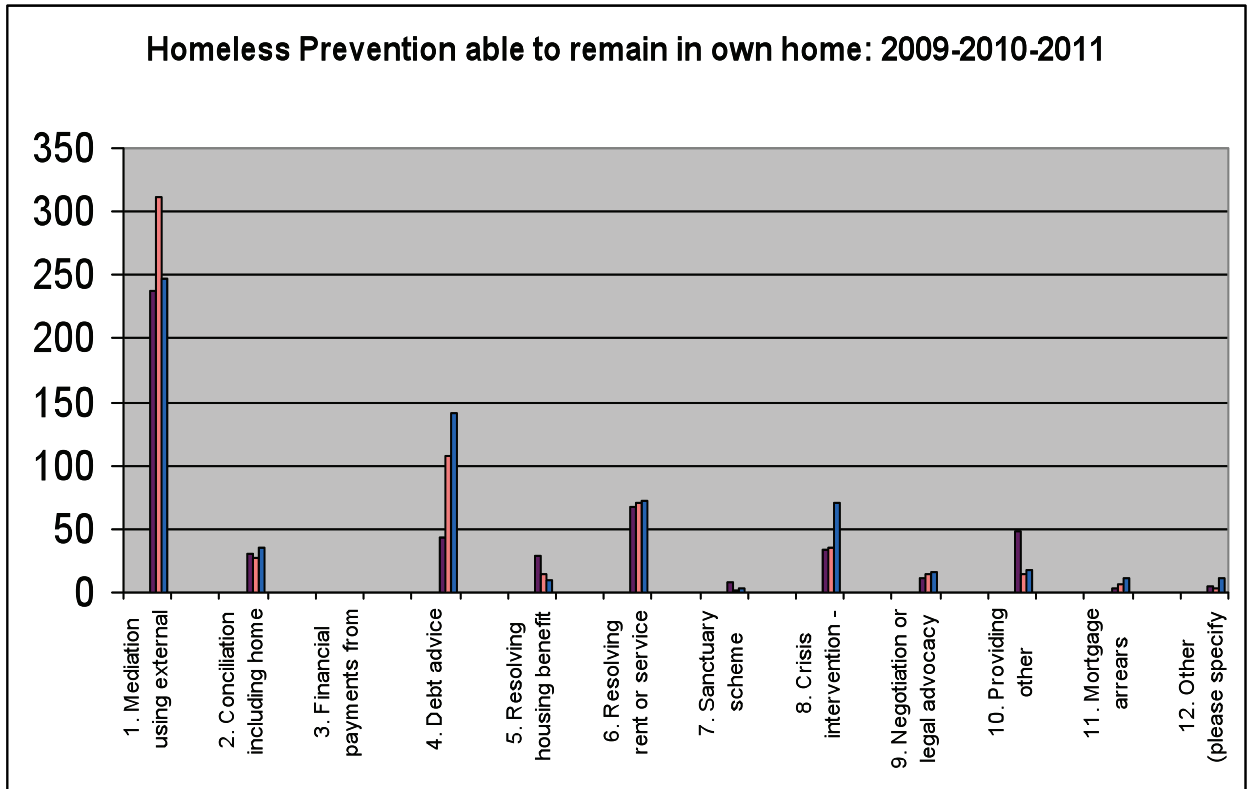


Total number of cases where positive action was **unsuccessful** in preventing / relieving homelessness 2009-11: **66, 83 & 148**

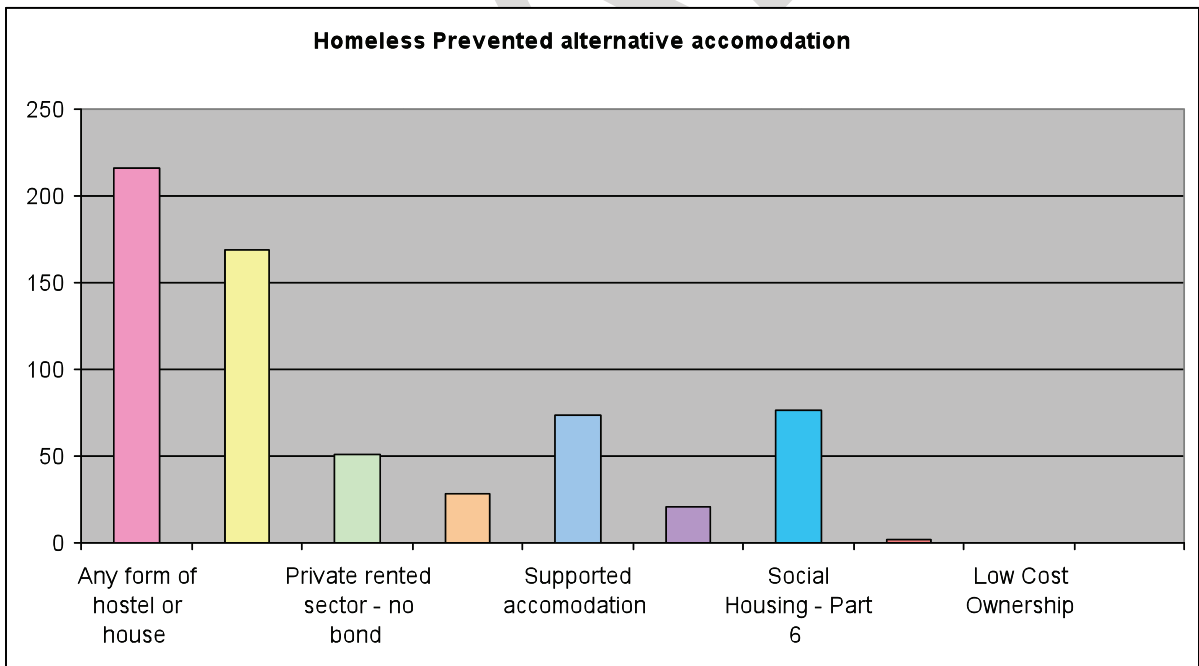
Number of cases where positive action was successful in preventing homelessness of which household:

	able to remain in existing home	assisted to obtain alternative accommodation	Total	rate per 1,000 households
2010/11				
South East	11,300	13,500	24,800	7.1
Southampton	637	380	1,017	10.4
Portsmouth	443	174	617	7.4
2009/10				
South East	8,400	13,600	22,000	6.4
Southampton	607	336	943	9.6
Portsmouth	45	218	263	3.1
2011/12				
South East	12,300	13,900	26,200	7.5
Southampton	847	674	1,521	15.5
Portsmouth	182	146	328	4.0
National	86,000	88,800	174,800	8.0

Southampton has a higher proportion of preventions per head of population than the South East as a whole or its neighbouring authority Portsmouth.



Southampton Prevention; alternative accommodation 2009/10/11



Housing Options

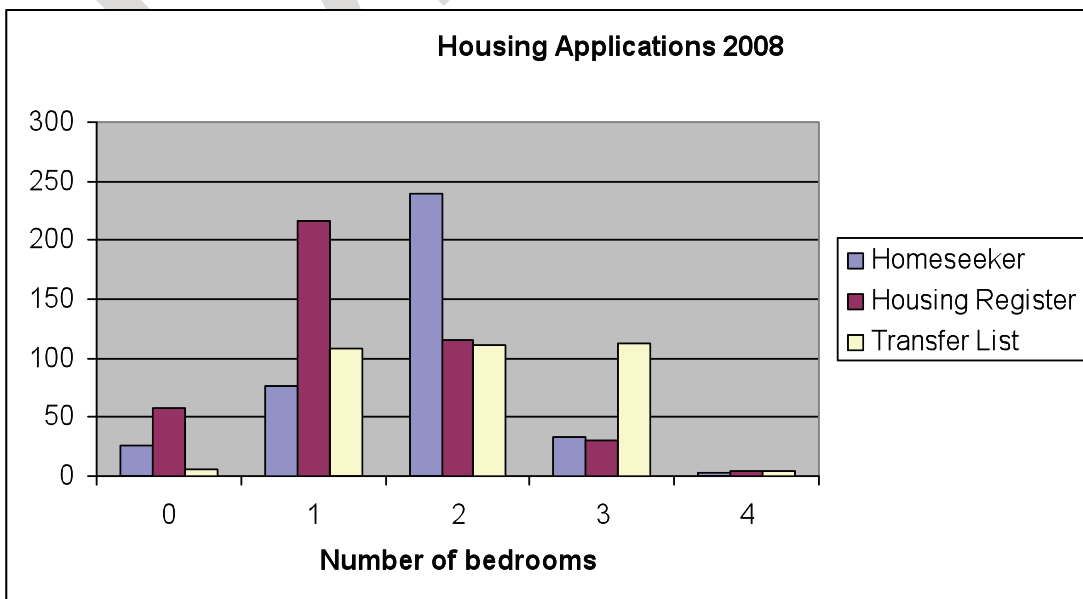
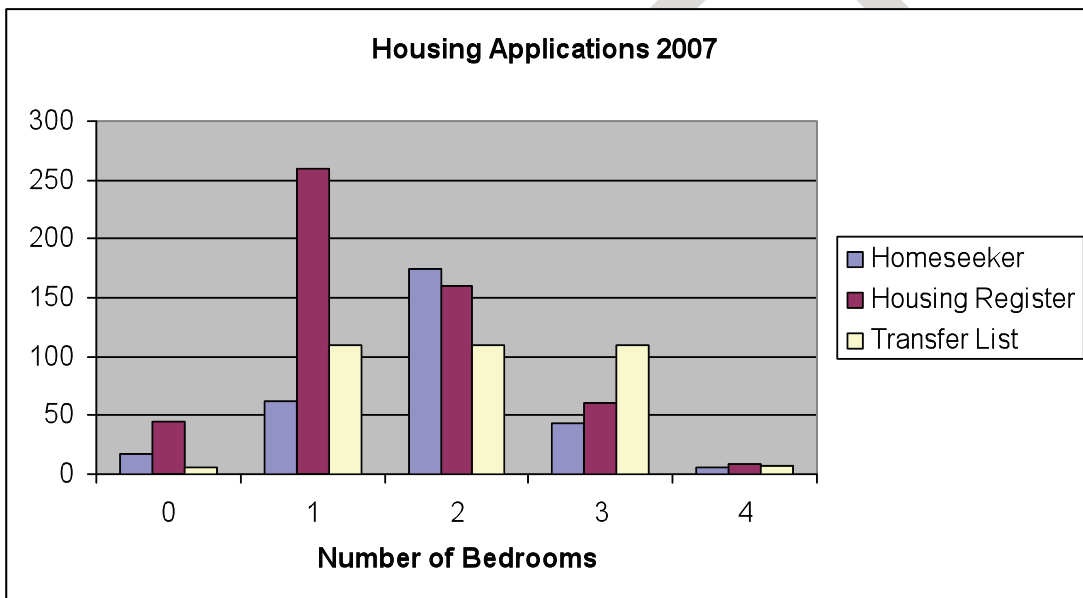
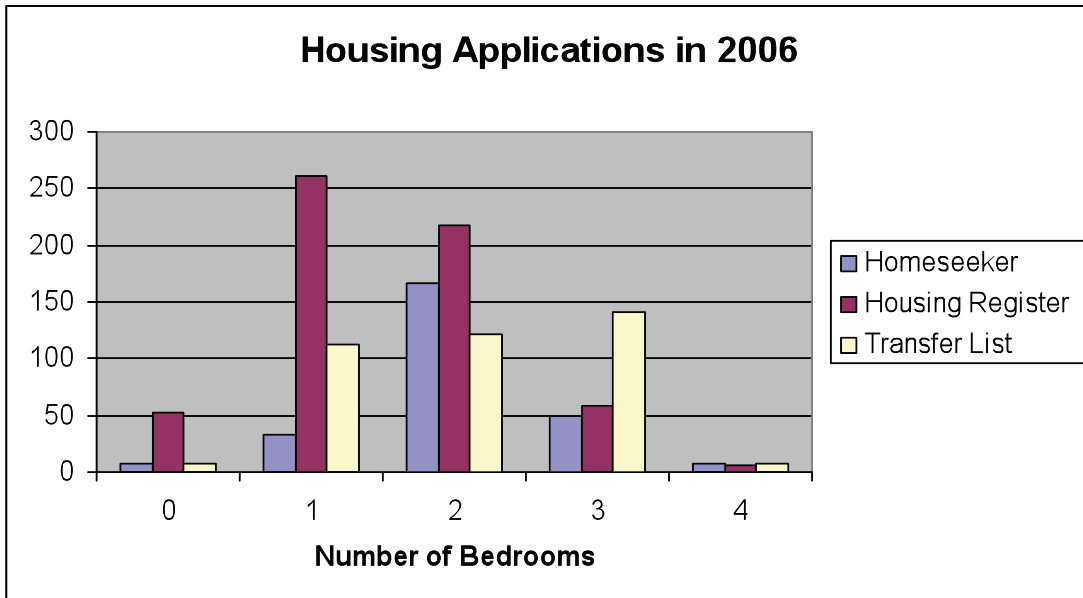
Homeseekers lettings service underwrites bonds to secure accommodation in the private sector for households at risk of homelessness in addition funds are used to enable households to secure accommodation for themselves by providing a deposit.

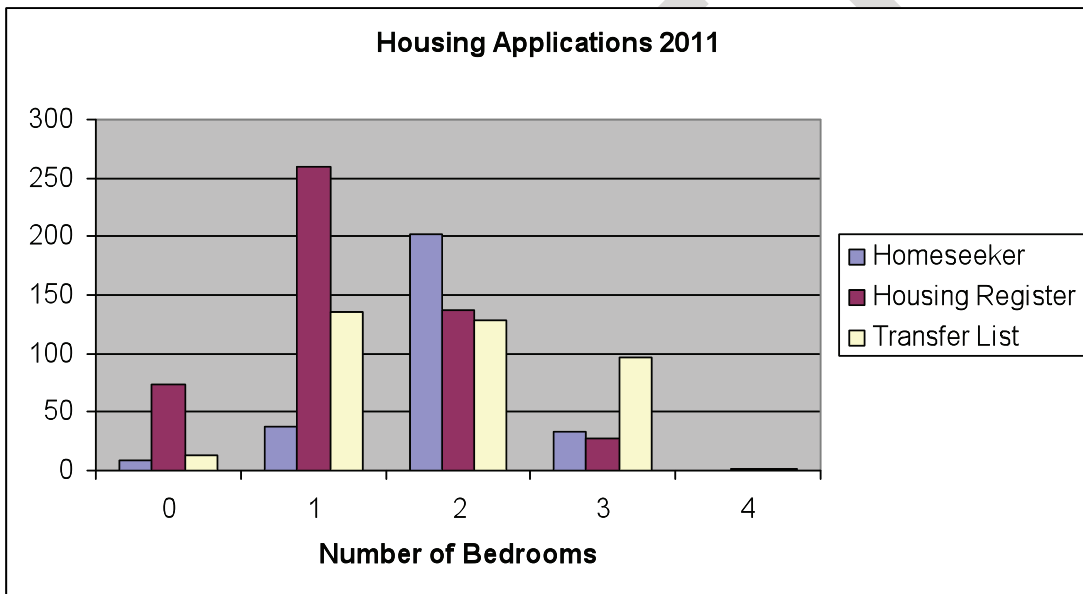
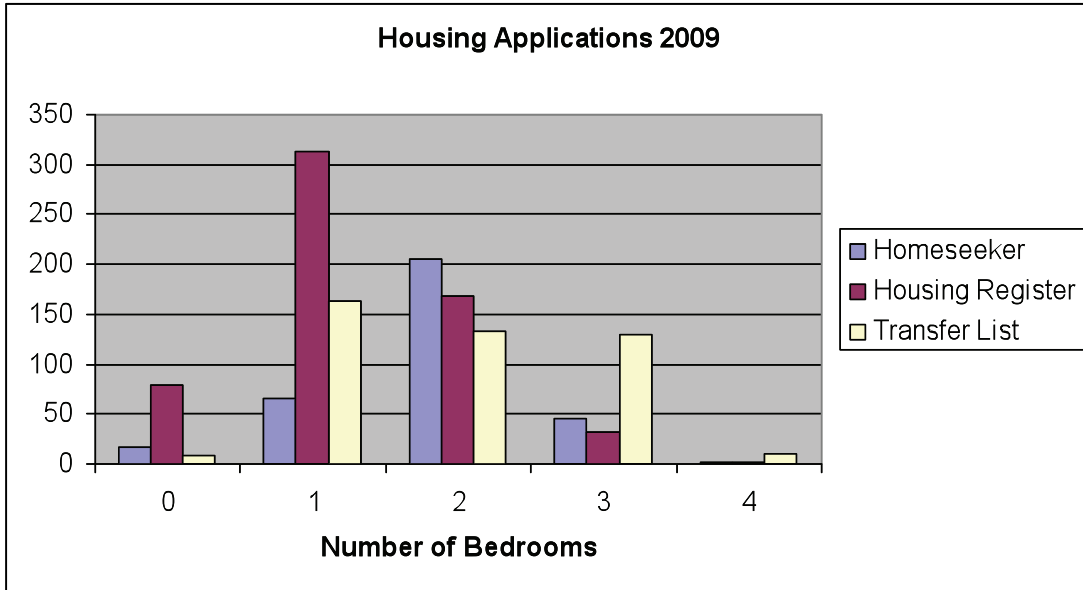
The table below illustrates the success in securing accommodation by both deposit and bond, whilst bonds tend to be a far cheaper option they tend only to be used for clients where there is less likely to be ongoing issues, whilst deposits can be used for a wider range of households including those who have been made intentionally homeless. This represents a significant saving to the bed and breakfast budget e.g. intentional case of Man women and four dependants at £142 a night for 28 days can cost £4,000 apposed to £800 for a deposit.

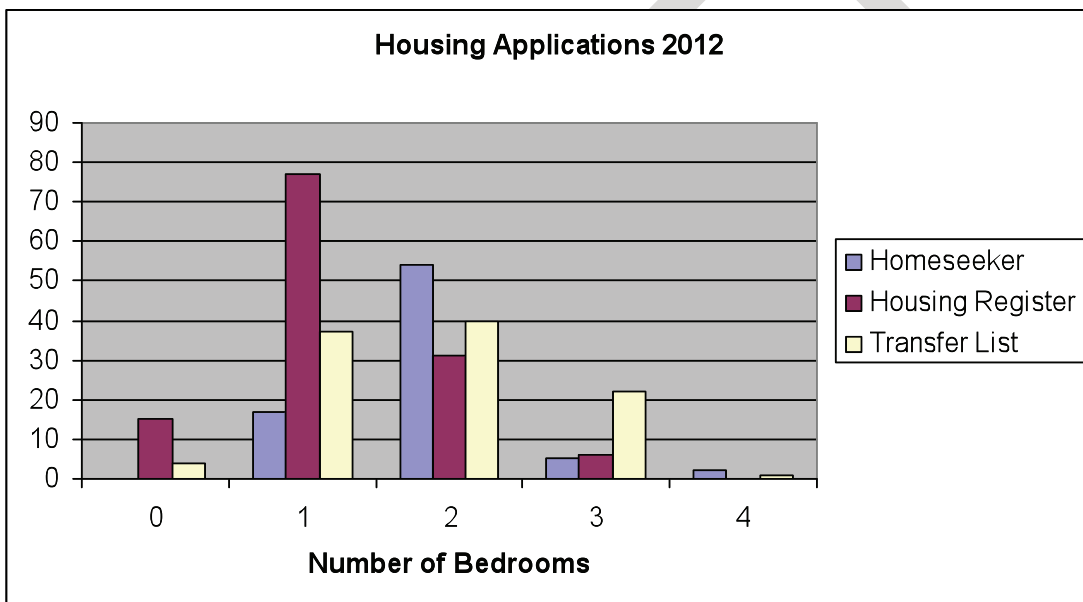
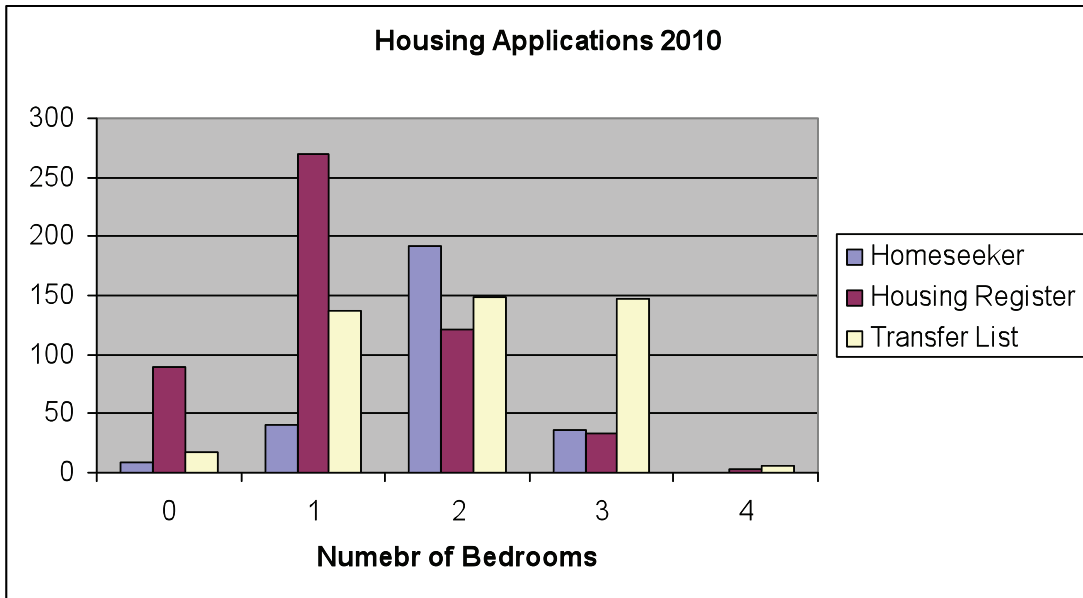
Year	Cost of deposits	Households rehoused	Average
2007/8	£22,665	47	£482
2008/9	£32,245	67	£481
2009/10	£32,155	66	£487
2010/11	£45,281	85	£532
2011/12	£57,178	104	£549
2012/13	£66,902	120	£558

	Cost of Bond Claims	Households rehoused	Average
2008	10,410	154	£68
2009	17,200	206	£84
2010	11,480	154	£75
2011	5,155	110	£47
2012			

The Local Authority continues to provide accommodation to homeless households, both statutory and non statutory, referred to below as Homeseekers.

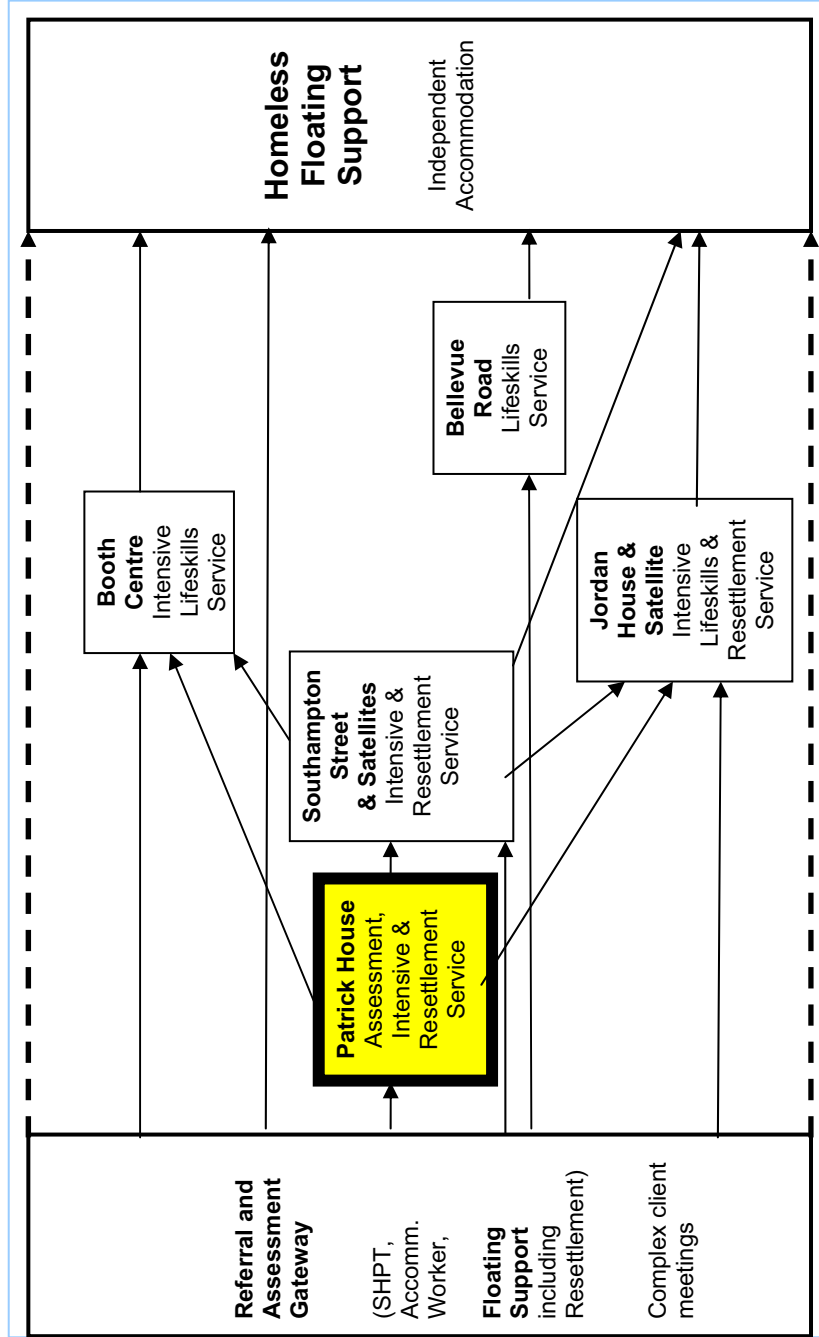






APPENDIX 5

Homelessness Services – Model of Provision and Services



CLIENT GROUP	CONTRACT NAME	SUPPORT PROVIDER	NOTES	NO. OF UNITS OF ACCOMMODATION
Homelessness	Patrick House Assessment and Intensive services	Two Saints	2 SERVICES WITHIN ONE BUILDING	57
Homelessness	Southampton Street Intensive	Society of St James	INCLUDES SATELLITE PROPERTIES	46
Homelessness	Booth Centre Intensive Life skills	Salvation Army	ONE BUILDING	43
Homelessness	Jordan House Intensive Life skills	Society of St James	INCLUDES ONE SATELLITE PROPERTY	33
Homelessness	Floating Support	In Touch	FLOATING SUPPORT	224 CLIENTS
Domestic Violence	Refuge	Raglan	1 PROPERTY	8
Domestic Violence	Refuges	Stonham	2 PROPERTIES	12
Young People	Kingsley House	Chapter 1	INCLUDES SATELLITE PROPERTIES	61
Young People	George Williams House	YMCA	INCLUDES SATELLITE PROPERTIES	74
Young People	Floating Support	No Limits	FLOATING SUPPORT	100 CLIENTS
Alcohol	Chronic Drinkers	Society of St James	3 PROPERTIES	19