

Southampton Health Overview and Scrutiny Panel
Homelessness Inquiry

Report from Southern Health NHS Foundation Trust
10 March 2014

Homelessness and mental health in Southampton

Overview

Mental health problems and homelessness are intrinsically linked. Mental ill-health can cause homelessness, and be a result of homelessness.

National and local data shows homeless people are more likely to be experiencing mental health problems compared to the housed population. Evidence also suggests homeless people are more likely to access acute health services for their mental and physical health. It is estimated that 60-70% of homeless people have some form of mental health problem, including depression, psychosis, and self-harming behaviour. In many cases these illnesses are undiagnosed.

Histories of childhood abuse, alcohol and substance misuse, relationship breakdowns, periods in prison, and bereavements are common experiences amongst people using homelessness services. All are risk factors in the development of mental health problems.

Between 10 – 50% of homeless people using mental health services have some form of dual-diagnosis (more than one condition requiring treatment).

How we work with homeless people and services in Southampton

Our mental health teams work closely with the numerous homelessness organisations and services in Southampton. This includes the Homeless Health team, the Street Homeless Prevention Team, the Floating Support Service, the Society of St James and Two Saints services. We also provide substance misuse services which have close links with homelessness services in the city.

The most common referral route for homeless people in Southampton is through homelessness services or through acute/urgent care services where homeless people present

more regularly compared to the housed population. Homelessness services generally have good awareness about mental health but are typically not specially trained.

As soon as a person is referred into our services, we will aim to produce a care plan which will include plans for suitable accommodation if this is identified as an issue. From this point we will link with other services to identify a housing solution that is appropriate for the individual's mental health needs. Finding suitable housing for people with severe and enduring mental health problems is not just about finding a 'roof over their heads'. We are extremely reluctant to discharge people from our services onto the street or into environments where their mental health may deteriorate, and work hard to prevent this.

Although our clinicians regularly link with homelessness services and support people with accommodation challenges, we also have a dedicated housing coordinator (Sean Smith) who is focussed on securing appropriate accommodation for service users (especially with complex housing issues) to reduce situations where a service user is ready to move on but there is no suitable accommodation available. Sean has spent a decade building relationships and networks in Southampton and also trains other staff so they are better able to help people access suitable accommodation.

Southampton has a Mental Health Accommodation Panel (MHAP), chaired by the CCG mental health commissioner, where all decisions about supported accommodation for mental health service users are made.

Strengths of the current system

On the whole we have very strong and proactive relationships with the various homelessness services in the city. In our experience, Southampton has a higher level of

homelessness service provision compared to the rest of Hampshire.

The MHAP is effective at finding suitable supported accommodation in the city, and there are rarely issues with these placements once identified.

Finding hostel accommodation for people over 25 is quick and straightforward. Street Homeless Prevention Team are always extremely helpful and prepared to attend meetings to discuss accommodation issues. The housing providers themselves have the final say but as long as clients arrive with a move-on plan, full risk assessment and support from the community mental health team then they are usually satisfied. However, it should be remembered that hostels are rarely the most appropriate environment for people with mental health problems.

Challenges facing the current system

There is currently a waiting list of around 18,000 people for social housing. Of this number, 7,200 are waiting for single occupancy housing, for which there is typically a seven-year wait. Single occupancy housing solutions are suitable for a large number of people currently using our services and would enable many people to move on and become more independent.

In the past six months, there has been an increase in the number of young people (under 35) with accommodation issues admitted to acute psychiatric units. Usually, these issues prolong their stay in hospital due to the additional time required to find a solution. This is more expensive for the health economy and can be harmful to an individual's recovery.

There are a number of factors influencing this:

- 1) Under 35s unable to claim more than single room rate for housing benefit in private accommodation (see below)
- 2) Street Homeless Prevention Team prevent U25's into the hostel system unless absolutely necessary (as it is rarely the most appropriate solution)
- 3) Young Person's housing services in Southampton struggle to manage clients with high level of mental health need
- 4) General lack of social housing

The housing benefit reforms have imposed some challenges on our work to support people with housing needs. People under 35 can only claim for single room rates, which currently amounts to just £63.42 /week. In many cases this is not sufficient to cover the costs of rent in the city which is preventing many people moving on from supported accommodation. It also makes it difficult to find accommodation for people who need to live away from disruptive environments where they are currently living. There are exemptions to this rule, for example people who have spent the last three months in a hostel. We would argue that people who have been living in supported accommodation should be exempt too, as many of these people are ready to move on to regular accommodation but could not do so on £63.42 / week.

There is no specific housing provider for people with a dual-diagnosis (which is more common amongst homeless people). This could be a combination of mental health problems, or a mental health problem and substance misuse problem, for example.

Potential solutions and 'spend to save' schemes

Key to improving the current situation is to ensure there are no blockages in the flow of people through services, so they can move on from high-cost/more restrictive services to low-cost/more independent living arrangements as soon as is appropriate. This is better for the people we serve, and will be more cost effective in terms of resources across the whole system. The ultimate aim should always be to support people to manage their own tenancy and be as independent as possible.

Making the best use of current resources: This includes the right training for staff (both in mental health and housing), as well as ensuring our buildings and services are being used appropriately.

Increase in availability of single occupancy social housing: It is more cost-effective to help people move on more quickly to such housing, with appropriate floating support / community mental health input as required, compared to lengthy placements in supported accommodation or inpatient mental health services.

Closer working with local private landlords: For example the establishment of a Landlord's Forum, could prove beneficial in breaking down stigma towards mental illness and providing reassurance about the support available to landlords if they are struggling with a tenant.

Additional Information (*see also separate documents enclosed with this report*)

Snapshot of mental health service users currently in homelessness services (obtained on 10 March 2014)

Patrick House: Currently have 57 residents, four of which have a mental health care coordinator (this means they are known to our services and are receiving treatment, and that they have a care plan in place).

Southampton Street Intensive and resettlement service: Currently have 26 residents, of which 6 have a mental health care coordinator.

Snapshot of mental health service users currently in homelessness services (data for January 2014)

In January, 32% of people using homeless services in Southampton disclosed that they had a mental health problem. Of this, 8% said they had a severe and enduring mental health problem.

Note: these snapshots only give an impression of the number of people who are known to mental health services. It does not take into account undiagnosed mental health problems, or people who are receiving treatment from substance misuse services who also have a mental illness (dual diagnosis).

Homeless young people and mental health

We always try to avoid placing a young person (under 25) in adult homelessness services. This is because the environment is rarely suitable for younger people. For example, around 75% of people at Patrick House are heroin users and there is an increased likelihood that younger people could be targeted / manipulated by adults in these environments.

We can evidence at least three cases where Young Person's Services have refused to take a client based upon their risk. However these individuals do not necessarily need support from a specific mental health supported accommodation and would benefit more from intensive life skills support and a more boundaried approach from a young person's scheme. The outcomes for these three referrals have been

that one ended up having to be accommodated in mental health supported housing, another ended up being taken into Patrick House, and the third remains an in-patient.

The service user who remains as an inpatient reported that the "rejection" of being turned down by the Young Persons generic housing project had an adverse effect on her confidence and her mental health, and she has been quite difficult to manage since then, continuing to self-harm. The self-harming behaviour is of course not a direct consequence of the housing situation, but it does mean that in the eyes of any housing provider, particularly one that is set up for young people and focussed on recovery and swift move-on, she is going to be difficult to manage.

Even when a client is deemed as appropriate for the Young Persons service, there can be delays. A referral form is submitted, considered by the weekly Young Persons Panel, then there will be an interview, and more risk assessments to complete before move-in. A waiting time of around three weeks seems to be the average – even in cases where we have identified the placement and completed all required paperwork within three days of admission to acute in-patient care. Sometimes it is quicker to move someone (often inappropriately) into a mental health scheme as a temporary step-down measure, whilst the correct service can be accessed.

We have also worked with two clients this past year who are still being looked after by the Care Leavers service. Because this service will use any accommodation available in order to prevent street homelessness, by the time they have been admitted to hospital, many 'bridges have been burned' after chaotic periods living in B&Bs, hotels, or in one case a private self-contained flat funded by the care team, which was entirely inappropriate for a young man of 18 who had not lived independently before.

Housing / homelessness services outside Southampton

Generally, there is less generic housing available in Hampshire compared to Southampton. In our experience it is more difficult to house homeless people in Hampshire.

For example, there are no hostels in the whole New Forest/Totton/Waterside area.

Southampton benefits from the Supporting People contract and strong networks of support services which are less developed in Hampshire.

There is also a lack of self-contained supported accommodation options outside Southampton (e.g. long term social housing with floating support input).

Anecdotal experiences / case studies from outside Southampton:

These examples highlight the complexity and highly individual nature of the support that we aim to provide, in partnership with other agencies. There is no 'one size fits all' approach and every person requires support that is tailored to their specific needs:

"I have worked with one young lady with a diagnosis of emotional instability with risk to self, homeless and alcohol misuse. I worked with her, the Trinity Centre and housing services, and she responded well to emotional coping skills work and psychoeducation, she was then found accommodation and successfully discharged from the team."

"I have assessed a gentleman who was urgently referred and presenting with hypomanic behaviour, though this turned out to be drug induced. However further liaison with housing providers and the police highlighted he was known to MAPP (Multi-Agency Public Protection Arrangements) and they were out of contact with him, the police were updated and MAPP team facilitated a longitudinal assessment of his difficulties. He had a long history of contacts with forensic services, sporadic engagement with various mental health services. He was allocated a care co-ordinator who investigated his history further, had assessments with consultant psychiatrist, we were unable to find him housing, but this was due to his history of risk to other vulnerable adults, inappropriate behaviours, assaultive behaviours, potential risk to children and an anti-social behaviour order. He was discharged from mental health services and his management was overseen by the MAPP team. He was banned from the Trinity Centre due to his behaviour whilst attending there."

"I worked with another gentleman who was referred urgently with psychotic symptoms. I had to work closely with the Trinity Centre for this, he had been homeless for many years, and led an itinerant lifestyle. He was eventually admitted, and agreed to be housed but a referral to housing panel was turned down due to lack of local connections, he subsequently left the area. This was, I have to say, unfortunate as he was an unwell and vulnerable young man, that services around the country had struggled to keep in one place long enough to treat."

"I worked with a young man who had emotional instability, forensic history and substance misuse. He was unable to engage on an emotional level and requested discharge as he found simply talking too overwhelming, however he was housed, but then lost his accommodation, and was found further housing via Elderfield. The Trinity Centre continues to work with him, as do Homer, but he is no longer open to our services."

"We had another man who had had some contact with the Trinity Centre and the mental health team, who was detained and in PICU (psychiatric intensive care) for some time. He refused any accommodation, and was eventually discharged homeless, however he changed his mind very quickly, and was discussed with housing homeless officer and found accommodation very quickly (within a week) and provided with bed and breakfast via the Trinity Centre meanwhile."

"We supported a couple who were made homeless, via private landlords. They were placed in bed and breakfast until accommodation could be found for them, which happened within three weeks."

"I have a chap who is currently homeless and vulnerable following a relationship breakdown. He has autistic traits, and chronic anxiety / depressive disorder. He was accommodated on a crash bed at Dene court which was not appropriate for his mental health and has been particularly vulnerable from others whilst there. He has been on crash for nine weeks now whilst we wait for suitable accommodation to become available. This is having an impact on his mental health. I have liaised with housing and the well-being centre are supporting him in the meantime."

“There is a lack of placements willing to consider people who have been evicted for challenging behaviour. It is then difficult to treat people therapeutically until they are housed and difficult to get them housed until they are treated. They also tend to leave the area frequently, I have had a few who have turned up for assessment but then left the area.”

“The lack of local connection is a particular issue, I understand the rationale but was disappointed when the young, psychotic, itinerant man was turned down, when he had been in and out of the area for years, and appeared not to have a local connection anywhere.”

“Together have been very helpful in enabling people to maintain their tenancy, and understand the rationale of having to abide by certain rules, manage practical issues and provide support with budgeting, shopping, etc. We have done a lot of work with them, and refer a lot of patients their way, in an attempt to avoid eviction, and as a way of moving on from supported accommodation. It would be particularly helpful if they could get involved with those that are homeless and in need of support. The Trinity Centre are helpful with this group, but are also bound by the needs of running the centre. they have a project running there, which involves co-ordinating care for those discharged from hospital with no fixed abode, to help find them accommodation.”

About Southern Health NHS Foundation Trust

Southern Health provides mental health, physical health, learning disability and social care services in Hampshire. In Southampton we provide mental health services for working age adults as well as older people (including dementia care). We focus on supporting people in the community and promoting independence and the ability to live a life beyond illness.

We operate Antelope House, an acute psychiatric hospital in the city centre, as well as community mental health services and a specialist eating disorder service. We provide some of the city's substance misuse services. We also run the Recovery College, which takes an educational approach self-management of mental health problems and is free for people using our services.

Our focus on recovery and independence extends to supporting people with accommodation problems, in that we always aim to find solutions that are the least restrictive and enable people to self-manage as much of their lives as they can.

Our services in Southampton are commissioned (funded) by the Southampton City Clinical Commissioning Group.

For more information about us, please visit our website or get in touch:

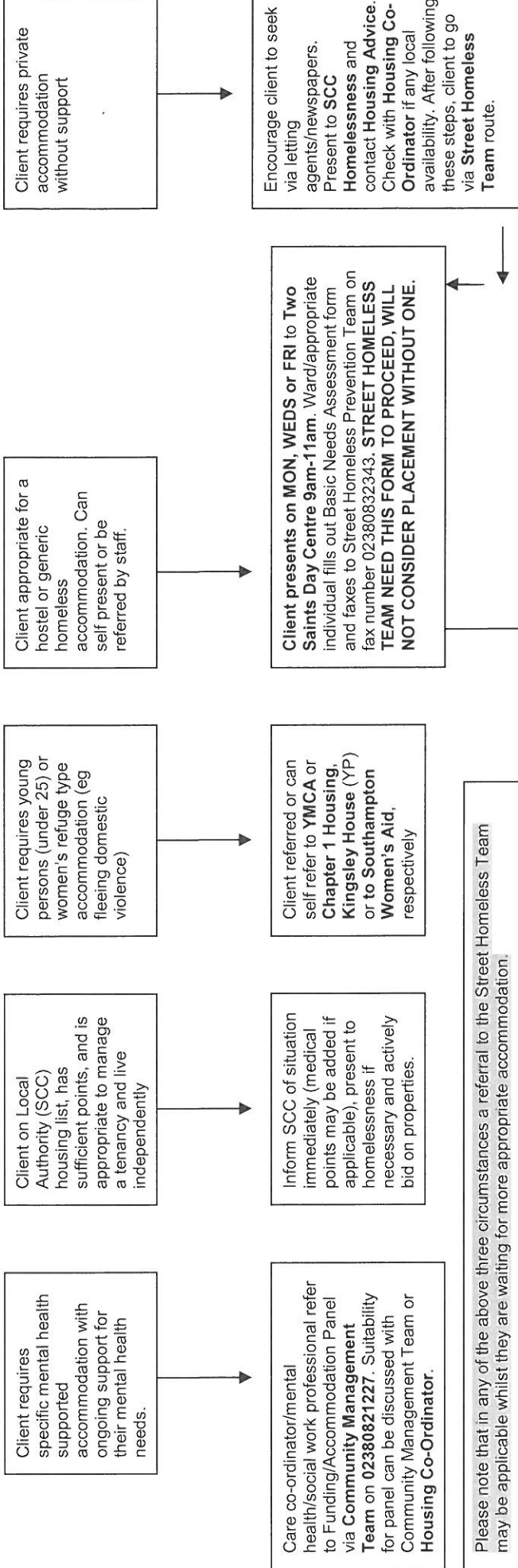
www.southernhealth.nhs.uk

communications@southernhealth.nhs.uk

023 8087 4106

SOUTHAMPTON HOMELESS REFERRAL FLOWCHART

Client is NFA hospital in-patient. Correct referral procedure for accommodation will fall into one of five groups shown below.



Client requires private accommodation without support

Encourage client to seek via letting agents/newspapers. Present to **SCC Homelessness** and contact **Housing Advice**. Check with **Housing Co-Ordinator** if any local availability. After following these steps, client to go via **Street Homeless Team** route.

Client appropriate for a hostel or generic homeless accommodation. Can self present or be referred by staff.

Client presents on MON, WEDS or FRI to Two Saints Day Centre 9am-11am. Ward/appropriate individual fills out Basic Needs Assessment form and faxes to Street Homeless Prevention Team on fax number 02380832343. **STREET HOMELESS TEAM NEED THIS FORM TO PROCEED, WILL NOT CONSIDER PLACEMENT WITHOUT ONE.**

Client requires young persons (under 25) or women's refuge type accommodation (eg fleeing domestic violence)

Client referred or can self refer to **YMCA or Chapter 1 Housing, Kingsley House (YP) or Southampton Women's Aid,** respectively

Client on Local Authority (SCC) housing list, has sufficient points, and is appropriate to manage a tenancy and live independently

Inform SCC of situation immediately (medical points may be added if applicable), present to homelessness if necessary and actively bid on properties.

Client requires specific mental health supported accommodation with ongoing support for their mental health needs.

Care co-ordinator/mental health/social work professional refer to Funding/Accommodation Panel via **Community Management Team** on **02380821227**. Suitability for panel can be discussed with Community Management Team or **Housing Co-Ordinator**.

Please note that in any of the above three circumstances a referral to the Street Homeless Team may be applicable whilst they are waiting for more appropriate accommodation.

Client is referred to **PATRICK HOUSE**, which is now the starting point, and the assessment centre in terms of street homeless provision in Southampton. Staff there will assess each individual within 4 weeks and endeavour to help them move on, as soon as possible, into the various move-on options and associated provision within the City which I have listed below. There is a longer term (6 month) intensive area of the hostel for longer stay, difficult to place clients

Society of St James and Stonham have some generic projects which will take people from a variety of backgrounds. The referral would be directly to Stonham or SSJ Housing Management

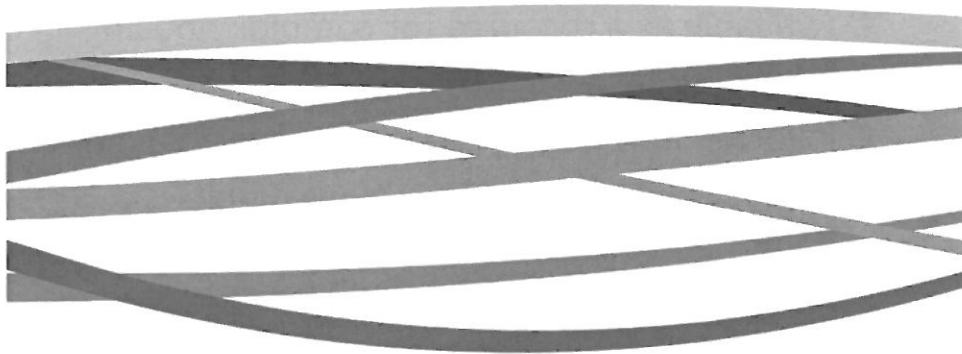
INTENSIVE LIFESKILLS PLUS – the **Salvation Army Booth Centre** 24 hr hostel. **Jordan House** which has cover until 8pm, and **Denzil Avenue** – **Stonham** flats managed with intensive SSJ support. 6 month maximum stay as a rule

INTENSIVE SUPPORT: These projects can handle more entrenched, difficult or dual diagnosis clients. **10 Southampton Street** hostel and the **Intensive Support Area** of **Patrick House**. 6 months maximum stay.

PRIVATE SECTOR: Private accommodation may be appropriate. Day Centre have a **Private Accommodation Worker** to help facilitate this. Based at the **Two Saints Day Centre** in **Cranbury Avenue**. Tel **02380227933**.

USEFUL TELEPHONE NUMBERS
 Street Homeless Prevention Team: **023 8083 2343**
 Fax: **023 8083 2343**
 Two Saints Day Centre: **023 8022 7933**
 Homelessness Unit, SCC: **023 8083 3278**
 Housing Advice SCC: **023 8083 2254**
 YMCA Southampton: **023 8022 1202**
 Chapter 1 Housing Kingsley House: **023 8055 0131**
 Southampton Womens Aid: **023 8033 8881**
 Society Of St James: **023 8063 4596**
 Stonham Southampton: **023 8042 5350**
 Patrick House: **023 8078 1721**
 Booth Centre: **023 8033 0797**
 10 Southampton Street: **023 8022 3479**
 Community Management Team: **023 8082 1227**
 Housing Co-Ordinator: **023 8082 1239**
Specialist Assessment Team SCC: 80833578
 Accommodation Panel Forms obtained by contacting the Community Management Team or Housing Co-Ordinator.

Housing Options In Southampton




A presentation by Sean Smith, Housing Co-Ordinator, Acute Care Support Team

- ☉ A training presentation to give professionals a guide to what accommodation is available in the City, and how to access it


November 2013




My role as Housing Co-Ordinator

- ⇒ Specialist housing worker for Southern Health Trust
 - ⇒ Available as a resource for complex housing issues
 - ⇒ Involved in reducing the number of delayed transfers of care where accommodation is an issue
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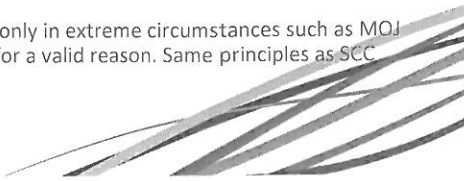
What this training aims to achieve

- ⇒ To show what supported accommodation is available to Mental Health Service Users, and how it is accessed
 - ⇒ To explain the Homelessness Pathway for any homeless individuals in the City and how to access services
 - ⇒ To give a detailed look at the Southampton City Council Homebid register and how the Specialist Assessment Team work
 - ⇒ To answer any questions professionals may have relating to how they can help resolve the housing issues of their service users
- 


Accommodation List

- ☞ Handout provided separately
 - ☞ Shows all accommodation with a brief description of each, number of beds and support set-up
 - ☞ All properties on the list are accessed via the Mental Health Accommodation Panel
- 


Aims of Supported Accommodation

- ☞ To help support service users in a stable community environment to move towards more independent accommodation
 - ☞ To provide support around a variety of different areas, including managing mental health, budgeting, social integration, cooking, shopping and accessing services
 - ☞ Must be based upon client need. Always look at the least restrictive option
 - ☞ Must be a clear move-on plan in place for any referral to ANY supported housing – even the longer term schemes. Even if the move on is not realistic at the time of referral.
 - ☞ Any referral needs to be backed up by a thorough and comprehensive referral forms. No point leaving anything out! Always give worst outcomes and risk information – it helps the providers to formulate their own risk plans
 - ☞ Clients must be referred by a Community Treatment Team, AAT, AOT, EIP, TQ21 or Homeless Healthcare professional
 - ☞ Out of area referrals will be considered but only in extreme circumstances such as MOJ clients or those that cannot live elsewhere for a valid reason. Same principles as SCC housing
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Natalie House

- ☞ Stonham-run 24hr registered care home for mental health service users
 - ☞ Commissioned by Southampton City Council & Southern Health
 - ☞ Southampton-only resource
 - ☞ Aim to move clients on within 1 year
 - ☞ Move-on extremely important
 - ☞ Any dual diagnosis clients must be engaged with appropriate substance misuse services to address issues
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Homeless Flowchart

- ☞ Handout supplied separately
 - ☞ Explains pathway through services for homeless service users or indeed anyone needing to access generic services in the City
 - ☞ All homelessness services are provided, like the Mental Health schemes, via Supporting People. Homeless services are accessed via Street Homeless Team and guidelines are very strict.
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Street Homeless Prevention Team


- ⇒ In place within Supporting People structure to gatekeep referrals into homelessness services
- ⇒ Will establish "Local Connection" and eligibility to access SP homeless resources
- ⇒ Can help divert people and relocate to appropriate area where no Local Connection is established in Southampton
- ⇒ SHPT will carry out an assessment to assess the need and vulnerability and make appropriate referrals to supported accommodation or to the private rented worker. This is done at 3 hostel referral sessions held at the Two Saints Day Centre at 30 Cranbury Avenue on Monday Wednesday and Friday from 09.30am to 11am.
- ⇒ As part of the SP contract anyone being evicted for SP generic supported accommodation will inform SHPT of clients who are at risk of becoming homeless. SHPT will then mediate and look at solutions and alternative accommodation.



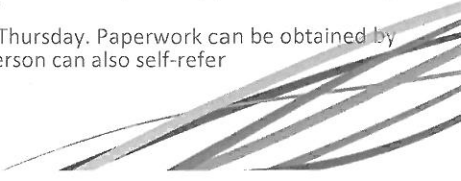
- ⇒ SHPT conduct 2 early morning out reach sessions to find street homeless people and signpost to services
- ⇒ SHPT will carry a case load of street homeless clients and those at risk of losing accommodation.
- ⇒ HMP prisons and hospital discharge team will make referral to SHPT to clients leaving hospital and prison who will be NFA on release
- ⇒ SHPT attend MAPPA meetings and multi agency meetings for complete and challenged clients
- ⇒ SHPT work with EU welcome see migrant workers who are homeless at the Two Saints Day centre on a Tuesday from 10 am to 12 am
- ⇒ SHPT has a part time worker who works long term with entrenched homeless clients to support them in independent accommodation.
- ⇒ SHPT work closely with UKBA with dealing with immigration offenders and supporting the process of removal



Hostel Accommodation and Considerations

- ⇒ Patrick House and the other hostels are potentially very challenging environments for mental health clients. They provide robust 24hr support but feature a mixture of service users with a number of social problems
 - ⇒ SHPT will try and avoid wherever necessary placing under 25's into hostels due to vulnerability and the fact we have an existing age-appropriate Young Persons service
 - ⇒ Support in hostels not necessarily geared towards Mental Health so providers will need to feel adequately supported when a referral is made. Information sharing where necessary, good follow up and crisis plans are key
 - ⇒ Remember that all hostels are commissioned to help move people on and that is their ultimate aim. They are not long-term services nor will move-on be neglected – it will be part of each individual support plan
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Young Persons Services

- ⇒ For young people under the age of 25
 - ⇒ Two main projects – YMCA and Kingsley House
 - ⇒ Project house difficult clients from variety of backgrounds and emotive situations – care leavers, young offenders, “runaways”
 - ⇒ Engagement is extremely important. All young people need to engage with keyworker sessions and aim of stay is focused on move on
 - ⇒ YP services can provide tenancy training, initiate engagement with agencies like No Limits and City Limits, get young people involved in vocational opportunities, education, volunteering, accessing support
 - ⇒ Environment in schemes can be “lively” – as there are lots of young people living in close proximity
 - ⇒ Projects will take Mental Health service users but adequate support and follow-up and joint working between services is key
 - ⇒ Young Persons Panel sit every week on a Thursday. Paperwork can be obtained by contacting projects directly. The young person can also self-refer
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Southampton City Council Housing
This section compiled with help from

Specialist Assessment Team
Housing Allocations



- Social housing – the reality
- The Lettings Policy
- Priority housing – the process
- No priority decisions and further reviews
- What priority?
- What is urgent?
- Exception to Policy
- Housing options – the alternatives
- Older person's accommodation – 50+, 60+ and extra-care



The reality:

- **18 000** The number of people currently waiting for social housing
- **7 200** waiting for 1 bed property (40%)
Last year 446 1 bed properties were advertised (6%)
5 to 7 year wait for a one bed property

2 to 4 year wait for 2 bed flat/maisonette or up to 6 for a house
2 to 5 year wait for 3 bed flat/maisonette – up to 7 for a house
7+ years for a larger flat/maisonette/house



The Lettings Policy

- All decisions are made in line with the information provided in this policy
- A copy can be found on the council website:

www.southampton.gov.uk/living/housing/housingpolicies



The process:

- HS1 (housing/transfer application form) – section 8
- Additional Priority form
- Further information required?
HS4(health and support need assessment form)
contact: doctor/specialist/other professionals
- Home visit
- 'Call-in' – interview at Civic Centre



'No priority' decisions

Decision will not be reviewed unless there is a significant change in the applicant's circumstances, since the original assessment, which causes their housing to have a significant impact upon their health/welfare

Applicants will not normally be given reasonable preference on medical /welfare grounds for the following conditions:

- Alcohol abuse
- Bedwetting (enuresis)
- Damp property/No central heating
- Diabetes without complications
- Drug abuse
- Dyslexia
- Depression caused solely by living conditions
- Epilepsy controllable with medication
- Gastric/duodenal ulcers
- Glandular fever
- Glue ear/grommets/middle ear infections
- Growing pains
- Harassment/Neighbour difficulties
- Hay fever
- Hernia/Haemorrhoids
- Obesity/overweight
- Pregnancy
- Recurrent upper respiratory problems (coughs/colds) and Bronchitis
- Sexually transmitted infection except AIDS
- Single parenthood
- Skin problems
- Temporary illness e.g. recovering from surgery
- Temporary orthopaedic difficulties eg. broken limb
- Varicose veins

All cases will be referred to the Specialist Assessment Team for their consideration.



What priority?

Requirement :

Main points:

- Assessed medical/welfare/social need to move **30**
- Living in at least 1 of the defined unsatisfactory housing conditions **30**
- Homeless **30**

Additional points:

- Applicants with a proven link to Southampton **30**
- Applicants with insufficient financial resources to meet their own housing needs **30**
- Existing city council tenants **25**
- Second household member with medical/welfare need to move **5**
- Living in 2 or more of the defined unsatisfactory housing conditions **5**

Exceptional points:

- *Under occupying city council tenants **200**
- Management transfers (4 month period only) SCC tenants **150**
- Short-term points (4 month period only) (e.g. urgent medical/welfare grounds, homeless in temporary accommodation) **100**
- People with assessed social need to move to a particular area where otherwise hardship would result **30**
- Waiting time - points per month **1**



What is Urgent?

- 100 points
- Exceptional circumstances
- Case discussed with and agreed by the District Medical Officer (independent medical adviser)



Exception to policy

Applicants requesting an extra bedroom on medical grounds

Only granted if evidence proves that this is needed for:

- 24 hour care needs - assessed, and funded
- lack of space for medical equipment storage (not motor scooter)*
- partner requires breathing apparatus at night*
- younger sibling in danger if sharing a room*

***Discretion only. NB Bedroom tax would apply in these cases.**



Direct Lets

- Adapted property/mobility flats
- Require OT report
- Work with the housing OT to find the best match



Housing Options – the alternatives:

- Overcrowding – ways of alleviating the situation:
 - partitions
 - changing rooms
 - moving furniture
- Private renting
- Shared ownership
- Sheltered housing



Sheltered Accommodation

- Sheltered Accommodation in Southampton is split into three categories:
 - Housing for the over 50 's
 - 60 Plus
 - Extra Care



Housing for the over 50's

- Accommodation is for residents who are over the age of 50
- No scheme based warden but floating support is available only for those over 60
- Pull cords in every flat
- No communal rooms
- There are also a number of 55+ schemes. These are mainly Housing Association schemes.



60 Plus Accommodation

- Accommodation for those over the age of 60
- Broken down into Scheme based support and floating support.
- Pull cords available
- Communal areas
- Some have facilities such as guest rooms and laundry



Extra Care

- Extra Care is accommodation for those over the age of 60 who wish to live independently whilst having access to a range of facilities.
- Some schemes have guest rooms, hairdressers and restaurants.
- Care agency based in the schemes and sleep-in staff for emergencies.
- Cannot cater for night time needs at present.