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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 2 APRIL 2014

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Present: Councillors Stevens (Chair), Bogle, Cunio, Parnell and Spicer

Apologies: Councillors Claisse

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

The Panel noted that the apologies of Councillor Claisse and that with the resignation of Councillor Laming from the Council there was a Labour Group vacancy on the Panel.

49. **OPTIONS FOR THE PROVISION OF VASCULAR SURGERY FOR SOUTHERN HAMPSHIRE**

The Panel considered the report of the Commissioning Director (Wessex Area Team), detailing options for the provision of vascular surgery for Southern Hampshire.

Representatives of the NHS England and the University Hospital Southampton trust were present and, with the consent of the Chair, addressed the meeting.

**RESOLVED** that:

- (i) Members supported NHS England's preferred Option 4 for a vascular surgery network to be established through a phased approach, and agreed that Phase 1 does not constitute a substantial change in service for the people of Southampton. The Panel wish to give full consideration of any further phases, if proposed by NHS England.
- (ii) the Chair of the Panel contact the Chairs of the relevant neighbouring health scrutiny committees to arrange an informal meeting to consider a satisfactory way forward for Phase 1 of NHS England's proposals for vascular surgery.

50. **INQUIRY MEETING 3 - ACCESS TO AND SUSTAINING LONG TERM ACCOMMODATION**

The Panel considered the report of the Assistant Chief Executive, introducing the speakers that will address the inquiry in relation to access to and sustaining long term accommodation.

The Panel received presentations from the Council's Housing Delivery and Renewal manager, the Councils Regulatory Services department, the Southern Landlords Association (South Hampshire Branch) and the Probation Service detailing the agencies perspectives on the access to suitable long term accommodation for single homeless people and noted:

- That the Council's perspective of social housing had developed to see a change in priorities away from family housing to single bedroom accommodation to reflect the demand for this type of property;
- That the proposed numbers of units in the Thornhill Park design reflected this change;

- The findings of the South Hampshire Strategic Housing assessment indicating the levels household incomes required to buy or rent without subsidy in the City;
- That there were differing perspectives of the City's overall private rental sectors housing stock. It was acknowledged that the vast majority of the City's landlords provided safe and adequate housing and that it was in a few cases where the conditions of the properties rented was sub-standard;
- That the demand for affordable private rented single bedroom accommodation in the City was high in the City and that many landlords chose to avoid letting out to those receiving benefit payment as a way of protecting themselves from some of the challenges of renting out to people;
- That Central Government regulations on Housing Benefit were about to change to amend the age single claimants to those over 35 and that this was expected to have a knock effect within the private rented sector;
- That the licensing scheme of HMO's in certain areas of the City was self financing but, that officers concentrated on properties where a significant danger or problem had been reported;
- That No Limits was developing a model of renting to those at risk by acting as an intermediary between private landlords and tenants for young people;
- That the No Limits model would be developed in line with current projects that provide support for the young tenants over a period of up 6 months;
- That Real Letting South already operated a scheme locally that aimed to overcome the barriers preventing homeless people accessing private rented accommodation that had provided 70 homes in Southampton for those in need; and
- That these schemes were aimed to provide realistic support to the tenants and guarantees to private landlords and enabling tenants to bypass potential barriers to accommodation.

In addition the Panel received presentations from representatives of the Salvations Army's Booth Centre and the Family Mosaic's Floating Support Service, detailing the focus their on supporting people into sustaining long term accommodation and noted:

- That the average length of stay in the Booth Centre was 271 days and that the Centre successfully supported up to 80% of its clients. It was noted that the Centre prioritised single people between 18- 60;
- How the Family Mosaic's Floating Support team operated and what the aims of the organisation were;
- That the Floating Support Service provided an advocacy for an individual that supported there care needs and there housing requirements;
- That there were a number of individuals that were not suited to the hostel system who were not able to gain the support they needed;
- That these individuals tended to have a high level of drug or alcohol dependency and often had mental health issues that required support and that often being within the hostel system was harmful to these individuals;
- That pilot projects of the Housing First Programme had shown great success in various location in enabling challenging clients to resolve their issues and that this should be championed within Southampton;
- That the current network of care support agencies had seen individuals fall through the gaps when no one agency became responsible. It was explained that in a number of cases an individual did not trigger the level of need for a

particular agency but did exhibit a number of different care issues that put them at risk;

- That having an individual that could allocate which agency would support a client that exhibited a number of conditions that were not serious enough to trigger the automatic support of an agency would enable a swifter and more meaningful response to their care requirements; and
- That the complex nature and structure of the health industry had limited the ability of support agencies to advocate innovations that would support single homelessness.

**RESOLVED** that the presentations made at the meeting be noted and the information provided be entered into the Inquiry's file of evidence.