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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Key Partners
A: <u>A strategic city-wide approach to homelessness</u>				
i. The Homelessness Prevention Strategy continues to support city-wide commitment for continued funding of the existing flexible and innovative partnership model of homelessness in the city.	Accepted in part	The current Homelessness prevention strategy 2013/18 commits to a city-wide collaborative approach to resolving and preventing homelessness in Southampton. This includes agreed commitments around single homeless people. This commitment remains, but is also subject to the long-term financial position of the local authority.	Homelessness Strategy Steering Group	Commissioned supported housing providers , in-house homeless services and floating support and homeless agencies
ii. Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive 'Housing First' model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation.*	Accepted in part	The commissioning of new services will commence in 2015, with the start of new services from 2016. Southampton already has a Housing First focus, with services provided around the individual – hence, the availability of self-contained accommodation for very vulnerable and chaotic individuals. This has been developed over several years in response to needs. The ICU will however, review the model in other areas to test the value of this to Southampton. The Housing First model is one that will also be considered along with other evidence based models. However, with the resources available the city would need to make decisions on whether to focus on this group potentially at the expense of others, which would be a departure from current provision.	Southampton Integrated Commissioning Group (ICU)	
iii. The Housing Strategy	Accepted	The new Strategy is being led by the new corporate	Policy unit/	Housing providers

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<p>continues to prioritise an increase in affordable single person accommodation across the City, including new developments.</p>		<p>Policy unit and is likely to be completed ready for adoption in late 2015. Development, Economy and Housing Renewal will be responsible for ensuring the delivery actions within the new strategy working with the housing providers operating in the city. It is anticipated that the strategy will continue to prioritise the provision of affordable single person accommodation across the City, including as part of new housing developments.</p>	<p>Development, Economy and Housing Renewal</p>	<p>working in Southampton</p>
<p>iv. Links are maintained and strengthened between homelessness prevention and employment projects such as City Limits and the new City Deal to increase the skills and employment opportunities for homeless and vulnerably housed individuals.</p>	<p>Accepted</p>	<p>City Limits Employment (CLE) has been commissioned through Supporting People (SP) to deliver an Employment Project to achieve the following: Support to over 100 SP funded homeless and vulnerably housed individuals with employment & training support. Targets to assist: - 35 into sustainable paid employment; -40 into accredited training; -15 into non-accredited training; -13 work trials/ experience; -13 into volunteering. CLE will continue to manage the SP resource which eligible individuals can access to further their employment, training and education goals. It should be noted, however, that demand for these services is greater than can currently be provided through the level of funding. However, from April, this funding will be combined with other funding from</p>	<p>Housing Needs / Skills and Regeneration/ ICU</p>	<p>Southampton Employment, Skills and Learning Partnership and wider private, public and third sector agencies</p>

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		<p>the ICU providing employment opportunities for people with mental health problems - there is a cross-over between the groups - which will provide efficiencies. In addition, there remains a resource from SP to pay for courses and equipment for individuals returning to work. Also need to ensure that other city council schemes and budgets are aligned.</p> <p>CLE is also funded through HRA to support c100 vulnerable housing tenants pa into employment, but similarly there is potential to provide larger scale/more targeted transformational change in areas of deprivation given greater resource allocation.</p> <p>The City Deal employment programmes have eligibility criteria relating to young people/adults, unemployed status and health conditions.</p> <p>Homeless/vulnerably housed people may fall into these criteria, and links will be made to ensure there are referral pathways (whilst these programmes are not specific to homeless clients)</p>		
B: <u>Raising awareness and recognition of homelessness issues and protecting valued services</u>				
v. Continue to build relationships with landlords to raise awareness and common understanding of the	Accepted	Regular landlord forums are facilitated by Housing Needs as part of the Homelessness strategy commitment. The forum brings together landlord association representatives, Housing Benefit and Regulatory services with third sector and in house	Homelessness Strategy Steering Group	Landlord associations, supported housing providers and third sector homeless

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<p>issues and barriers of homeless tenancies and increase social letting with relevant support agencies. This includes bringing together the current range of city approaches for social lettings to the private sector housing rental market.*</p>		<p>homeless services with a view to encouraging landlords to assist access to private rented housing for homeless clients and those needing to move on from supported housing. Longer term homes are provided currently through leasing schemes that operate in the city for adult and young people provided by partners RSLs in conjunction with landlords (e.g. No Limits/Chapter one and Real Lettings South).</p>		<p>agencies</p>
<p>vi. Raise awareness of good practice and successful outcomes in homelessness prevention services as a means of reducing the stigma for homeless clients and encourage wider partnership involvement of other agencies including the Police and National Health Services including GPs and the University Hospital Southampton Trust.*</p>	<p>Accepted</p>	<p>The Homelessness strategy steering group meets quarterly to monitor trends in homelessness in the city and to monitor progress against the strategy action plan including sharing good practice. Representation is from a range on internal and external agencies but will be reconsidered in the light of this recommendation with a view to widening the presentation in particular from health and Police.</p>	<p>Homelessness Strategy Steering Group</p>	
<p>vii. Expand the partnership to wider health services to reduce</p>	<p>Accepted</p>	<p>The development of the ICU provides an initial route to this - bringing together health and social care.</p>	<p>Homelessness Strategy</p>	

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inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.*		However, including UHS, Solent (although the Homeless Health Care Team are already a part of the Steering Group) and Southern formally will increase understanding and participation.	Steering Group	
viii. Raise the awareness of healthcare professionals of the role of homeless healthcare provider case workers and the value of their support of the single homeless, particularly through advocacy.*	Accepted	The launch of the Homelessness Prevention strategy in early 2014 was well attended and included agency service stalls which gave the opportunity for all contributors to understand how their service could better link to others. Feedback from the event indicates that similar opportunities would be beneficial to providing insight to wider health services to improve understanding . Extending membership of HSSG to more health partners will enable greater insight and understanding amongst healthcare professionals.	Homelessness Strategy Steering Group	SCC Housing Services/ Homelessness healthcare
ix. Maintain an overview of the cost benefit of key valued services within the City's Homelessness model, including the Homeless Health Care Team and dedicated specialist services supporting substance misuse and mental health problems.	Accepted	These are kept under review. New substance misuse services have commenced in the city under a long-term contract. This will continue to provide support to homeless people in the city, and the positive links already made with services will be built upon. Mental health services are currently being reviewed, and the impact of changes on homelessness will be considered as part of this - however, the key focus is on move-on and better support within the community, which will. The key consideration is the provision of appropriate long-	Southampton ICU / Clinical Commissioning Group	

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		term accommodation for this group. ICU will work towards maintaining tenancies or increasing % of people in settled accommodation being included as part of all contracts .		
<p>x. Consider outcomes from the Southampton Healthwatch review of GP registration and continue to work with GPs to improve access and integration to support homeless clients to move on from homeless health care to primary care services.</p>	Accepted	<p>HealthWatch have been working with Wessex LMC to formalise the process for registering patients who do not have valid photo identification. Wessex LMC have published guidance to all practices which explains the requirements of the registration process. This clarifies that there is no obligation on practices to check identity on registration which has been seen as a barrier for homeless clients. The guidance outlines and suggests actions if fraud is suspected. Practices <u>may</u> request identification to minimise the potential for fraud however a lack of ID is not a reason to refuse registration.</p> <p>HealthWatch have a focus group with practice manager representation to develop this further and oversee impact of the guidance.</p>	HealthWatch	GPs
C: <u>Improving service delivery</u>				
<p>xi. The Homelessness Strategy Steering Group continue to support commissioners as they progress towards an</p>	Accepted	<p>The model of homelessness services within the city is based upon outcomes for users, both moving through the model and being diverted to other, more appropriate solutions.</p> <p>The Strategic Review process followed prior to future</p>	Homelessness Strategy Steering Group/ ICU	Homelessness Services and providers

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evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.		commissioning proposals being agreed enables all parties to be involved in discussions on future service structures. This enables the current performance and future requirements to be considered, so that evidence can be used to determine future structures within the available resources.		
xii. Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub (MASH) and Early Help Team to ensure children in need are not falling through the gaps.*	Accepted	An effective MASH has been established in Southampton which is enabling good inter-agency information sharing and decision making at the first point of contact with statutory social care services. Early evidence from Southampton's MASH is very promising showing there has been a more accurate assessment of risk and need, as safeguarding decisions are based on coordinated, sufficient, accurate and timely information. Within MASH information is gathered from a wider range of sources which helps to build a more complete picture. Improved identification of risk allows for earlier intervention, taking preventative action before risk has escalated through the Early Help Team. These arrangements ensure that there is consistent management oversight of cases which avoids cases getting 'lost' in the system. Commitment to prioritising these services has been given and plans to extend the remit are progressing.	Children and Families	
xiii. Children in Care continue to be a priority, particularly in preparing those in care to lead an	Accepted	Children's services have identified a number of priorities for looked after children which include actions to achieve outcomes in relation to education, training, work and accommodation. These are included in the Ofsted action	Children and Families	

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independent life and that care leavers have access to suitable accommodation and maximise opportunities for employment, education and training.*		plan and are monitored by the Children's services Transformation Board. The recruitment of 5 additional Personal Advisors in the Pathways service will strengthen the offer to this group of young people and will provide some practical capacity in respect of reducing NEET and finding suitable accommodation in particular.		
xiv. Homelessness Services work with National Probation Trust and the Hampshire Community Rehabilitation to support more pre-release planning to ensure emergency bed spaces are being used appropriately and to include looking at possibility of avoiding Friday prison releases.	Accepted in part	A Hampshire Community Rehabilitation representative is now part of the Homelessness Strategy Steering Group to progress better pre-release planning . Day of prison release is governed by sentence end dates which are outside of the remit of local agencies	Homelessness Strategy Steering Group	Housing providers, National Probation Service and Community Rehabilitation companies
xv. Commissioners of Homelessness services should consider the option of providing a 'dry' environment within the homelessness prevention model in the City to support those who want to become or	Accepted	The new contract for Alcohol services was implemented in June 2014. This includes a number of bedspaces (5) within a 'dry' house. There are further discussions with another agency to provide a supportive environment for users, which may include 'dry' areas.	Southampton ICU	

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stay sober.*				
xvi. Homelessness providers and commissioners should work towards developing 'psychologically informed environments' in hostels and develop a staff training programme as appropriate. Partnerships between the psychological support from the University of Southampton and local housing providers are essential to achieving this.*	Accepted in part	Proposals have already been received from a number of providers of homelessness services regarding psychologically informed environments. These are being taken forward as part of a programmed approach by landlords, where appropriate. This is best practice that providers should be incorporating within the training they are responsible for. It is important to use evidence based approaches	Southampton ICU	Homelessness Services and providers, Landlords
xvii. Undertake a fundamental review of Mental Health services for the City, specifically including improving access to behaviour therapies for homeless clients and considering raising the age for	Accepted in part	Mental health services are currently being reviewed, and the impact of changes on homelessness is considered as part of this. The key consideration is the provision of appropriate long-term accommodation for this group. In the meantime, there is an added focus being given to supporting employment opportunities with a joining of resources for homeless people and those with	Southampton ICU	

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<p>transition for young people into adult services to 24 years in line with the thresholds for the Integrated Substance Misuse Service. Early intervention should be prioritised alongside improving access to services from primary to acute care to ultimately reduce and better manage demand.*</p>		<p>mental health problems into a single approach. This will rationalise the approach and provide benefits for users.</p> <p>However many people who are homeless would not meet specialist mental health services threshold and as there is a significant prevalence of lower level mental health issues in homeless community there is a need to train homelessness services to be able to address needs as part of core work, ensuring access to primary care services including IAPT. Commissioning post for young people/CAMHS will be looking at age issue as part of that project</p>		
<p>xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*</p>	Accepted	<p>This recommendation will be raised at local landlord forums to determine what the barriers are and generate ideas about how these can be overcome.</p>	Regulatory Services	
<p>xix. Expand training on homelessness services / welfare services to community first responders and primary care services e.g. Hampshire Police, Ambulance Services, GPs</p>	Accepted in part	<p>This will be taken forward as part of the engagement with health services within the Homelessness Strategy Steering Group work. There will need to be an analysis of impact from undertaking such training.</p>	Public Health	

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and community nurses				
D: <u>Monitoring and reviewing critical services and issues</u>				
xx. Regulatory Services undertake an evidence based review of the effectiveness of the HMO licensing scheme to ensure that standards of quality are maintained for all private sector tenants in the City and to support the decision making process for whether to expand the scheme to other wards in the city. It should be recognised that those who have been homeless will be moving on into the lower cost / quality end of the market where risks to their health remain high.*	Accept	A review has been undertaken to inform a Cabinet approved 12 week public consultation to support a proposal to designate Freemantle, Shirley, Millbrook and Bassett wards as an area for the licensing of houses in multiple occupation (HMOs).	Regulatory Services	
xxi. Regulatory Services consider options to		Agree with the recommendation and the principles behind this. At present no City Council	Regulatory Services	

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<p>undertake a new stock condition survey to gain a better understanding of the quality of the City's private housing stock and establish mechanisms and resources to secure an up to date survey at least every 6 years.*</p>	<p>Accept in part</p>	<p>resources have been identified to facilitate this, however, efforts will continue to identify the necessary budget.</p>		
<p>xxii. Integrated Drug and Alcohol Substance misuse service to report to the Health Overview and Scrutiny Panel on how changes to service delivery will support homeless people more effectively, particularly in relation to raising the age of transition into adult services.</p>	<p>Accepted</p>	<p>New substance misuse services commenced in December 2014 in the city under a long-term contract. This will continue to provide support to homeless people in the city, and the positive links already made with services will be built upon. Data will be collated to assess the impact</p>	<p>Southampton ICU</p>	<p>Drug service providers</p>
<p>xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to enable an</p>	<p>Accepted</p>	<p>The impact of welfare reforms locally will be monitored quarterly and reviewed/revised annually. The outcome of government's consultation and funding decision for beyond March 2015 will influence the future of Local Welfare Provision, and</p>	<p>Skills and Regeneration, Local Welfare Provision</p>	<p>Local Welfare Reforms Monitoring Group</p>

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evidence based response to adapt the Local Welfare Provision where necessary and report the impacts of Welfare Reforms to commissioners, the Jobcentre Plus and the Department of Work and Pensions.		will have a significant impact on support for homeless people.		
xxiv. The Homelessness Strategy Steering Group review the number, use and awareness of emergency weekend bed schedule for adults and especially for young homeless referrals and discharge from hospital or custody.	Accepted	The provision of emergency beds at both adult and young people supported housing services are monitored through contract meetings and the opportunity to raise additional issues is provided by the SP homeless supported housing group. This will then be fed into the HSSG via their representative.	Homelessness Strategy Steering Group	Homelessness service providers, hospitals, prison services
xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due to lack of funding. Immediate	Accepted in part	A review of the full range of homeless services will be required to identify what does or doesn't achieve best, cost-effective outcomes and how services fit into wider pathways. Breathing Space was developed as a pilot and funded through a grant from the Department of Health. The city was approached recently by Two Saints as the original funding is due to end. Financial information shows the	ICU/ Housing Service	

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<p>consideration should be given to determine their value to the city's Homelessness Model and health outcomes for individuals for The Two Saints Day Centre and 'Breathing Space' project and the Vulnerable Adult Support Team in the University Hospital Southampton NHS Trust's Emergency Department.</p>		<p>rates required to sustain the service are significantly higher than would be expected to be paid for a support service in the city. In addition, there have been significant void rates in the property. The service is in discussion with other agencies. There is a positive impact by providing a service for end of life care and for clients whose chaotic behaviour makes sustaining accommodation elsewhere problematic. Two Saints are now considering other options for continuing the service. Approval of grant funding for the provision of services for rough sleepers next year has recently be given to support services delivered by Two Saints at the Cranbury Avenue Day Centre from where health care provision for single homeless clients is delivered.</p> <p>Funding for VAST services has been extended and the function is being considered as part of wider pathway work to support rehabilitation and reablement</p>		

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