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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>				
<p>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.</p>		<p>Southampton’ Homelessness Prevention Strategy and partnership model has been successful in keeping on top of homelessness in difficult circumstances – it is vital to retain the city wide commitment to the partnership model.</p> <p>Comments in Italics from No Limits a third sector provider service: <i>There will be a very significant drop in funding to SP projects effective immediately.</i></p>	<p>Homelessness Strategy Steering Group</p>	
<p>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.*</p>		<p>A report from university of York will be published in February evaluating a number of Housing First models operating in UK. This will look at :</p> <p>Whether Housing First is an effective alternative to supported accommodation for chronically homeless people with support needs; and if this is the case determine key features of an efficient, effective, sustainable Housing First model for England</p> <p>-the scalability and replication of Housing First in England, can it work as effectively with 400 as it may with 14?</p> <p>-what does Housing First need in terms of</p>	<p>Southampton Integrated Commissioning Group (ICU)</p>	

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		<p>surrounding context, services in order to function well?</p> <p>-what are the barriers to successful implementation of Housing First? links to personalisation agenda</p> <p>-Suggesting a comparison with “treatment as usual”, so that is a matter of comparing existing <i>system</i> costs against costs of Housing First</p> <p>This should be useful in feeding into your decision about developing this as a model. I have been on steering group for Housing First pilot in Brighton and am happy to share experiences from that. In Brighton the pilot has worked with the most complex individuals who have been in and out of services for years , and it has achieved some really good results.</p>		
<p>iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new</p>		<p>This should continue to be a priority</p>	<p>Development, Economy and Housing Renewal</p>	

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developments.				
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.		It is increasingly the case that helping people into the labour market is the most sustainable way out of homelessness and so the strengthening of links between employment projects and homeless providers is an important focus	Housing Needs / Skills and Regeneration	
B: Raising awareness and recognition of homelessness issues and protecting valued services				
v. Continue to build relationships with landlords to raise awareness and common understanding of the 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		Comments in italics from No Limits a third sector provider service: <i>No Limits (national) funding for providing a PRAS (Private rented access scheme) for 18-25 year olds is due to end in April 2015. There is some local investment in the Day Centre and Real Lettings for private rented accommodation for 25 plus but this service is not available to 18-25 year olds. Building relationships with landlords is time consuming and they also need maintaining, there don't seem to be any resources identified to address this (with the exception of Real Lettings).The PRS is sighted as the</i>	Homelessness Strategy Steering Group	

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market.*		<i>housing solution for single homeless but the city doesn't seem to be investing in the development and provision of affordable opportunities for those at risk of homelessness. If landlords are to get involved there need to be some clear incentives and benefits, this could include direct payment of rent post universal credit, checking the immigration status of potential tenants etc.</i>		
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.*		Encouraging wider partnership involvement from police, NHS, ASC, probation etc is vital to achieve more understanding of where services need to join together to jointly meet homeless people's needs.	Homelessness Strategy Steering Group	
vii. Expand the partnership to wider health services to reduce inequalities for homeless		There is quite a bit in the guidance to the new Care Act which supports and promotes integrated services. I haven't looked in detail but apparently these sections in particular worth looking at:	Homelessness Strategy Steering Group	

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<p>people services through delivering a comprehensive framework of preventative and integrated services.*</p>		<p>2.23 – “Prevention” explained in the context of the Care Act</p> <p>2.34 / 2.36 – on the requirement to develop prevention work through integration of services inc. social care, health and housing</p> <p>Chapter 15 in its entirety on –“Duty to Cooperate” but specifically:</p> <p>15.5 – CCG duty to integrate services / 15.6 details a housing integration case study within Better Care Fund</p> <p>15.7 (b) – talks about having housing and Housing Related Support represented at Health & Wellbeing Boards</p> <p>15.7 (c) – talks about potential to integrate information, advice and assessment services across social care and housing</p> <p>15.12 / 13 – talks about joint commissioning and joint provision of integrated services</p> <p>15.24 – Duty to Cooperate – housing colleagues working together with social care</p> <p>15.29 – working with the NHS –</p>		

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<p>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.*</p>			<p>Homelessness Strategy Steering Group</p>	
<p>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.</p>		<p>Homeless health care team and dedicated specialist around substance misuse are a model of good practice in providing health care to this very vulnerable group. The evidence on health inequalities experienced by homeless people makes it vital to retain these specialist services</p>	<p>Southampton ICU / Clinical Commissioning Group</p>	
<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</p>		<p>It is important that people move on from homeless health care services to mainstream services as part of their integration into wider society and to free up capacity of Homeless health care to work with most vulnerable</p>	<p>Healthwatch</p>	

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move on from homeless health care to primary care services.				
C: <u>Improving service delivery</u>				
xi. The Homelessness Strategy Steering Group continue to support commissioners as they progress towards an evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.		Evidence based and outcome focussed commissioning is needing to become the operating mode for commissioning while resources everywhere are getting tighter	Southampton ICU	
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.*			Children and Families	
xiii. Children in Care continue to be a priority,		According to latest Homeless Link report on young homeless 11 % of young homeless	Children and Families	

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<p>particularly in preparing those in care to lead an independent life and that care leavers have access to suitable accommodation and maximise opportunities for employment, education and training.*</p>		<p>people are care leavers. This shows that more needs to be done to ensure care leavers are not failed and let fall into homelessness</p>		
<p>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.</p>		<p>The new CRC and duties around housing offers an opportunity to put in place some new structures. Simple no resource system changes such as avoiding Friday prison releases are exactly the kind of issues that need to be identified and acted on across services to ensure they work in the interests of the client group</p>	<p>Homelessness Strategy Steering Group</p>	
<p>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</p>		<p>Southampton is unusual in allowing the consumption of alcohol in all it's hostels. I cite this as a model of good practice as so many hostels work with people that are alcohol/substance dependent but don't allow consumption of alcohol or substances on premises. However there is also a case that</p>	<p>Southampton ICU</p>	

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who want to become or stay sober.*		some people trying to break drinking habits or people who don't drink would be better off in a dry environment		
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.*		<p>PIE standards are being commissioned to in some areas and there is a good evidence base for 'Psychologically informed environments' achieving good outcomes. Pap available from South London and Maudsley Mental health trust.</p> <p>Oxford providers offered staff training programme on PIE</p>	Southampton ICU	
xvii. Undertake a fundamental review of Mental Health services for the City, specifically including improving access to behaviour therapies for homeless		Access to mental health services for people experiencing homelessness seems to be one of the biggest problems in every area. A fundamental review of how access works for this client group could prove to be an exciting model for other areas.	Southampton ICU	

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<p>clients and considering raising the age for 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>The Making Every Adult Matter pilots have some examples of areas that are tackling the multiple needs issue and having some success. http://www.themeamapproach.org.uk</p>		
<p>xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*</p>			Regulatory Services	
<p>xix. Expand training on homelessness services / welfare services to community first responders and primary care services e.g.</p>			Public Health	

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Hampshire Police, Ambulance Services, GPs 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.*		People who are moving on from homeless remain vulnerable and need protection from going into the poorest quality housing with unscrupulous landlords.	Regulatory Services	

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<p>xxi. Regulatory Services consider options to 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>			Regulatory Services	
<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>Transition into adult services is an area that often causes difficulty. Keeping young people out of adult services for as long as possible seems like apposite step.</p>	Southampton ICU	
<p>xxiii. Continue to monitor homelessness trends and impacts of Welfare</p>			Skills and Regeneration, Local Welfare Provision	

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Reforms on homeless people to enable an 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.				
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.			Homelessness Strategy Steering Group	
xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due		These are models of good practice some developed on short term funding, much would be lost to homeless services if they cannot be retained.		

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<p>to lack of funding. Immediate 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>				

Submitted by: Sarah Gorton

Name (on behalf of) :

Organisation: Homeless Link

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