
SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 20 FEBRUARY 2014

Present: Councillors Stevens (Chair), Claisse (Vice-Chair), Cunio, Laming, Parnell and Spicer

Also in Attendance Councillor Payne – Cabinet Member for Housing and Sustainability
Councillor Shields – Cabinet Member for Health and Adult Social Care
Councillor Bogle

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

RESOLVED: that the minutes for the Panel meeting on 23rd January 2014 be approved and signed as a correct record.

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

The Panel considered the report of the Assistant Chief Executive introducing the concepts and the speakers setting the context for the Inquiry.

The Panel received presentations from the South East Regional Manager of Homeless Link, the Council's Housing Needs Manager, the Commissioner for Supporting People and Adult Care Services, and a Consultant Nurse from Homeless Healthcare Team.

On hearing the presentation from Homeless Link the Panel noted:

- the key principles of the organisation;
- the organisations view of the current national context for homelessness and health detailing:
 - the current statistics, trends and numbers of homeless;
- how the Health Needs Audit tool was an important in identifying what was needed to address issues relating to health matters;
- the health inequality trends of the Homeless. It was noted that:
 - 80% of homeless people have more than one physical health need;
 - 70% have at least one mental health problem;
 - rough sleepers are more than 200 times more likely to have tuberculosis;
 - the average age of death for a homeless individual was between 43-47; and
 - 50-75% of rough sleepers have mental disorder such as anxiety, depression and psychosis.
- the wider costs to individuals, the National Health Service and society as a whole;
- barriers to the homeless accessing the right services including:
 - difficulties with registering for medical support;
 - a lack of integration of services to support individuals; and
 - the tendency for the homeless fall beneath treatment thresholds because their needs are too complex; and
- the Southampton perspective the Panel noted that;
 - Southampton's approach to homelessness was seen as a national good example;

- Southampton was one of the first areas to carry out the Homeless Health Audit;
- the City has a Homeless Health team - A multi-disciplinary primary care team providing care to homeless people in Southampton;
- the services available to homeless in Southampton including:
 - Southampton Street Intensive and Resettlement Service – including an in house needle exchange;
 - St James - a home for vulnerable older people with a history of homelessness; and
 - Two Saints - Introduction of Psychologically Informed Environments into all their hostels and
 - The Breathing Spaces Project.

The Panel received introductions to the Council's policy perspective on the provision of services to combat homelessness and improvement of health services from the Cabinet Members for Housing and Sustainability and Health and Adult Social Care.

The Panel also considered further evidence relating to the local situation from the City Council's Housing Needs Manager, the Commissioner for Supporting People and Adult Social Care Services and a Consultant Nurse from the Homeless Healthcare Team including:-

- an overview of the City's housing stock including the level of income required for 1 and 2 bedroom starter home compared with the median gross income within the City,
- the numbers of Households of the Council's waiting list and the high demand for one bedroom properties;
- that City's statutory obligations for certain types of individuals;
- the potential impact of welfare reform.
- statistics relating to:
 - homeless applications by priority need;
 - rough sleeping in Southampton; and
 - triggers causing rough sleeping in Southampton.
- measures taken to tackle rough sleeping in Southampton;
- the various levels of help that the supporting people services are able to supply;
- the emphasis on prevention and enablement for potential services users aiming to resolve issues before they declined any further;
- how the Homeless Health Care Team aims to support individuals;
- the health trends and concerns affecting by homelessness and how the local services were structured to tackle these.

RESOLVED that the presentations made by Homeless Link, the Council's Housing Needs Manager, the Commissioner for Supporting People and Adult Care Services, and a Consultant Nurse from Homeless Healthcare Team, be noted and the information provided be entered into the Inquiry's file of evidence.