Health Overview and Scrutiny Panel

THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE

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INTRODUCTION

1. The model for homelessness prevention in Southampton has significantly reduced homelessness in the City over the last decade, reducing homeless applications and acceptances from the 1000s to around 200 in 2012/13. However, homelessness remains in the system with 520 people still on the Homeless Healthcare Team's register. Welfare Reforms and a heavy reliance on private sector rented properties, of which a high proportion is unaffordable to those on or below the average wage in the City, are making the cycle difficult to break for entrenched individuals with chaotic lives and complex needs. The way services are funded is also changing adding increasing pressures on these vital preventative public services.

2. Homelessness for the purpose of this inquiry is where an individual finds themselves sleeping rough, living in insecure or short-term accommodation or at risk of being evicted from their home.

3. The purpose of the Inquiry was to consider the impact of housing and homelessness on single people, a significant number of whom have complex needs, living unsettled and transient lives. The Panel examined the difficulties of delivering a preventative and planned approach to improve their health and wellbeing to reduce or minimise their health inequalities, supporting them to move into a settled and decent home. The Panel also examined the quality and impact of accommodation that single homeless people are most likely to move on to.

4. The rationale to focus on single homeless people stems from the high demand for single person's accommodation in the city, with over half of the 15,000 people on the housing register in need of single units. Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need.

5. The objectives of the inquiry were:
    a. To understand how the current model for homelessness prevention supports and promotes better health outcomes for single people
    b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
    c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people.
    d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
    e. To explore the adequacy of single person accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, in line with any existing contract periods.
    f. To consider further collaboration or invest to save opportunities that would prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

6. The full terms of reference for the Inquiry, agreed by the Panel, are shown in Appendix 1.

7. The Health Overview and Scrutiny Panel (HOSP) recognised the difficulties of achieving a paradigm shift in the lifestyle choices of individuals and that a proportion of the remaining clients are entrenched in the system. Sustaining housing is the first and only outcome that can truly be achieved for a number of these individuals – any further transformation will ultimately only come when those individuals are ready to change which may take time and a great deal of resources to support this to happen.

8. To this end, and recognising the current good practice alongside budget constraints and the challenges of the housing market, the Panel have identified some potential areas for improvement which they feel are realistic and achievable through either a shift of current resources or by considering invest to save opportunities.

CONSULTATION

9. The HOSP members undertook the Inquiry over six evidence gathering meetings between February and June 2014 and received information from a wide variety of organisations to meet the agreed objectives. Due to significant breadth and interest from potential witnesses an additional meeting was added to the end of the Inquiry, with the Inquiry recommendations and report agreed at the HOSP meeting on 25 September 2014.

10. During the Inquiry, many of the Panel members also visited a number of homeless providers to see the facilities and services first hand and talk directly to residents and staff about their experiences. The Chair of the Panel also attended the GP Forum and Southern Landlord Forum to obtain wider feedback on the issues and challenges being faced by homeless individuals and services. These visits were extremely insightful and highlighted the passion and commitment that exists to make a difference to homeless people.

11. A list of witnesses that provided evidence to the Inquiry is detailed in Appendix 2. Members of the Scrutiny Panel would like to thank all those who have assisted with the development of this review.

SUMMARY OF KEY FINDINGS AND ISSUES

12.
- An excellent and effective Homelessness Prevention Strategy, team and partnership has dramatically reduced homelessness over the last 10 years;
- The partnership has achieved significant outcomes within a framework of housing providers and support services with a common focus on prevention;
- However, a group of entrenched and costly individuals remain in the homeless system who have complex needs and behaviours;
- Existing health inequalities and complex needs are exacerbated by difficulties in accessing the right services, especially mental health and

substance misuse services which operate a high threshold due to limited resources and high demand;

- The complex needs and comorbidity of many homeless individuals mean that it is often their immediate problem that is resolved rather than the whole person;
- Staff in provider services show a passion and commitment to their clients but their views are not always heard by the professionals making decisions about their clients;
- GP practices requiring valid identification documents may prevent homeless individuals accessing the health services they need, thus potentially missing opportunities for earlier intervention and integration into community services;
- Homeless individuals are frequent users of hospital Accident and Emergency Departments, despite being registered and using the Homeless Healthcare Team or GPs;
- Access to emergency out of hours facilities, mental health and substance misuse services can be challenging, especially with referrals and transition into adult services for young people;
- The high demand for single unit council housing has led to a high reliance on the private rented sector and Houses in Multiple Occupation (HMOs);
- Housing is often unaffordable for single homeless people who are ready to move on, which means they are likely to live in poorer quality shared housing that they can afford;
- It is still too early to see the impact of the HMO Licensing scheme that aims to improve the condition of shared houses;
- The Housing Strategy focus on new affordable single units and increased dedicated student accommodation may eventually reduce pressures on the single rental market in the city;
- Social letting agencies are working with landlords to sign up to leasing schemes for homeless clients however there are perceived / potential barriers and few incentives to encourage landlords to take up these schemes.

SUMMARY OF RECOMMENDATIONS

Strategic city-wide approach to homelessness

i. That the Homelessness Prevention Strategy continues to support a city-wide approach and commitment for continued funding of the existing flexible partnership model of homelessness responses in the City.

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.

iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new 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.

Raising awareness, recognition and protection of valued services under threat

v. Continue to build relationships with landlords to raise awareness and common understanding of the issues and barriers of offering tenancies to homeless people 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.

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.

vii. Expand the partnership to wider health services to reduce inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.

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.

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.

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.

Improving Service Delivery

xi. The Homelessness Prevention Steering Group continue to support commissioners as they continue to progress towards an evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.

xii. Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub or MASH and Early Help Team to ensure children in need are not falling though the gaps.

xiii. Children in Care continue to be a priority, 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 alongside

xiv. Homelessness Services work with Hampshire Probation 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.

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 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 and local housing providers are essential to achieving this.

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 transition for young people into adult services to 24/25 years old in line with 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.

xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients

xix. Expand training on homelessness services / welfare services to community 1st responders and primary care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses.

Monitoring and reviewing critical services and issues

xx. 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.

xxi. Regulatory Services 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 to secure an up to date survey at least every 6 years.

xxii. Integrated Drug and Alcohol Substance misuse service to report back to the Health Overview and Scrutiny Panel on how it will support homeless patients more effectively, particularly in relation the raising the transition age into adult services.

xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to enable evidence based responses and to adapt Local Welfare Provision where necessary and report the impacts of Welfare Reforms to commissioners and local agencies including the JobCentre Plus and the Department of Work and Pensions.

xxiv. The Homelessness Prevention Steering Group review the number, use and awareness of emergency weekend bed schedule for adults and especially for young homeless referrals and those discharged from hospital or custody.

xxv. Homelessness commissioners undertake a city-wide review of services which may come under threat due 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 Accident and Emergency Department of University Hospital Southampton.

A strategic approach to homelessness

13. The Homelessness Act (2002) requires local authorities to carry out a review of homelessness every five years, and use the findings to develop a strategy for preventing homelessness locally. The Council has recently published its third Homelessness Prevention Strategy, which sets out the current context for homelessness provision, achievements since the previous strategy, trends and priority actions going forward. The strategy has been developed in partnership with stakeholders, who have made a joint commitment to deliver the plans set out in the strategy.

14. The Southampton Homelessness Prevention Model supports clear and distinct pathways for young people, adults and older people, focussing on prevention and early intervention. Its effectiveness relies on established relationships and strong partnerships. The Panel heard from Homeless Link, the national membership charity for organizations working directly with homeless people in England, that Southampton operate a best practice homelessness prevention model. It ensures that Supporting People budgets, which are no longer ring-fenced, and homelessness prevention resources are being used to good effect. The Southampton homelessness services delivery model is attached at Appendix 4.

15. The Panel recognised that the partnership requires the current elements to be in place for the future to ensure the most effective and efficient use of resources. These include: early assessment, emergency provision, high/intensity support, case management approach (through the Street Homeless Prevention Team), young people's services and support for those with longer term needs.

16. The Panel acknowledged the progress achieved through the Homelessness Prevention Strategy and praised the dedication and commitment of the whole partnership. However, the Panel were particularly impressed by the following innovative projects, which have seen excellent results or provided exceptional support to vulnerable single homeless people:

    - The needle exchange has helped reduce infections from blood-borne viruses
    - The Naloxone programme has saved the lives of overdose victims
    - Two Saints introducing 'Psychologically Informed Environments' into their hostels
    - Breathing Space hospital discharge homelessness project providing medical support in a domestic setting
    - End of life support to enable homeless people to die with dignity in partnership with the Homeless Health Care Team and Patrick House
    - The Vulnerable Adult Support Team (VAST) set up in the Emergency Department of the University Hospital Southampton to give extensive support, time and signposting to appropriate services to people who present at A&E with no fixed abode.

17. Southampton's Homelessness Prevention Model has been effective in dramatically reducing the number of homeless applications and acceptances and reduced the use of temporary accommodation in the city over the last 10

years, providing a clear route for many homeless people to move into and stay in settled accommodation. Despite these best efforts and results an entrenched group of 'revolving door' clients remain who have complex needs and chaotic lifestyles who struggle to make progress or 'revolve' in and out of the system. These are primarily individuals who are expensive for public services often needing 24 hour care or supervision, frequent users of A&E, lack a sense of personal care / space and regularly involved in crime or anti-social behaviour.

18. The Panel heard from Adult Social Care that it is difficult to find cost-effective solutions for these clients. A number of housing providers cited the 'Housing First' model, where homeless clients are housed first in their own home and then given intensive support, as achieving dramatic results in the USA and Camden. When targeted at their most chaotic clients they have seen reductions in visits to A&E by a third, hospital admissions down by two thirds and nearly 75% still in their own home after 2 years.

19. The Southampton Homeless Prevention Model, is delivering a form of Housing First. When someone is assessed as homeless, they are housed first within a hostel, whilst an appropriate support package is determined. The Panel recognised that generally this works for most single homeless people but they believed that consideration should be given to whether a more intensive Housing First model could provide a more effective route for the entrenched group of individuals who have not progressed significantly or move on over a long period of time. The Panel recognised that this model would require the allocation of single units and resources for this specific purpose. However, the potential benefits of reducing high costs of 'revolving door' clients may outweigh the investment required.

20. Pressure on single housing units in the city is extensive. The Panel noted that 50% of the council's housing waiting list are for single units, with the cost of buying a home prohibitive for around 50% of residents who would be unable to enter the market without help. The Welfare Reforms are adding to the pressure on the housing. Changes to the Local Housing Allowance are creating pressures at the lower price end of the private sector rented market. The City's heavy reliance on private sector rented accommodation is unlikely to diminish in the medium term and the Panel recognised the importance of continuing the Housing Strategy's emphasis on affordable single units. The Housing Strategy has reprioritised its focus to increase the number of single affordable units in developments.

21. The Panel heard a consistent message from witnesses that the main triggers for homelessness include the loss of a home, job or benefits, offending, a mental health episode or other significant crisis. Clearly not everyone who experiences these issues will become homeless. However, where someone does become, or is at risk of homelessness, the Panel supports the principle and evidence that early intervention and prevention are crucial to avoid an individual becoming entrenched in the system. Support mechanisms are in place to provide homeless clients access to skills and employment when they are ready, although many single homeless people will be the most

removed from the work place and face significant barriers to entering employment.

22. Evidence to the Panel highlighted the desire that many homeless clients want to get (back) into work. The Panel recognised the importance of existing links for homelessness providers with employment and skills based projects in the City such as Adult Community Learning, City Limits and the new City Deal. These projects concentrate on increasing individual skills and on getting long term unemployed young people, disadvantaged people or those with mental health issues into work. With 7 out of 10 homeless people having at least one mental health condition, which often makes it slower for them to progress and move on to paid employment. The Panel felt that further consideration should be given to ensure the connections are in place. Enabling homeless clients to have good access to support into employment, will bring homeless clients closer to the work place, increases their life and health chances, and increase the likelihood of staying in their own home.

23. Although there are relatively few rough sleepers in the City, numbers have increased in recent years alongside national trends. A higher proportion of rough sleepers are from Accession States with no recourse to public funds. However, although they may access services and support at Cranbury Avenue Day Centre they are fearful of the UK Border Agency and may avoid accessing essential support services as a result. The Panel heard that most want to stay in the country and find work. However, where these individuals have no recourse to public funds they may find themselves on the street or in other unsustainable situations. The Panel supported the work of EU Welcome, who are funded to support migrants into work so that they do not spend a second night on the street.

24. With this evidence in mind the Panel have recommended that:

    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.
    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.
    iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new 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.

Raising awareness and recognition of homelessness issues and protecting valued services

25. Southampton has historically had a high demand for shared private sector rented housing due to the number of students in the City. There is also a short supply of affordable single units. The average house price is out of reach for a higher than average level of low paid workers. In addition, as prices are cheaper in the City than surrounding areas this has added pressure on the demand for single units and shared housing. Welfare Reforms, including the changes to the Local Housing Allowance for private sector rented and the 'under occupation of social housing', is also adding to the strain on housing needs.

26. The South Hampshire Strategic Housing Market Assessment forecasts that an increase in dedicated student accommodation and higher targets for single affordable units may reduce the pressure on shared housing. But even if more affordable shared accommodation becomes available, many homeless clients may face additional barriers as they may be perceived as unreliable tenants due to their chaotic lifestyles and low or unstable incomes.

27. The Panel heard evidence from No Limits and Two Saints Real Lettings Agency who are working with landlords to offer a more stable package for homeless clients. They are brokering deals with landlords, offering pre-tenancy training with a period of support, leasing accommodation for longer periods, guaranteeing rents, and acting as a single point of contact for landlords if their tenants have any concerns or problems. This route is proving effective for single homeless people who are ready to move without support services such as a number of ex-offenders. The Panel believe this approach should be expanded; more social lettings would increase the housing options for single homeless people in the City.

28. Furthermore, the Panel felt that landlords have a social responsibility to view their tenancies as an ongoing relationship rather than a simple cash transaction. They acknowledged that a number of landlords already provide additional support to tenants, especially single tenants who are less likely to have a support network. The Panel agreed it is important that the Homelessness service continues to build bridges with landlords to increase their awareness of the risks of becoming homeless and take a more long term approach to support tenants who have been homeless. A better mutual understanding of the barriers to social letting should ultimately lead to more stable tenancies for single homeless clients in future.

29. As highlighted above, the Homelessness Prevention Strategy and partnership have achieved excellent results for homeless people in the city and provide exemplar services to support single homeless people into a settled home. However, a number of the witnesses highlighted the stigma that homeless people, and their case workers, experience accessing mainstream services.

30. The Panel noted the work that has been undertaken to promote the Homelessness Prevention Strategy, however, they felt that awareness and understanding of the excellent support services available was still patchy

across public sector organisations. Understanding of the issues and potential positive impacts of early intervention through homelessness referral services was potentially not as strong amongst other public services. Agencies who play an important part in the health and wellbeing of homeless people such as Jobcentre Plus, Police, GPs and hospital ward and A&E staff were not very aware of their role to support homeless people or the referral services available. Improving awareness and understanding of homelessness issues with these agencies would ensure better early intervention and community responses through more effective referrals to the right services.

31. Homeless people can experience barriers to accessing services. Case workers reported that barriers are often increased where they are not always enabled to effectively advocate on behalf of individuals or they were not listened to, despite having permission from their clients. The Panel heard that many single homeless people have underlying health problems but they may fall below the threshold criteria or present well on assessment. Case workers will often have a more informed view of their clients. This may lead to missed opportunities for early diagnosis leading to exacerbated symptoms if clients do not receive help. The Panel felt that case worker's opinions deserved greater recognition with health professionals. Increased awareness of homelessness issues and services and involvement of wider public services in the Homelessness Prevention Strategy Steering Group could lead to better understanding and wider support mechanisms for homeless people.

32. Due to the high prevalence of poor health issues, often with co-morbidity, for single homeless people the support of appropriate and early intervention of health services is crucial for the individual to reduce or limit health inequalities.

33. The Panel heard that Homelessness can be a cause or a consequence of mental health issues, with an estimated 60-70% of homeless people having some form of mental health problem. Patients often have a dual need or complex issues that may delay the management of recovery making the partnership between mental health and homelessness services essential to ensure adequate and ongoing support. Having a stable environment is critical for mental health patients and therefore the availability of adequate and safe housing when discharged from secondary care services is an important part of their recovery.

34. The partnership in Southampton is well established with Southern Health's Mental Health Housing Coordinator and Mental Health Accommodation Panel considering appropriate options for move on. However despite this the levels of patients in contact with mental health services in stable accommodation is very low at 28.5% for 2013/14, amongst the worst in the country.

35. The Panel also heard that mental health services are seeing more young people being admitted with accommodation issues; young people's homelessness provider case workers also highlighted they are finding it increasingly difficult to tackle the mental health issues of their clients.

Concerns were also raised that housing policy might exclude tenants who have had an undiagnosed psychotic episode.

36. The Panel recognised limited resources and a high demand for mental health services meant the threshold for treatment is set high. Support and access to appropriate mental health services as early as possible, however, is crucial to prevent or minimise the impact of homelessness. The Panel expressed serious concerns that the links between community support and acute mental health services are not as effective as they could be with a significant number of referrals being made through acute and urgent care services. Homeless patients are less likely to receive early intervention or treatment where relationships are not built with a GP. In addition, younger patients may be reluctant to access services, especially where transitioning to adult services.

37. The Panel was hopeful that the Better Care Southampton Plan will improve links for homeless people within communities through the GP clusters, however, in the meantime work needs to continue to reduce the stigma and raise awareness of the need for extensive support in the community for homeless mental health patients and where possible reduce the demand for acute levels of care for those at risk of homelessness through earlier intervention.

38. Southampton's Substance Misuse Services are developed in partnership and coordinated through the city's Integrated Commissioning Unit through transferred funding from Public Health and the Police. It was reported to the Panel that people with substance also have a high risk of housing problems which in turn leads to a high risk of relapse. The number of opiate users is increasing in the City and evidence suggests that stable accommodation can support their chances of successful treatment. Following a high number of overdoses in hostels, the Naloxone programme has successfully reduced harm and death. The Panel heard that for every pound invested in drug and alcohol treatment the public purse can save £2.50 and £5 respectively and supported the continued funding for substance misuse services, recognising the benefits this can bring to the life chances of homeless individuals.

39. The Panel acknowledged the central role of the Homeless Healthcare Team, delivered by Solent NHS Trust, in reducing health inequalities for homelessness people. It offers general health services alongside those more tailored to homelessness needs, operating from the Cranbury Avenue Day Centre. The co-location and effective partnership of these services has been critical in tackling the health needs of homeless people in the City, as well as providing essential outreach services to hostels. The Homeless Healthcare Team resources are limited however and with over 500 homeless patients on their register the service is overstretched.

40. GP registration can be difficult for homeless people who may not have valid identification papers where requested by GPs to avoid the risk of duplication and over-subscribing to patients. For many homeless individuals the cost of having, or risk of losing, a passport for example can be prohibitive or appear unnecessary. This issue prolongs the reliance on the Homeless Healthcare Team rather than integration within community services when clients have

moved on. The Panel urged GPs and practice managers to recognise the benefits for the wider health system of enabling homeless patients to register without ID and work to find alternative ways of checking the identification of individuals, particularly, homeless patients, to ensure they can continue to access healthcare in the community and avoid the risks of continued exposure to the drinking / drugs culture of homelessness services.

41. To address the above issues the Panel recommend that the Homeless Prevention Steering Group work with partners to prioritise and deliver the below actions given current resources and capacity:

    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 market.

    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.

    vii. Expand the partnership to wider health services to reduce inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.

    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.

    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.

    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.

Improving service delivery

42. The Panel heard from homeless service providers and the University of Southampton Psychology Department that services can be driven by targets to move someone on within a given timescale. However, while this is the case in the City, there are adequate safeguards to ensure that people are not moved on too quickly. However, for homeless people, changing behaviours (e.g. incidences of antisocial behaviour, drug and alcohol use etc.) are the most tangible of outcomes for many homeless individuals.

43. Commissioning of services according to realistic and meaningful outcomes is essential. Service providers need to be clear what will change as a result of

what they do. In this way, providers may be encouraged to think creatively about their areas of expertise in delivering tangible and measurable change. Monitoring these outcomes could contribute to a culture of evidence-based commissioning, where services are clear with commissioners about expected outcomes, and commissioners then hold the services to that contract.

44. The Panel supports an evidence-based approach to homelessness provision as this enables a mixed economy of housing providers to sustain additional projects to support vulnerable homeless people alongside council funded services.

45. The Panel noted that research at the University of Southampton identified that a key factor of homelessness links to childhood neglect and abuse. This can lead to difficulties in managing emotions, and partly explains the high level of mental health problems and addictive behaviours of homeless people. Housing support services for young people reflected that their support workers are not trained to provide support for mental health needs of their clients and are finding it increasingly difficult to meet their needs.

46. The Panel also heard that Southampton homelessness services have seen increasing numbers of a younger aged clients, although they tend to sofa surf rather than sleep rough. There are clear separate pathways established to avoid young people entering adult services where possible.

47. Historically, the proportion of care leavers in suitable accommodation and employment has been low but following a priority focus to address this performance has improved, through signing up to the Care Leavers Charter and Staying Put arrangements but the position needs to continue to improve. The Panel recognised the benefits of increased support to care leavers up to the age of 24 and support the continued priority to improve outcomes and life chances for care leavers to break the cycle of homelessness and ensure they are better prepared for independent life.

48. The Panel, however, were concerned about vulnerable children and young people under the radar now, and in the future, who need to be prevented from escalating into the homeless system later in life due to a lack of support network, increasing risks of poor mental health or substance misuse.

49. The Panel noted that Children and Families Services are going through substantial improvement and transformation and through the establishment of Early Help Team and the new Multi-Agency Safeguarding Hub (MASH). The Panel recognised these services aim to provide an effective team and expertise, connecting to both public sector and voluntary services, in a timely and effective manner to ensure that children do not fall through the system or that dangerous individuals are not hidden. The Panel will continue to monitor the progress of these new services to ensure that they achieve the desired outcomes for future generations of vulnerable children.

50. The Panel heard from Hampshire Probation Services that access to stable accommodation is the most important factor in avoiding repeat offending, however, Homelessness Prevention Services often find release dates are on a Friday which means their accommodation needs are difficult to resolve. Probation are also working to secure better health outcomes for ex-offenders

and in considering the general wellbeing of clients alongside access to accommodation and benefits they have already seen successful outcomes.

51. Although drinking and drugs are monitored and managed in hostels, the Panel were concerned that a lack of a 'dry house' in the system can cause problems for homelessness people who want to detox. All the Southampton hostels allow alcohol consumption on the premises and although residents can exercise their own free will, it can often be too much of a temptation for someone with an addiction, especially if coupled with mental health problems. Dry houses have proved effective in the Offender Management Programme and the Panel would like to learn the lessons from these services and for commissioners to consider an alternative option is currently feasible to reduce the harm to those homeless clients who want to be sober.

52. The Panel heard repeatedly from witnesses of the problems experienced by homelessness clients accessing mental health services either due to long waiting lists for services, especially cognitive behaviour therapy (CBT). They will often fall below the threshold criteria for services, present well on assessment or are refused treatment whilst under the influence of alcohol or drugs due to potential conditions such as Korsakoff's Syndrome.

53. The University of Southampton have undertaken extensive research over the last 8 years with the Society of St James, Two Saints and the Booth Centre (Salvation Army) to evaluate effective psychological interventions to treat their clients' issues.

54. Their research has found that behaviour therapies that take a skills approach to the treatment of emotion management can be very effective in increasing functioning of people experiencing complex mental health difficulties. These interventions have enabled them to operate better in a structured 'hostel' environment and move on in a more sustainable way.

55. They have found that with training, housing providers can enable hostel staff to establish 'psychologically informed environments' where they can better understand and support behaviours more effectively, enabling the process of real change. Although it is recognised that these outcomes take time to embed, Two Saints, who have been working to establish this within Patrick House, are already seeing positive results with their clients.

56. Despite this potential improved support for the mental health of homelessness clients the Panel remained concerned about the overall capacity of the current Mental Health provision to deal with the growing mental health needs of the City. There was particular concern for young people accessing mental health services, where early signs of mental health issues are most likely to occur and respond effectively to intervention.

57. Where homeless people remain untreated it is clear that their mental health can deteriorate, often with increasing psychotic episodes. If this pattern of poor access to mental health services is being replicated across the city, given that Southampton has one of the highest anti-depressant prescription rates, there is clearly an underlying issue for mental health commissioning that needs to be addressed.

58. The Panel therefore supports a fundamental review of mental health services in the City to identify better ways to manage current demand and provide earlier help to avoid escalating health problems in the future, which may need a more acute response.

59. The Panel also remained concerned that the support available for Young People with mental health problems was not meeting the demand, given that problems are most likely to occur at this stage and treatment is most effective through early intervention. The Panel heard that the transition into adult mental health services can be very difficult for young people, with many not progressing into the system but resurfacing later with more acute mental health problems and often at high risk of homelessness. To reduce this escalation of need for mental health support, and ultimately homeless prevention services, the Panel would like to see the age threshold for mental health services raised in line with the integrated substance misuse service and Staying Put model for care leavers to provide more effective and widely integrated early intervention model for young people to a later age of at least 24 years old.

60. The chair of HOSP and two social letting agencies attended to the Southern Landlord's Forum to gauge the interest in expanding opportunities for social letting in the City. Although there was an enthusiastic response to the opportunities for increased social letting, landlords raised some concerns about the legality of signing up to long term leases and that the limits of the HMO Licensing Scheme might restrict opportunities in certain areas. The Panel, however, were optimistic that social letting could expand if the barriers could be removed or incentives provided in the scheme to enable more private sector tenancies and HMOs to be used as social letting for specific vulnerable groups such as single homeless people.

Recommendations

61. To address the above issues the Panel have recommended that:

xi. The Homelessness Prevention Steering Group continue to support commissioners as they continue to progress towards an evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.

xii. Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub or MASH and Early Help Team to ensure children in need are not falling though the gaps.

xiii. Children in Care continue to be a priority, 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 alongside

xiv. Homelessness Services work with Hampshire Probation 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.

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 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 and local housing providers are essential to achieving this.

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 transition for young people into adult services to 24 in line with 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.

xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients

xix. Expand training on homelessness services / welfare services to community 1st responders and primary care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses.

Monitoring and reviewing critical services

62. The Panel heard repeated evidence of the clear link between good housing and good health. Regulatory Services undertook a Stock Condition Survey in 2008 which identified that 38% of the 25,000 private homes in the City did not meet the Decent Homes Standard, primarily due to overcrowding or inadequate facilities. The service also investigates complaints and carries out risk based inspections to ensure that private housing in the City is safe, warm and secure.

63. The Stock Condition Survey is now six years old, and concerns were raised, by the Panel and landlords, over the reliability of this data. The Panel felt that the timing was right to undertake a new Stock Condition Survey, and to renew the survey at least every 6 years. The Panel acknowledged the resources implications of undertaking this survey, however, they felt that reliable information on the quality of the City's housing stock was crucial, given the reliance on the private sector market in the City.

64. 7% of the City's homes are estimated to be Houses in Multiple Occupation (HMOs), which is 5 times the national average. HMOs are usually shared houses of 4 or more people averaging between 16 and 34 years old. With the high reliance on HMOs for moving homeless clients on and given changes to the Local Housing Allowance the Panel accepted that people who have been homeless are more likely to rent at the lower end of the market and experience poorer quality housing, exacerbating any existing poor health conditions they may already have. The Panel recognised that there are good and bad landlords, however, they were concerned that tenants in lower quality housing are less likely to report issues for fear of the landlord increasing the rent or ending the tenancy.

65. The Panel heard that the HMO Licensing Scheme aims to work with landlords to improve overall conditions, management and basic health and safety for shared homes in the City. The scheme is currently being rolled out to 4 wards in the City, Portswood, Swaythling, Bevois and Bargate, where it is estimated that there are 4,500 HMO properties. To date just over a third

of these properties have applied for a licence voluntarily; with the enforcement stage commencing in 2014/15 the service continue to gain a better understanding of the quality and compliance issues in these areas.

66. A number of witnesses highlighted the poor conditions that many ex-homeless people were living in and the Panel heard that the HMO Licensing Scheme would identify and deal with non-compliant landlords who let properties in a poor or dangerous condition or who have poor management arrangements. The Panel acknowledge that here may be merit in expanding the scheme across the City, to ensure all shared houses are of an acceptable quality, however, the Panel felt that how and when this expansion takes place should be based on the evidence and outcomes from HMO Licencing in the first four wards and supported by an up to date Stock Condition Survey.

67. Given the high level of substance misuse and dependency by single homeless people the Panel were encouraged to see a new integrated Drug and Alcohol Substance Misuse Service was expected to be in place by July 2014. Hostels were particularly concerned that they were not receiving as much outreach support and were sometimes finding it difficult to cope with the addiction of their clients and associated behaviours. The Panel believed that the new integrated service would enable resources to be placed more effectively and were keen to see how this new integrated service would offer better support to homelessness services in future, including outreach services and raising the age for young people to transfer to adult services.

68. The Panel recognised that monitoring systems were well established for the Homelessness Prevention Strategy. However, evidence to the Panel suggested that the full impacts of the Welfare Reforms may not have materialised yet in the City, particularly around changes to the Local Housing Allowance (LHA) and the under occupation of social housing. The Panel heard that homeless individuals, with complex needs and chaotic lifestyles, was more likely to fail to comply with their claimant commitment resulting in an increased risk of having their benefits sanctioned. This is likely to have a devastating impact on their ability to cope. Further Welfare Reforms expected in the next 2 years, including the continued transition from Disability Living Allowance (DLA) to Personal Independence Payments (PIP) and the roll out of Universal Credit (UC), will have serious implications for homeless individuals.

69. Monitoring of the impacts of Welfare Reforms is underway with key agencies through the Welfare Reforms Monitoring Group. However, with major changes still to come housing providers and the Homelessness Prevention Team need to ensure that they are continuing to assess, record and share the impacts on their clients and services to ensure the Local Welfare Provision can respond to these changes and provide an evidence-based response to commissioners, the Jobcentre Plus and Department of Work and Pensions.

70. Although access to homelessness assessments and referrals is relatively straight forward and well understood during the week, some referral agencies found it difficult to access beds for discharge from hospital out of

hours. This can cause significant problems for single homeless people who will have limited support mechanisms to turn to. The Panel also heard that if Probation Services release an individual from custody on a Friday with no pre-release liaison, the individual is less likely to settle and will be more likely to reoffend. Conversely, an emergency bed may be reserved in a hostel for an ex-offender which does not get used, blocking it from other potential clients. The emergency bed situation was cited as particularly difficult for young people services, where bed spaces are more limited. The Panel felt that the availability of emergency bed spaces needed to be reviewed with referral partners. A better understanding of the issues being faced by all services would ensure a more effective 'out of hours' service can be provided and used.

71. The Panel heard that a number of best practice services have time limited funding or are under threat of funding being withdrawn. However, it was clear that these services are making a tangible difference to the lives of homeless people. These services include:

- The Vulnerable Adult Support Team in the hospital A&E department who have reduced frequent attendance and supported over 200 patients to homelessness services that would otherwise have been back on the streets. Short term funding was agreed by the Hospital Trust but is due to end in September 2014.
- The Breathing Space Project was established through funding from the Department of Health and works with the University Hospital Trust to provide medical support in a domestic setting. The project has seen dramatic life changes with entrenched homeless individuals who have been given time to recover in a safe environment. This funding is due to end in October 2014.
- The Cranbury Avenue Day Centre, run by Two Saints provides an established and effective central homeless hub for the City. The Homeless Link transition funding and Council funding ends in March 2015.

72. The Panel felt that a city wide review should be undertaken to identify the cost benefit of these services to key public agencies to ensure that a sustainable funding plan is developed to keep them operating. This may include the need for short-term funding while this is being evaluated.

Recommendations

73. To address the above issues the Panel have recommended that:

xx. Regulatory Services complete an evidence based review of the need to extend the HMO licensing scheme to other wards in the city to ensure that standards of quality are maintained for all tenants in the city, in recognition that those who have been homeless will be moving on into the lower end of the market where risks to their health remain high.

xxi. Regulatory Services 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.

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.

xxiii. Continue to monitor homelessness trends and impacts of Welfare 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 Prevention 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.

xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due 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 Accident and Emergency Department of University Hospital Southampton.

Conclusion

74. There is an established and effective Homeless Prevention Strategy with a strong partnership delivering good services for the City. This partnership, however, needs to expand to wider health services and other agencies working with homeless people such as the Hospital, Police and Probation to be more effective.

75. There are many excellent services in operation across the City but single homeless individuals continue to suffer health inequalities and remain amongst the most marginalised residents, suffering many barriers to accessing the services. Increasing the understanding and awareness of other agencies who refer and deal with single homeless people should lead to more effective support and signposting and referral for individuals. Dealing with the mental health and substance abuse of homeless individuals, especially with earlier intervention for young people, is critical to them moving on. In addition, the lack of any 'dry' houses in the City can limit the options and willpower of those who want to be sober.

76. A large proportion of homeless clients have been through the care system or suffered abuse or neglect at a young age, which will impact on their behaviour and emotions. Work underway to transform the life chances of care leavers and multi-agency approach to providing early help will hopefully reduce the homelessness of future generations of children in need through early intervention.

77. There remains an entrenched group of individuals in the system who are hard to move on or relapse frequently who due to their complex needs and behaviours. These clients are expensive to the public purse and

consideration should be given to whether more intensive Housing First model would make a difference for these individuals.

78. The Panel recognises the difficulties of achieving a paradigm shift in the lifestyle choices of individuals. The homelessness prevention model in operation enables many homeless people to move on but for many move on from homeless services needs time and access to the right support mechanisms and treatment. Sustaining housing is the first and only outcome we can truly achieve for a number of these individuals – any further transformation will ultimately only come when they are ready to change.

Appendices

Appendix 1 – Inquiry Terms of Reference

Appendix 2 – Inquiry Plan

Appendix 3 – Summary of Key Witnesses

Appendix 4 – Southampton Homelessness Model and outline of key services