SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 29 APRIL 2014

Present: Councillors Stevens (Chair), Claisse (Vice-Chair), Bogle and Spicer

Apologies: Councillors Cunio and Parnell

55. APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

The Panel noted the apologies of Councillors Cunio and Parnell.

56. DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

Councillor Bogle declared an interest in that she was a Council appointed representative to Southampton University Hospital Trust and had held the position of Cabinet Member for Children's Services in the last 6 months and remained in the meeting and took part in the consideration and determination of the item on the agenda.

57. STATEMENT FROM THE CHAIR

In accordance with accepted practice a statement was made by the Chair in relation to :

- receipt of enforcement notice from Monitor on Southern Health and an additional meeting in this respect;
- updated recommendations from the meeting on 22nd April 2014 in relation to the LSCB; and
- invitation to the Health and Wellbeing Board meeting on 14th May 2014 when the NHS England consultation report on Specialist Services Specifications would be tabled for discussion.

58. INQUIRY MEETING 4 - TACKLING COMPLEX HEALTH AND OTHER NEEDS ASSOCIATED WITH HOMELESSNESS

The Panel considered the report of the Assistant Chief Executive, introducing the speakers that addressed the inquiry in relation to access to tackling complex health and other needs associated with homelessness.

The Panel received presentations from the Council's Children Looked after Social Working Team and a representative of the Southampton Safeguarding Adults Board in relation to Children Looked After and Adult Safeguarding processes and procedures and noted:

Children Looked After

- that the Council had a statutory responsibility to provide support to all care leavers until they reached the age of 21, or if they are assisted with education

and training , to the end of the agreed programme which could take them beyond their 25th birthday;

- the importance of staying in touch with care leavers with regards to accommodation, education and training issues. There had been significant improvement in these figures and the local authority were in touch with 90% of young people. The DfE required that the Council provided a report on the number of 19 year-old children they were in touch with and whether they were in suitable accommodation as well as the number of NEET children;
- that "staying put" arrangements were being prioritised to ensure that young people were being enabled to stay in foster care;
- Ofsted were now specifically monitoring how care leavers were looked after in terms of resources and how authorities, as Corporate Parents, were continuing to fulfil their obligations and responsibilities towards children looked after and leaving care;
- Phase 2 of the Transformation Structure provided more of a multi- agency response to children in care and looked after children and care leavers were being split into 2 groups ie up to the age of 14 years and 14 plus;
- the number of care leavers had increased and to date numbered 333, with 211 children looked after and 122 care leavers;
- the Pathways Team's focus was on providing suitable accommodation and increasing the number of children "staying put" with foster carers; and
- a strategic review of housing and care leavers was being undertaken with focus on increasing the number of supported lodgings in the city, dedicated support time from the 3rd Sector and work in terms of preparing young people to live independently, working with foster carers in this respect. NEET young people remained a concern and work was being undertaken in terms of apprenticeships, work experience and working with 3rd Sector providers;

Adult Safeguarding

- adults vulnerable to abuse is defined as "A person who is 18 years of age or over and who is or may be in need of community care services by reason of mental or other disability age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation";
- with adult safeguarding there was a difference as vulnerable adults had the right to consent to abuse and people's rights had to be respected;
- homeless people did not fall easily into care categories and only a minority of homeless people would have a care assessment as they would be signposted to relevant services, with accommodation services being part of the system of keeping people safe;
- revolving door clients ie young people not known on the system were an issue for the city; and
- the importance of holding the Mental Health Trust to account to ensure they met the expected standards when dealing with people with mental health problems.

The Panel received presentations from representatives of the Probation Services and the Police and noted:

Probation Services

- 15% of people entering probation services were homeless and 32% of people who were homeless were re-convicted;
- when offenders were released from prisons outside of Southampton and returned to the city, beds and accommodation could not be found for them as they could not be held indefinitely;
- offenders were at a high risk of being harmed;
- No Limits were doing great work in assisting 18 – 24 year olds in getting accommodation; and
- the importance of multi-agency working and probation health trainers working alongside other health professionals.

Police

- that the statistics on offending homeless people were not accurate and there was no formal recording process; if a homeless person was injured they would be directed to a walk-in centre and if it was a mental health issue they would be directed to Antelope House. If a homeless person was not at risk the police would not get involved. The police would be willing to assist other agencies and signpost homeless people to the relevant agencies if they were provided with more information;

The Panel received presentations from the Councils Improvement and Housing Needs Managers and a representative from the EU Welcome Project in relation to the impact of wealth reforms, migration and situations where there is no recourse to public funds and the Panel noted:

Improvement and Housing Needs

- the welfare reforms were the biggest change to the system in 60 years with an overall financial loss of £53 million and 34,157 households in the city affected;
- welfare and housing benefit reforms, with the increased conditionality and increase of sanctions, would be the biggest challenge to preventing and tackling homelessness;
- there was strong evidence that the above reforms (for example the single room rate for under 35 year olds, reforms to disability allowance and movement to a daily sign-on for jobseekers allowance) and subsequent sanctions were not motivating people back in to work, but putting them in severe hardship, which resulted in further disengagement. Compliance with conditionality, especially for those with complex needs was a huge challenge as many required additional support to understand the conditions and find work and homeless people often did not have a support network of family or friends;
- clients with no previous history of homelessness had, through rent arrears, lost accommodation and more young people who were no longer eligible for full housing benefit were accessing the service since the criteria was raised to above 35. There was an increase in debt related support and DWP benefit claim support;
- a Working Together Event involving the Homeless Link/Jobcentre Plus and other local providers had been held on 28th April 2014 which had been successful; and
- a 44 page booklet had been published, providing information on how to claim benefits and what sanctions were incurred if conditions were not adhered to.

EU Welcome Project

- this project supported and signposted migrants from the EU countries to various agencies;
- many homeless migrants had mental health and addiction issues ; and
- most migrants did not want to return to their home country and found it difficult to find accommodation and Day Centres were monitored by the UK Border Agency.

The Panel received presentations from representatives of University Hospitals Southampton, Local General Practitioners and Healthwatch Southampton and the Panel noted:

Vulnerable Adult Support Team (VAST) and Discharge Bureau

- the Emergency Department managed the care of about 280-320 patients a day;
- VAST had been funded from May 2012, but from September 2014 future funding was at risk;
- since the introduction of VAST, 219 patients had disclosed that they were homeless or at risk of street homelessness;
- VAST worked in close liaison with the Cranbury Avenue Day Centre, Street Homeless Prevention Team, the Healthcare Team and No Limits to provide a robust referral pathway for homeless patients; and
- VAST provided and promoted expertise with complex adult vulnerability, a consistent approach, risk management/safeguarding, access to community services, multi-agency collaboration and compassionate care.

Psychological Approach to Homelessness

- formal research at the University of Southampton had shown that there were psychological factors implicated with homelessness as well as mental health issues such as anxiety, depression, psychosis, with associated drug and alcohol use and self-harm;
- significant factors identified were childhood neglect and abuse and associated difficulties in managing emotions and attachment problems, which again were a significant barrier to healthy societal living and these factors were important when living in structured social environments such as hostels or shared housing;
- a number of psychological interventions were designed to address a number of these factors which may enable people to operate better in structured environments; and
- wider use could be made of psychological knowledge generated through training delivered in hostels.

General Practice

- Homeless people made greater use of hospital services, particularly Accident and Emergency departments as many of them had no ID and the amount of information available to GP's was minimal and no medical information was available on ex offenders;
- If a patient had a number of long term conditions and this was complicated by mental health problems or misuse of drugs or alcohol, it would not be possible to help them in a 10-15 minute consultation without access to medical records;

- homeless people had a high incidence of mental health problems which sometimes required drugs and many GP's did not have experience in manage drug problems and access to substance misuse services was very slow; and
- the Homeless Healthcare Team was better geared to care for the homeless and had greater expertise to meet their needs than ordinary practices.

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