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Recommendation	Accepted, In part or rejected	Outline of work in progress or future plans (denote which)	Lead organisation or group	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.			Homelessness Strategy Steering Group	
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.*			Southampton Integrated Commissioning Group (ICU)	
iii. The Housing Strategy continues to prioritise an increase in affordable			Development, Economy and Housing Renewal	

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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.			Housing Needs / Skills and Regeneration	
<u>B: 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 issues and barriers of homeless tenancies and increase social letting with relevant support agencies. This includes bringing together the current range of city			Homelessness Strategy Steering Group	

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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.*			Homelessness Strategy Steering Group	
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.*			Homelessness Strategy Steering Group	

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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>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>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.			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,			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>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>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 ICU</p>	

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<p>who want to become or stay sober.*</p>				
<p>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>			<p>Southampton ICU</p>	
<p>xvii. Undertake a fundamental review of Mental Health services for the City, specifically including improving access to behaviour therapies for homeless clients and considering</p>			<p>Southampton ICU</p>	

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<p>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>xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*</p>			<p>Regulatory Services</p>	
<p>xix. Expand training on homelessness services / welfare services to community first responders and primary care services e.g. Hampshire Police,</p>			<p>Public Health</p>	

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Ambulance Services, GPs and community nurses				
D: <u>Monitoring and reviewing critical services and issues</u>				
<p>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.*</p>			Regulatory Services	
xxi. Regulatory Services			Regulatory Services	

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<p>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>				
<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>Southampton ICU</p>	
<p>xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless</p>			<p>Skills and Regeneration, Local Welfare Provision</p>	

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<p>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.</p>				
<p>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.</p>			<p>Homelessness Strategy Steering Group</p>	
<p>xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due to lack of funding.</p>				

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<p>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>				

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