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<b>A: <u>A strategic city-wide approach to homelessness</u></b>				
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.		This commitment remains, but is also subject to the long-term financial position of the local authority.	Homelessness Strategy Steering Group	This commitment remains, but is also subject to the long-term financial position of the local authority. In addition, there is a need to continue to focus on prevention and on short, but appropriate responses to need to keep people safe while maximising positive outcomes.
<b>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.*</b>		<p>The commissioning of new services will commence in 2015, with the start of new services in 2016. While Southampton already has a Housing First focus, with services provided around the individual – hence, the availability of self-contained accommodation for very vulnerable and chaotic individuals. The ICU will however, review the model in other areas to test the value of this to Southampton.</p> <p>The Housing First model is one that will be considered. The development of new services in the coming year affords an opportunity to review this. However, with the resources available the city would need to make decisions on whether to focus on this group potentially at the expense of others,</p>	Southampton Integrated Commissioning Group (ICU)	An evaluation of the Intensive Support service provided by Street Homelessness team looked at their activities comparable to the Housing First model in keeping people safe and focusing on their housing needs with additional services to support them. A report is attached as Appendix 2.

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		which would be a departure from current provision.		
<b>iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new developments.</b>			Development, Economy and Housing Renewal	The Housing Strategy expired this year and will be subject to a review commencing in December which will be carried out by the new corporate strategic policy team.
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	This continues to be a priority area – as the achievement of meaningful occupation and work continues to offer a significant solution to individual's homelessness and other issues. Funding is maintained to services and positive outcomes continue to be achieved. We expect a project linking homeless service users and employment as carers to begin shortly, as we engage with care agencies in ensuring this is sustainable in the medium and long-term.
<b>B: <u>Raising awareness and recognition of homelessness issues and protecting valued services</u></b>				
<b>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</b>			Homelessness Strategy Steering Group	A landlords' accommodation forum continues to be held on a quarterly basis to which landlords, universities and local housing agencies are invited to facilitate liaison and greater understanding. There has been a reduction in the social lettings available previously through No limits and Real Lettings South.

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<b>sector housing rental market.*</b>				
<b>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.*</b>			Homelessness Strategy Steering Group	The Integrated Commissioning Unit is continuing to help in promoting positive outcomes for homeless people in contact with health services. The ICU is planning a review of support services offering early intervention in crises across health and social care. Although a large and complex project covering many client groups, homelessness is a key issue for this review to address. It will report in 2016/17 with a new procurement process leading to services in 2017. In the meantime, work on supporting homeless people at the end of life continues to engage health and other professionals in appropriate care. (See also point X below)
<b>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.*</b>		The development of the ICU provides an initial route to this. However, including UHS, Solent and Southern formally will increase understanding and participation.	Homelessness Strategy Steering Group	Partners are invited to attend, to understand the needs of homeless people and to take part in designing new initiatives. This has recently included a new proposal to rethink the Breathing Space initiative across health and homelessness providers.
<b>viii. Raise the awareness of healthcare professionals of the role of homeless healthcare provider case workers and the value of their support of the</b>			Homelessness Strategy Steering Group	The Homeless Healthcare Team continue to promote their work across the health system, including supporting the Breathing Space re-design and in continuing to advocate on behalf of homeless clients.

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<b>single homeless, particularly through advocacy.*</b>				
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.		These is kept under review. New substance misuse services have commenced in the city under long-term contract. Mental health services are currently being reviewed, and the impact of changes on homelessness is considered as part of this. The key consideration is the provision of appropriate long-term accommodation for this group.	Southampton ICU / Clinical Commissioning Group	The whole system of support continues to be subject to review and analysis of positive outcomes for clients. The value of services in helping clients who are drug users and those with mental health problems achieve more positive outcomes is documented, and for example, the role of agencies in continuing to use Naloxone to provide immediate care to opiate users at risk of overdosing, continues to be a positive example of such work.
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.			Healthwatch	Healthwatch have worked with the GPs and other management bodies within the NHS to ensure updated guidance is issued to GPs. This has had a positive impact locally, although there is a continued need to manage the messages
<b>C: <u>Improving service delivery</u></b>				
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 model of homelessness services within the city is based upon outcomes for users, both moving through the model and being diverted to other, more appropriate solutions. The Strategic Review process followed	Southampton ICU	Support services to homeless people, young people, teenage parents and other housing support services will be subject to a review within the Prevention and Early Intervention work of the ICU in the coming year. This has only recently been scoped,

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the case for changes in policy and practice can be evidenced.		prior to future commissioning proposals being agreed enables all parties to be involved in discussions on future service structures. This enables the current performance and future requirements to be considered, so that evidence can be used to determine future structures within the available resources.		but will enable a new more flexible approach to providing services that can be shown to work. Current performance of providers continues to show positive outcomes for individuals, even within the challenging financial climate, and where benefit sanctions are hitting a high proportion of single homeless people in the city.
<b>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.*</b>			Children and Families	A review of the protocols for joint work with Children's Services and Housing has been conducted. This has resulted in closer working around homeless 16&17 year olds and facilitated greater access to accommodation for care leavers. A weekly panel has been set up, chaired by Homelessness manager, to oversee access to the supported housing provision in the city ensuring priority is given to the most vulnerable young people.
<b>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.*</b>			Children and Families	Renegotiated contracts with supported housing providers has identified self-contained accommodation specifically for care leavers, additional emergency beds and a support model that provides programmes of activity designed to enable young people to develop life skills which will allow them to progress in life including work around employment and education.
xiv. Homelessness Services work			Homelessness	The HSSG terms of reference have been

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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.			Strategy Steering Group	reviewed and membership has been extended to include representatives from the Probation service and Community Rehabilitation company to enable a forum for further discussion. Work continues on a casework basis between probation, housing and providers to avoid homelessness on prison release.
<b>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.*</b>		The new contract for Alcohol services was implemented in June 2014. This includes a number of bedspaces (5) within a 'dry' house. We are discussing options with another agency to provide a supportive environment for users, which may include 'dry' areas.	Southampton ICU	The new 'dry' environment is working well within the new services. The key has been to ensure other support services are engaged with this model and able to provide appropriate support.
<b>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.*</b>		Proposals have already been received from a number of providers of homelessness services regarding psychologically informed environments. These are being taken forward as part of a programmed approach by landlords, where appropriate.	Southampton ICU	Providers have continued to look at opportunities to work with psychologists, including funding bids, in order to promote this area of work. It is likely that the work on prevention and early intervention will cover this area in the future, including considering the appropriateness of accommodation in helping to achieve positive outcomes.

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<p><b>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 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.*</b></p>		<p>Mental health services are currently being reviewed, and the impact of changes on homelessness is considered as part of this. The key consideration is the provision of appropriate long-term accommodation for this group. In the meantime, there is an added focus being given to supporting employment opportunities with a joining of resources for homeless people and those with mental health problems into a single approach. This will rationalise the approach and provide benefits for users.</p>	<p>Southampton ICU</p>	<p>The review of mental health services is continuing and is encompassing all services and support in the city, including the appropriate support to individuals living with supported housing in the community. The employment initiatives have now been joined, and are producing benefits for homelessness and mental health, by ensuring the most appropriate response and support required regardless of the specific client group.</p>
<p><b>xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*</b></p>			<p>Regulatory Services</p>	<p>The private accommodation forum brings together landlords and agencies who access accommodation for homeless clients which helps improve liaison and in turn helps in reducing barriers. Incentives to landlords include offering support to landlords in managing homeless people once housed.</p>
<p>xix. Expand training on homelessness services / welfare services to community first responders and primary</p>			<p>Public Health</p>	<p>Public Health support is being rationalised to ensure it is focused appropriately. This includes ensuring Probation Health Trainers and others are supported.</p>

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care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses				
<b>D: <u>Monitoring and reviewing critical services and issues</u></b>				
<b>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.*</b>			Regulatory Services	HMO Additional Licensing Scheme has been introduced to include Freemantle, Shirley, Millbrook and Bassett Wards.
<b>xxi. Regulatory Services consider options to undertake a new stock condition survey to gain a better understanding of the</b>			Regulatory Services	The 2016 Private Sector Stock Condition Survey is currently being scoped prior to seeking funding approval.



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<p><b>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.*</b></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>Southampton Drug and Alcohol Partnership (SDARP), a newly integrated substance misuse service, began offering treatment and support to people concerned by their drug and or alcohol use on December 1<sup>st</sup> 2014.                      The partnership includes</p> <ul style="list-style-type: none"> <li>• YP service to the age of 24</li> <li>• A care coordination service for adults aged 25+</li> <li>• A Structured Intervention Service to deliver a wide variety of treatment options</li> <li>• An hospital based Alcohol Care Team</li> <li>• Access to personalised care budgets that support recovery and harm reduction</li> <li>• SDARP has integrated services for people concerned by their drug and alcohol use</li> </ul> <p>SDARP will support people experiencing or</p>

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				<p>with a history of homelessness by:</p> <p>Working closely with Hostels and the Street Homeless Prevention Team.</p> <p>Providing Outreach to ensure anyone can access timely and appropriate support and treatment, responding to risk, motivation and need</p> <p>Coordinating recovery and careplans with other providers (eg Hostels).</p> <p>Supporting the delivery of Harm Reduction Services within Hostels.</p> <p>Needle Exchange.</p> <p>The provision and administration of Naloxone, overdose awareness and overdose prevention training to staff and residents.</p> <p>Working jointly with Mental Health Services to coordinate care for people experiencing or with a history of homelessness with a dual diagnosis.</p>
<p>xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to</p>			<p>Skills and Regeneration, Local Welfare Provision</p>	<p>HSSG has developed a quarterly data set to track the impacts of welfare reform on homelessness trends which is also considered by the Welfare Reform group. This is lead by Cllr Kaur and comprises</p>

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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.				representatives of advice agencies in the city, providers of local welfare assistance and the DWP. The introduction of universal credit has been planned in part via this group.
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	Emergency beds are accessed via the SHPT in the case of single adult homeless people and the homelessness team for young people. Criteria for access out of hours is agreed and reported back the next working day to ensure consistency of approach and to plan move-on.
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		Breathing Space has never been funded from within the city. It was developed and funded through a grant from the Department of Health. The city was approached recently by Two Saints as the original funding is due to end. Financial information shows the rates required to sustain the service are significantly higher than would be expected to be paid for a support service in the city. Indeed, the rates per person are significantly higher than		The Housing provider of Breathing Space has developed plans to instigate a smaller service that can support needs across a wider range of needs, but including those individuals with health needs. This will provide both a step-down and step-up service between the hospital and the community. The Vulnerable Adult Support Team is continuing and has been expanded to support more needs, reflecting its positive role and outcomes.

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<p>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>		<p>expected to be paid for nursing care environments. In addition, there have been significant void rates in the property – substantial, even for a new project. We have referred the service to UHS to see if there may be funding available from this source, as there is a direct positive impact on the hospital setting - particularly from providing a service for end of life care and for clients whose chaotic behaviour makes sustaining accommodation elsewhere problematic. Two Saints are now considering other options for continuing the service.</p>		