

FAITH & VCS HOMELESS FORUM MEETING

Held on Tuesday 6th December 2016, 10:00 @ The George Whitefield Centre, Gloucester

In Attendance:

Sophie Ayre	Healthwatch Gloucester	SA
Kathryn Gibson	St Mungo's Broadway, Gloucestershire Outreach Coordinator	KG
Andrew Turrall	Gloucester Quakers	AT
Alex Cole	Gloucester Outdoor Church Group	AC
Frances Clark-Stone	Outcome Manager for Mental Health GCC. On behalf of KGL CCG.	FC-S
Lynsey Wellington	Turning Point, Housing Related Support Manager, Peer Mentor & Volunteer Team Lead, County SMART Recovery Champion	LW
Lesley James	Turning Point, Outreach Engagement	LJ
Elisha Kyne	Adult Education Co-ordinator, British Red Cross.	EK
Gayle Clay	Manager, Homeless Healthcare & Potentially Violent Patient Service.	GC
Emma Royer	Independence Trust, District Coordinator	ER
Helen Vaughan	Gloucestershire CCG	HV
Martin Henshaw	Rotary Club of Gloucester	MH
John Weygang	Rotary Club of Gloucester, CAB, St Catherine's London Road.	JW
Nicky Goddard	Service Coordinator P3	NG
Dave Kinghorn	Director, Gloucester City Mission	DK
Ciaran Murphy	Project Development Manager, Gloucestershire Nightstop	CM
Graham Croly	Greensquare	GC
Jackie Green	Park Street Mission	JG
Steve Pankhurst	Elim Housing	SP
Farooq Ismail	2gether NHS Trust, Social Inclusion	FI
Addie Stevenson	CEO Emmaus Gloucestershire	AS
Les Jevins	Emmaus Gloucestershire	LJ
Chris Keppie	Interim Chair and County Homeless Coordinator (CHC)	CK
Emily Jones	Gloucester City Council	EJ
Tony Hipkins	City Centre Churches & Faith Group	AH
Hazel Chinn	Barnwood Trust/ Police Community Support Officer & Community Builder	HC
Katie Conlon	2gether NHS Trust, Team Manager Supported Accommodation	KC
Andrew Telford	2gether NHS Trust, Community Services Manager	AT
Juliet Tigwell	Service Manager for Greensquare Housing Support	JT

Apologies

Jennie Watkins	Chair – Gloucester City Council & Office of Richard Graham MP	JW
Albert Gardiner	Churches for Change	AG
Major Gareth Heward	The Salvation Army, Gloucester	GH
Anneliese Sterry	Gloucester Foodbank	AS
Revd Cate Williams	Mission and Evangelism Officer, Gloucester Diocese	CA
Michael Butler	St Catherine's Church, London Road	MB
Revd Pat Gifford	Associate Priest, St James and All Saints with Christ Church	PG
Revd. Dr. Alison Evans	County Ecumenical Officer	AE
Anne Dunning	St John's Northgate Methodist Church	AD
Father Gerry Walsh	St Peter's Catholic Church Gloucester	FG
Ian Fogg	One Church	IF

Meeting Notes:

Item No		Action
1.0	Welcome and Introductions. CK welcomed everyone to the meeting and thanked GCM & HHT for hosting. AC opened the meeting with prayer.	
2.0	Minutes from the previous meeting. Minutes were accepted.	
2.1	Matters Arising.	
	Signposting Cards: Matt Knight had advised that the Assertive Outreach Team were looking to produce cards, they are used a lot. Forward to new Outreach P3.	MK/CK c/fwd
	P3's reference group: LB advised that she doesn't think the group still exists. LB to	LB

	ask if there is any replacement for it.	c/fwd
	Department of Work and Pensions: Richard Graham MP, to meet DWP re support of those on benefits and in difficulty. AH to contact CAB re issues raised by Forum's Review.	AH c/fwd
	Supported Accommodation. A reported worrying increase in evictions from council run supported housing. There is a 6 week period where those evicted are not allowed back, so where do they go? deliberately made homeless for the public to refer them to Streetlink, onto St Mungo's to find on the streets, into START,..... there must be a better way. We will contact Oonagh at the County Council to first assess extent. Raised at the last Forum Meeting that this is not good enough, risk to life, unsafe practice, where did 6 weeks come from?...; all agreed unacceptable. Being followed up. Report of one person being evicted onto the streets and sleeping in a tent because he was seen with a knife,..... he was self harming. Progress: c/fwd.	CK/AH/ OL c/fwd
	Forum Homeless Health Review: Waiting to hear from Sarah Scott, Director Public Health, on how the Homeless Health Charter will be implemented. There is no JSNA at present re Homeless Health. We are told the Charter will act as a trigger. AH to liaise with Neil Dixon, County Strategic Needs Manager. <i>Progress: Response from Neil Dixon. 'Sorry for delay. The process now that the charter has been adopted is that "homeless health" is on the list of topics to appear on next years work programme. I'm hoping very much that we will convene a working group, as you and others have a lot to bring and to offer to such an undertaking. I will be in touch in due course'.</i> <i>Neil Dixon, Strategic Needs Analysis Manager, Strategy and Challenge Gloucestershire County Council.</i> <i>Action: Forward Healthwatch Report to Neil as a suggested basis to start the Homeless JSNA.</i>	AH
	Inspections of B&B etc: CK to ascertain whether inspection reports are public or private, can they be reviewed? <i>Important now following Healthwatch Report that a minimum standard of housing for vulnerable people needs to be agreed.</i> <i>Post Meeting: Disturbing reports of the Council having to offer unsuitable private residential emergency accommodation to homeless/rough sleepers.</i> <i>Accommodation said to be 'crack houses'...'aweful'..'unsafe'..'volatile'... so understandably we have heard offers being refused...'would rather sleep rough, it is safer'...a number of private properties in Cromwell Street refers...Members Comments: This is unacceptable, not managed, landlord doesn't seem to care, where is the support?, the help?, the supervision?, are any individuals placed here by the council with mental health/learning disabilities?</i> <i>Action: CK/Council/ Commissioners.</i>	CK c/fwd CK/City
	Support for Outreach Provisions: KGL has said previously that there is an opportunity for the FVCS to be involved re gaps in mental health provision. FC-S to follow up.	FC-S c/fwd
	2gether Social Care: Theresa Donoghue (TD), Social Care Specialist, to contact DK re Project Beacon on Saturday nights.	TD c/fwd
	Mental Health & Housing: Major ongoing concern. TD and CK to liaise. <i>Important now following Healthwatch Report that a minimum standard of housing for vulnerable people be agreed. Action: see item 3.2 for update from TD.</i>	TD/CK c/fwd
	Crisis Concordat re Homelessness: CK attending sub-group to look at this, where are the gaps etc. CK to update at next meeting.	CK c/fwd
	National Yearly Street Count 2016: Update on progress on review and actual figures from DK and KG. Data for Gloucester Street Count Autumn 2015 was 13. This is a snapshot of the number of 'rough sleepers' found in one night in the week, not on weekends, once a year and isn't the number of homeless which includes sofa-surfers etc. Numbers will likely be higher on weekends when sofa-surfers are kicked out. <i>Progress: Numbers agreed as follows: -</i> <i>Gloucester 23 (13 in 2015) =77% increase</i> <i>Cheltenham 11 (1 in 2015)=1000% increase</i> <i>Stroud 2 (1 In 2015)=100% increase</i>	All

	<p>Chris Keppie reported that Katie Conlon manages the supported accommodation for vulnerably housed people with mental health issues for the 2gether Trust. Contact to be added to website by AH.</p> <p><i>Progress: Katie added to web site, Mental Health & Wellbeing in Members area. Katie has been added to Forums Network List, copy also in Members area. Emily Jones, GCC & Project Solace, has said she is more than happy to extend an invitation to Katie to attend the Solace Group and will do so. Thank you to AT who says he has attended and gets the minutes for Solace meetings and checks if any individuals are known to 2gether services, etc. He will look to see if himself and KC can both be involved and get better representation, which will be very reassuring to us all.</i></p>	<p>EJ</p> <p>AT/KC</p>
	<p>Training. Chris Keppie / Karl Gluck are looking into providing training in mental health awareness on a very large scale from 2017 Chris Keppie and Andrew Telford will meet to discuss delivery of this but need some idea of numbers from Forum Members/Faith leaders; little response as yet.</p>	<p>c/fwd AT/CK</p> <p>All</p>
	<p>Project Solace. Action Point to Edward Pomfret from June 2016 meeting, to check if Katie Conlon is linked in with Project Solace, as per St. Mungo's etc. No response from EP; Forum to ask EJ.</p> <p><i>Progress: Emily kindly responded to extend invitation to Katie to attend Solace meetings.</i></p>	<p>EJ/KC</p>
	<p>County Mapping Provision – to be undertaken by CK but other priority's at present. <i>Review priority after Healthwatch recommendations.</i></p>	<p>CK c/fwd</p>
	<p>Safe & Attractive Streets Policy.</p> <p><i>Progress: To recap, MEAM was not included in the final version of the Policy as requested by the Forum and EJ has said there has been no progress in accordance with the resolution passed by Cabinet. EJ does say that they had a request to consider MEAM and Jennie and EJ did so, but in relation to the work that is output it was felt that they were already achieving more or less the same outcomes well in Gloucester through our own multi-agency partnership. Especially considering there was a significant cost attached to MEAM as a specific scheme, we felt at the time that we were broadly achieving the same aims already. Again, though, EJ is happy to take another look at this if JW would like her to and to consider it once more or see if we can identify any learning from them.</i></p> <p><i>Chris Keppie went to a very good Homeless Link workshop (about Housing First), and spoke with the HomeLess Link MEAM coordinator. They're awaiting for funding confirmation, but it sounds very likely that they will be able to provide increased and free MEAM support in the new year.</i></p> <p><i>Action: EJ and CK asked to please follow this up with JW to reconsider use of MEAM.</i></p>	<p>JW/EJ/ CK</p>
	<p>Independence Trust. Talked about Independence Trust (IT) who have a drop-in service for anyone with a mental health issue;.....general discussion ensued. Emma and Francis to provide update for the Forum. (Positive post meeting update: IT would very much like to link-in to offer mental health support, AH to follow up).</p> <p><i>Progress: AH has had a very useful meeting with IT and Andrew Telford is meeting Cynthia Kerr on the 8th ; 2gether do work in partnership with IT. We are really pleased that Emma Royer, IT District Coordinator, is with us today...On agenda</i></p>	
	<p>The James Mackenzie Lecture 2012 called 'Bothering about Billy'. University of Leicester challenge us, why all GP's should be 'Bothered about Billy'. RCGP James McKensie Lecture with Professor Helen Lester, watch on Utube. There are still mental health stigma issues with GP's, cultural change needed. (Note: The report states that there is 'evidence that some GP's simply don't accept that the care of people with serious mental illness is their business...their core business'...'they</p>	

	<p>continue to prescribe medication started in secondary care...'.)</p> <p><i>No Progress: Liaise with 2gether, CCG, Healthwatch? Advice to be sought.</i></p>	<p>c/fwd CK</p>
	<p>Rough Sleepers Working Group. Partners don't turn up to monthly meetings, need to look at smaller fixed groups, so able to have same day action, must be <u>people focused about the individual</u>. MEAM approach is not officially used by County but is needed. B&B's are not good, not necessarily well managed, no support and high cost but are used because the local authority's (LA) don't have emergency accommodation which is a big problem, need urgent response by LA's. LA's are now looking for emergency accommodation providers. MEARS Group providers coming to talk but strict criteria, if wont accept drug or alcohol then real problem; will keep looking.</p> <p><i>Progress: Ongoing issue with lack of any suitable emergency accommodation. Healthwatch Report highlighted that a minimum standard of housing for vulnerable people be agreed and that there is an adequate level of emergency housing to meet the needs of vulnerable people, especially women.</i></p>	<p>OL</p> <p>CK c/fwd Ongoing</p> <p>OL</p>
	<p>St Mungos Presentation. Practical Assistance, slide 23 – General discussion - It was agreed that homeless individuals should first be directed to /go to/ taken to, the City Council Homelessness Team to make a homeless application; out of hours, contact EDT. This should be reinforced with the City Council as it has been said that individuals have been fobbed off before by the City Council, those homeless or threatened with homelessness have a right to have a housing assessment, demand in writing? It is not acceptable if the City Council are just saying, 'no, we can't help you, you need to go to P3'. Our Signpost cards need to be changed asap. <i>CK/AH to follow up with Helen Chard at City Council. No Progress.</i></p> <p>Financial Assistance, slide 24 - Should Forum do fundraising event for St Mungo's to help homeless individuals into emergency accommodation? Very disconcerting that Individuals with diagnosed mental health problems have been refused accommodation!!</p> <p><i>No Progress. Liaise now with new providers P3.</i></p>	<p>CK/AH c/fwd</p> <p>All Note</p>
2.2	<p>Healthwatch Gloucestershire Report on 'Access to Health and Social Care Services by Marginalised and Vulnerable people in Gloucester'. Sophie Ayre to talk to us a bit more about the report and an opportunity for Sophie to hear people's views.</p> <p>SA summarised findings and recommendations being:-</p> <ul style="list-style-type: none"> • Support for those with mental health problems is very important issue • A review be undertaken of Needs not being met; a real challenge. (JSNA?) • Co existing mental health & drug dependencies are a barrier to access help (Note: also highlighted by Turning Point in their report Dual Dilemma). • Gaps in criteria of support, more flexible approach needed. • Long waits for some therapy. <p>Really encouraging that there has been a positive response to the report, such as from the CCG.</p> <ul style="list-style-type: none"> • Communications – many agency's seemed variable and there are gaps. Homeless Healthcare Team had the strongest connections. • Misconceptions in some agency's roles. Clarity is needed such as, 'this is what this team does'. • Need for a multi-agency data base on homeless etc., individuals. • Need for support for individuals with a high level of need. • Need for a minimum level of standard of housing for vulnerable people to be agreed; with an adequate level of emergency housing available. (see 	

	<p>inspections of B&B's in Matters Arising)</p> <p>SA reminded us that Healthwatch has a health & social needs remit; listening to the views and experience of the public. A wider review was now needed being supported by the CCG; SA would really welcome views.</p> <p>General Discussion: LW really welcomed the report and while CGL were taking over from Turning Point from the 1st January, the report would be passed on to CGL to take forward better communications with homeless services. It was understood the new service as contracted would have less offices and more outreach. LJ really good report, understood new CGL contract will reduce the number of Hubs so there is an urgent need to know where to access services. AH reiterated the views of many that it was a brilliant report, it was very thorough, views and experiences well researched, key findings and recommendations... a truly independent review...looked at and raised many of the issues and problems that the Forum has been flagging up; see Forums Health Review 2015. It was felt critical to have an independent body like Healthwatch. It was encouraging to hear that the Homeless Healthcare team had very positive feedback, had the strongest connections and should be used as a model of best practice. As expected The Vaughan Centre had been valued by those who used it; closure was seen as a big loss by the police, 2gether, etc. AH suggested the Report would be a good basis to help start the County's need to progress the Homeless Health JSNA/Needs Assessment. In the formal responses, it was also good to read that Margaret Willcox, GCC Commissioning Director, referred to the Homeless Health Charter and the need of the Health & Wellbeing Board to progress a Homeless Health needs assessment. The Forum had been lobbying for this and encouraged the HWBB to sign up to the Charter. We await to hear from Sarah Scott, Director Public Health. Real concern about the poor and unsafe standard of some private rented accommodation offered to vulnerable individuals. A Report on clients and users of the homelessness services, is long overdue. To improve services/service delivery, you need to consult with whoever are your clients/users of the service. Could the Council consider setting up a Service User Forum, who could organise this?</p> <p>SA agreed to keep the Forum informed on progress with the Report Recommendations such as with the Health&Wellbeing Board, CCG, etc. SA and Healthwatch were thanked by all for a very valued and important report.</p>	<p>All</p> <p>LW</p> <p>CK/All</p> <p>SA</p>
3.1	<p>Presentation by Emma Royer, District Coordinator for the Independence Trust.</p> <p>Frances Clark-Stone, Outcome Manager – Mental Health Commissioning, County Council, introduced Emma Royer, (follow up from our last meeting). ER explained that IT have the Mental Health & Wellbeing service contract for Gloucestershire for Dec 2014 until April 2019. IT 'area person' centred organisation promoting positive Mental Health & Wellbeing. Supports individuals who are socially excluded and encourages them to build on their strengths.</p> <p>Who can Access. The service is open to adults (18+) and those making the transition from young peoples to adult services, living in the County. Those with mental ill health and those with higher functioning Autistic Spectrum Condition. Also work with those experiencing social isolation, lack of motivation, stress of everyday life.</p> <p>Localities. County divided into 3 Districts with a Hub in each area. Each District divided into 4, 1. Bridge Building. 2. Peer Development. 3. Activities – A-Z Prospectus. 4. Safe Space.</p> <p>Focus on change from building space to community based support. Offer self-referral and drop-in. When someone is referred will triage within 48 hours. Main criteria is that the individual needs to engage, need to know why they have been referred, flexible, access a particular group, don't have to become a client.</p> <p>Peer Development. Available for up to 2 years. 45% of clients are involved in Peer</p>	

	<p>Development (Support) and are still in touch. Opportunity to engage in activities to support recovery. There is a range of different clients who are not accepted purely based on a diagnosis. Peer led service, individuals encouraged to share experiences and skills, move toward self-sustaining support networks.</p> <p>Many don't get what IT are about as not space based but community based. Self-referrals is largest group, you can walk in, fill out forms there and then, not necessarily triages. Drop-ins are at the 'Central Point of Contact', 1 Mill Place, Bristol Road, Mon-Fri 9 - 4:30pm or at the Quakers, Friends Meeting House Mon-Fri 12-3pm. If other support already in place can still access IT.</p> <p>Bridge Building. There is a 1 to 1 support service, called Bridge Building for approximately six months. Focuses on individual needs.</p> <p>GC said they see a high turnover at supported housing, need to have more hand holding, continuity, link...ER said IT will expand the 1to1 service. Will assess everyone in severe mental health, focus more on recovery workers such as ex NHS workers, Housing. They have 7-8 people for Gloucester District so capacity is not an issue.</p> <p>Peer Development (Support) – more about supporting themselves so capacity again not an issue.</p> <p>Social Isolation issues which have been flagged up by the Healthwatch Report. 2gether Trust overlap with services but IT is non clinical therefore signpost to GP's.</p> <p>Activities – A-Z Prospectus. ER will forward their Wellbeing Plus Prospectus A-Z (added to Forum web site); updated 3 times/yr. Run by clients or by clients who have gone through the support process. Follows Recovery College Principles. Newsletter on their website. CK asked if anyone has referred? AT has referred.</p> <p>FC-S is doing a survey of all who refer in, what do you know about the service, how u interact, etc...seen as an important piece of work for this group.</p> <p>CK thanked ER for a very helpful presentation and looked forward to continuing dialogue and involvement with IT with regard to important support. Perhaps ER could approach Faith & VCS community group drop-in's, such as GCM, to see who/how they can help.</p>	<p>ER</p> <p>ER</p> <p>FC-S</p> <p>ER</p>
3.2	<p>Andrew Telford, Community Services Manager 2gether NHS Trust.</p> <p>AT talked about new service to open next year run by Swindon Mind, short term support, not crisis help for homeless, for the vulnerable, more wellbeing. Read more. All services Gloucester community based, are moving to next door to new premises at Pullman Place, followed by KC's team..co-locate. Will cover 90% of work going out, you will know where we are, more accessible, 250 staff involved so major project and a change to be so prominent from being tucked away. Phase 1 completion is spring next year.</p> <p>KC has a contract for 150 placements with mental health problems, max 10 hours support. Role of team to look at problems with housing and to make more links. There is a course on the 25th January for supported accommodation providers meeting at Wotton Lawn Hospital. Includes Case Study and FI doing mental health training in the afternoon. Interest shown by Turning Point, staff training useful.</p> <p>KC, leads secondary mental health service, and focuses on people with dual diagnosis, incredibly difficult to house, need to get together group of people to help. Find individuals rotate around Supported Housing Services but this Council service is shrinking. Why can't this group of people be housed? Big question.</p> <p>Action: A Multi Agency Action Plan is required with each client having their own action plan. Hope that the new alcohol and drug recovery service, CGL and MEAM will help bring this together.</p> <p>Crisis Team co locating with police at Waterwells, 24hour attendance now at A&E generally with 4 hour wait, can fast track place of safety. More of a team effort, not stand alone, more community based. Found out of 18 homeless individuals only 2 were with mental health services, is this an access problem?? Question: who's formally mentally ill?</p>	<p>All</p> <p>CK/AT/ CGL</p>

<p>4.1</p>	<p>Gayle Clay, Homeless Healthcare Team (HHT).</p> <p>Very concerned about sofa surfers, not necessarily diagnosed with mental health issues. Have seen several people who were very vulnerable and were not able to access emergency accommodation. Nationally and locally going into supported accommodation for some is NOT working. Bridge Building is very important. Found if housing breaks down difficult to get access to support workers. Huge issues for people where complexity increased. Big need for agencies etc., to work together, warm and dry clothes, emotional support, etc.</p> <p>FC-S asked about the Homeless Healthcare Team, what do they do? GC - It's a very small team, nurse based every day with a Doctor drop-in 3 times a week. Psychiatric nurse, podiatric service, outreach to those in the community, to faith based groups outreach sessions, etc., The Homeless Healthcare Team offer support, advice and medical and nursing care to people who are homeless in order to help them protect their health while homeless and make positive choices in their own healthcare, and to access mainstream primary health care. The service also hosts the Potentially Violent Patients (PVP) Service for those taken off GP's lists for those with difficult behaviour and also works closely with hospital discharge scheme, Time to Heal. (Note: Info at link to Forum web site, the HHT). Used to be based at The Vaughan Centre with county outreach workers, support, a place of safety, NSNO first point of contact, etc.,</p> <p>Hub here on a Wednesday is very successful and frequency of drop-in's has increased. Looking at drop-in at Wotton Lawn to prevent evictions.</p> <p>Housing – General Discussion.</p> <p>Need to try and get involved with people before they are evicted, needs a culture change, supported housing is struggling. County Council commission supported housing through START process. Review in July with task and finish group; CK concerned. Need to do a Case Study, why was someone evicted?</p> <p>Individuals can tend to burn bridges, sometimes supported housing is not the answer. Risks to that person especially if mental health issues. Needs can be so complex, lots of multi-agency joint working needed otherwise just 'revolving door'. CK referred to confidential report which will be shared with Providers with case studies, 6 week review with concerns to CK. Introduced as a prevention thing, did it have outcomes needed? Would have 6 months and move on but didn't happen.</p>	<p>CK</p>
<p>4.2</p>	<p>Dave Kinghorn, Gloucester City Mission.</p> <p>DK welcomed everyone, GCM went live in May at the new location here at The George Whitefield Centre, showers and clothes washing facilities are going in with many thanks to Gloucester Rotary. HHT moved here first. Gloucester Foodbank were already here. GCM run a hot meal on Wednesdays for vulnerable people, vulnerably housed, lonely and isolated, not necessarily homeless. 50 – 60 people here on a Wednesday with various states of accommodation including emergency accommodation. Greensquare outreach here on a Wednesday and Friday now. Hairdresser once a month. Clothes store and toiletries say if just out of prison. Turning Point outreach here with 2 referrals last week. Its great to hear what agencies are doing such as IT and Turning Point.</p> <p>DK spoke about a Service Proposal for a Winter Provision for Rough Sleepers due to concerns about severe cold weather and the health and wellbeing of rough sleepers. Hard copies of Service Proposal circulated. (view on web site front page – latest news) GCM and Emmaus have formed a partnership to explore options for extending services for rough sleepers between January 10th and 28th February. This would involve overnight shelter each night and support for 15 rough sleepers from 10th Jan to 28th Feb. There will be 2 staff every night and a cohort of faith volunteers. Will work with statutory agencies with access by referrals each day. The service will operate within NSNO guidance, it is not a night shelter. There are similar models working in Hereford and Derby. The Shower project will be completed by end of Christmas.</p>	

	<p>AS, CEO Emmaus, continued and said Emmaus want to make this happen. The cost is being paid for by Emmaus and GCM, so no cost to the council. It is understood that planning permission may be required. There will be two paid staff and looking for experience. Pay rates are £9/hr from 7:30pm to 7:30am. Please get in touch if you know of or have people who may be interested. There is a parallel plan being looked at if there is a problem with city planning, would have to close at 9pm and put people out on the street. Follow up services would be needed at the outset.</p> <p>General discussion:</p> <p>It was noted that the Proposal refers to concern with lack of provision for SWEP in the County. This has been an ongoing major concern of the Forum. It was good news to read that the Service Proposal would be provided free of charge, to the statutory agencies. Don't have time to vet people. We don't want a return to people dying on the streets in Gloucester or becoming ill from the winter cold weather. Can't bring dogs. This year Travel Lodge and B&B's wont take rough sleepers/homeless under SWEP.</p> <p>EJ asked if well behaved dogs would be allowed in the Winter Provision? Could they perhaps be housed in a kennel? EJ struggling with homeless people with dogs who aren't engaging and not taking housing because they cant take their dog into offered accommodation; but they are still human beings and at risk. For young women on the street, a dog can provide indispensable protection. We could get them off the street, they are not causing ASB on the street. DK concurred that he came across 10 people on the street and 2 had dogs as companions. Will be looked at. Proposed have a chat with Gareth Edwards, Director of Operations CCP, re dogs.</p> <p>Stroud Salvation Army have winter crash pads. AS doing presentation with SA on Friday on how to set this up. Ex mental health chaplain at SA, connection with Marah, Stroud.</p> <p>CK remarked on one thing with the old night shelter, no one wants to replicate the 'revolving door' syndrome. AH thought it was important to understand that the Winter Provision is not a night shelter, it's a winter provision. Forum members were fed up with people disparaging and 'having a go' at the GEAR night shelter when GEAR were only contracted by the County Council to provide emergency accommodation for the County Council, from 8pm to 8am. GEAR were NOT responsible for the 'revolving door' syndrome. Mark Simms, now CEO of P3, has said, ...'It was recognised that the GEAR Projects night shelter had been wrongly blamed for failing to resolve the revolving door syndrome/ cycle of homelessness, when they were only contracted to provide an emergency night shelter from 8pm to 8am; it was agreed that there had been a major lack of support, and a strategic review of the approach to ending homelessness lifestyle cycles was welcome and timely'.</p> <p><i>Note: The Forum respectfully request that Council Leaders, Directors, Commissioners, senior officers, agencies, etc., take note. It is time we all moved on and stopped wrongly apportioning blame onto GEAR. At the end of the day, the emergency night shelter was a church led initiative as a humanitarian action because people were dying on the streets of Gloucester, 7 had died back in 1995. Many people are alive today because of the night shelter. The Council and the Police used the GEAR Projects Day Centre to contain difficult issues on the street. The Forum ask that there is a respectfulness between agencies, providers, etc., and we all please move on. We would encourage every agency to work together, linking is important, minimise crossover/overlap, understand roles, improve communications, etc..</i></p> <p>Continuing, we look to the Winter Provision to serve the people, done in conjunction with outreach teams, good communications, look to as a referred/referral provision by police, P3, agencies...not ad hoc. This is not a long-term proposal, 3 month interim. Re planning, would look to GL1 in the big floods when the council opened GL1 as an emergency shelter and didn't need to go to committee for planning approval.</p>	<p>All</p> <p>DK/AS</p>
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	<p>Concerns that someone died last week on the streets in Birmingham. It was remarked that the County and City Council used the Vaughan Centre when SWEP was called. It was hoped that we don't have to have a death on the streets of Gloucester before the Councils do anything?</p> <p>The meeting gave their unanimous total support and approval to the Winter Provision each night as proposed for January and February, all as detailed in the Winter Provision – Service Proposal.</p>	
4.3	<p>Anneliese Sterry, Gloucester Foodbank. (Forum to ask AS for text as follows).</p> <p>In 2015/16 we received 2,800 plus referrals thus providing more than 5,500 emergency food parcels during 2015/16 which included 1,800 plus to children under 16. These referrals also included 120 classed as homeless. From April this year we have received more than 2,000 referrals so far providing nearly 3,900 emergency food parcels including 1,100 plus children under 16. We have already surpassed the number of referrals due to homelessness and have another 3 months until the year ends.</p> <p>No doubt you can appreciate that winter is a much busier time as clients use more of their disposable income on fuel and still have to find money for food. We are able to provide fuel vouchers but there is a limit to the number of vouchers a household may have due to limited funds. The rule is no more than 3 in 6 months. However, we are aware that people with disabilities, long term sickness, very young children and over 65's struggle to maintain their core temperature and are therefore, more prone to hypothermia. Thus, we can allow additional vouchers but this is still limited.</p> <p>AS is concerned that the benefit cap may exacerbate this situation. Another concern is that people who regularly find it difficult to afford to feed themselves are more prone to illness and can become more vulnerable as a result. Also, of concern is the increasing number of people referred to us who are classed as homeless. Although, we can give them food parcels that can be eaten cold if they have no access to cooking facilities; cold food does not help to keep them warm.</p> <p>Comment: Important Health & Wellbeing Issues. Action: Healthwatch/Commissioners/H&WBB</p>	H&WBB
4.4	<p>Chris Keppie, County Homeless Coordinator (CHC).</p> <p>SWEP & Forum Draft SWEP Press Release CK raised Forum concerns that this winter, SWEP hadn't been called when we had severe cold weather such that forum members wanted to go to the press, temperatures plunged to minus 6° C with hard frosts. A draft press release had been circulated, on hold, (view on web site – latest news) subject to suitable response from the authorities at this meeting. Members reported that for 5 nights out of 7, temperatures were at 0° C or lower. SWEP should be called at mid-day and concern with lack of flexibility by the city council. Council have said Met Office forecast did not meet criteria.</p> <p>CK pays SWEP invoices. Travel Lodge won't take homeless. Looking at Crash-pads at Newton House, Elim, Stoneham, quite a few in Cheltenham. AH pointed out, this didn't happen last year when promises were made. The Salvation Army has crash-pads at Stroud and they also accept dogs. SWEP applies to anyone including those without recourse to public funds. CK advised that we don't want a press slanging match between faith groups and the Council and AH agreed.</p> <p>GK said that there are individuals who are too frightened to sleep at night on the street and walk around all night; members to let P3 know of individuals with their general location. All agreed that a drop-in here would be very helpful. Why did they feel unsafe? Bad experience in City Centre. EJ has asked rough sleepers is it safe</p>	

	<p>to sleep here? But found people with negative behaviour wont talk to Council/Police. Individuals need to be in a place of safety to help stop hem getting more into drugs. EJ and KG to liaise. KG can track individuals as knows hot spots. EK remarked on the British Red Cross free apps re emergency weather; see also first aid app.</p> <p>Contact for SWEP at the City Council is Ashley Bayliss, then Mary Hooper. Contact details will be put on the Forum web site for members only, not open to the public. It was questioned why SWEP would only be called if there were forecast severe weather for three days; why not say two or one? CK said that the Council would take a common-sense approach from now on, as to when to call SWEP, there would be a more flexible approach. The budget for SWEP had been increased to £10K and only £2K was used last year so money is available. SA said sleeping out in the freezing cold leads to examples of life threatening ill health. Agreed, better to do preventative work than have people need to end up in A&E say with hypothermia which would cost NHS £000's. With the new common-sense approach to SWEP, AH thanked CK and now felt able to recommend to members that the Forum monitor and members did not go to the press.</p> <p>Outreach - The St Mungo's Outreach Team is coordinated by Kathy Gibson. The governments grant for outreach ended end September, St Mungo's self funded for 3 months to end December. New contract looked to increase partnership working. A competitive tendering process led to P3 winning the new outreach contract from 1st January. P3 also run Aspire. CK wanted to highlight that this was no reflection on St Mungo's as they do universal good work, not on outcomes either, their work is great. TUPE applies and it was good to hear that Kathy would be leading the new set up, always concern about managing handovers, particularly when very vulnerable individuals are involved. StreetLink referrals as usual. KG will provide more info in the new year. St Mungo's are still in Bristol. The meeting showed their huge thanks to Kath, Skye and Matt of St Mungo's for all their dedicated hard work with applause and looked forward to working with P3.</p> <p>CK talked about a bid to Department of Communities & Local Government for funding to be able to focus on entrenched rough sleepers; will hear this month if the bid has been successful. CK thanked the Forum and others for their supporting letters. The bid is for a 'social impact bond' project to work with entrenched rough sleepers as present providers are unable to work with long-term rough sleepers in a long-term, innovative way, to help stop the 'revolving door' syndrome. The Model is Housing First for groups with mental health, substance misuse/drugs, trauma, with a commitment to long-term accommodation, get them into tenancy first. Hard to be able to house these individuals. CK asked the Forum to pray for success; AH to email out and hoped the bid was successful, a real need. If unsuccessful then Plan B needed...petition commissioners? Who do we approach?</p> <p>The yearly Street Count of rough sleepers is a national requirement. The numbers for the County for 2016, taken in the autumn, have gone up from 21 to 42. Increase may be that we know about people better or actual new rough sleepers.</p>	<p>EJ/KG</p> <p>CK/AB</p> <p>All</p> <p>AH CK</p>
5.1	<p>The New Drug & Alcohol Contract with CGL, 'Change, Grow, Live'. Initial contact made by CK with CGL but they have not yet made contact. CK agreed to kindly provide an update.</p> <p>Drug & Alcohol Services. The new contractor CGL, will be taking over from Turning Point from the 1st January. CK had wanted to meet Rae Davies, the CGL Implementation Manager, but didn't happen. TUPE applies to staff but worryingly quiet. It seems there will be a more focus on 'outreach' rather than 'building/hub based. Will be interesting to see how this works. Where will the hub be in Gloucester City centre? Will it be in Longsmith Street as per Turning Point? Where can we refer individuals? CK said CGL are looking for venues in the community; where? Has anyone been approached? Who is our contact at CGL? (Tola has been in contact with CK, contact details: Tola Adaramewa, Project Administrator Gloucestershire,</p>	

	<p>Tola.Adaramewa@cgl.org. 01793 401720). When will CGL contact the Faith drop-ins to outreach there as Turning Point did at GCM? CK said he doesn't yet know the CGL 'referral route'. AH remarked, seems to be a number of unanswered members questions which is worrying at this late stage but implementations are very time consuming. AH and CK asked to follow up.</p>	AH/CK
5.2	<p>Update: Safe & Attractive Streets Policy re Street Drinking, Begging, Rough Sleepers and 'Legal Highs'. Emily Jones, Senior, Community Safety Officer, Gloucester City Council.</p> <p>EJ reported that the Streets Policy was working quiet well. EJ did a night shift and found half weren't rough sleeping, a number refusing offers of accommodation also saying they were being bullied by Solace/Police. AH saw the article in the Citizen and thanked EJ for her hands-on involvement. EJ had noticed a slight increase in numbers rough sleeping. KG said that numbers do increase up to Christmas, not necessarily a real increase more increase in visibility. EJ has been going out every Thursday night and has a list of people, know if say gone to Turning Point....did they see Skye of St Mungo's? Patrols have tailed off a bit as putting some off, engaging with beggars and already profiled. Process still working quiet well and will carry on as they are for next couple of months then re assess next year.</p> <p>Aim to keep focused but concerns for those with mental health problems. All who work from the Council on the Streets Policy have had mental health training. There are very vulnerable individuals with learning disabilities on the street and want to help and support these individuals but look to taking injunctions out against those who are abusing/negative behaviour. Criminal process only progressed when individual found to have negative behaviour. EJ said the Council doesn't have a problem with rough sleepers and don't enforce under the Vagrancy Act. KG said it was really difficult to get Social Services involved. Do mental 'capacity' assessments and Solace have helped.</p> <p>EJ has to do a review and will say working well, being holistic as they can, St Mungo's are really helpful. EJ can supply data from the review next year.</p> <p>Re Public Space Protection Order (PSPO) - Emily is undertaking 'pre consultation' with stakeholders on the work that the City Council is doing on looking at the possible introduction of a PSPO and asked if she could share this important information with the Forum if there is time.</p> <p>Although time had overrun it was very good news to hear from EJ that the Council will not include rough sleepers in any future PSPO. EJ confirmed that under a PSPO an injunction can be served on someone to stop 'negative behaviour' then if they breach the order they can be fined or arrested and end up with a criminal record. The most vulnerable could end up being criminalised, again concerns for those with mental health issues could end up with criminal records. Oxford PSPO only has 2 fixed penalties, give advise slips and focus on City Centre. This is not just about begging, looking at 'legal highs' in the future. AH said that the Forum has major concerns regarding PSPO's, should we be criminalising vulnerable people rather than tackling anti-social behaviour? Members are concerned that this will not help individuals get back into society and wont help them to get back into paid employment when they have a criminal record; who will employ them? The Forum web site aims to provide information to help with a balanced view on PSPO's but apologies as it all seems pretty negative; see BBC reports. Awaiting information from the Council. One council tried to ban churches soup runs, seems there is no restriction on what a council can ban. EJ was thanked for updating the Forum, for all her hard work getting out on the streets and obvious compassion in difficult situations and we look forward to her continual involvement with the Forum.</p>	<p>KG/CK/ County/ AT</p> <p>EJ</p> <p>All Note</p>
6.0	Any Other Business – meeting over ran so no AOB.	

DATE/ TIME/ VENUE OF NEXT MEETING: TBA. Next due in March.