

**Health, Community and Care Overview and Scrutiny Committee.**

**Agenda Item 4: Petition - Gloucestershire County Councils Homelessness Services for Adults with Complex Needs and Chaotic Lifestyles.**

**Date: Meeting to be held on Wednesday 13<sup>th</sup> March, 2013 at 10.15am.**

**City Centre Churches & Faith groups Presentation (5 minutes).**

Good Morning, my name is Tony Hipkins and I represent the Gloucester City Centre Churches & Faith groups. I will summarise why we felt the need to organise a petition.

Unfortunately, we became aware of the new reorganisation of homelessness services after Cabinet approval, in July last year. We have since acknowledged all the hard work undertaken by the council. However, we wanted to express our grave concerns with certain aspects of the Councils decision such as closure of Gloucester's 21 bed night shelter by the end of February, in mid winter; replacement with only a 6 bed hostel in Gloucester, revised latter to 8; ....concerns with the new Reconnection policy, etc.,

We first wrote to Kathryn Rees. We asked to be lead through the reasoning behind the decision to drastically reduce the number of beds for Gloucester so we could better understand why, as we knew that the night shelter was full. We were also concerned about the increase in homelessness. While no-one believed that the night shelter ought to be providing other than short-term, emergency care there was this concern that the ever increasing need for this service, wouldn't be met.

So that you can better understand our concerns, GEAR Projects, that operated the Night Shelter for the County, was a church led initiative. The Bishop of Tewkesbury looked at the need and the Night Shelter was officially opened by the Bishop of Gloucester in 1996, May 22<sup>nd</sup>

We are encouraged to hear that the revolving door syndrome, where people leave and return, existed not because of any Night Shelter failings but a major lack of support such as failings in good post shelter community provision.

We then learnt that GEAR were not successful in their bid to operate the Councils new Homeless service. The possible implications of this were that the award-winning Health Clinic, the Day Centre, and ongoing 'Dry House' provision,.... were all put at risk. However, we were pleased to learn that GEAR intend to continue and that they are looking forward positively to a new future.

Since working with Kathryn Rees and P3, we have been given a number of reassurances, and we thank them for that. We note the move to community based primary care whereby GP's are to look after the care and health needs of the homeless. However, we have strong reservations that GP's may not yet have the skills to deal with the health needs of those with multiple addictions and mental health problems and have concerns that specialist healthcare services must also be available and accessible in the Districts.

There are well documented health professionals concerns and reports regarding the problems of access by the homeless to GP's surgery's and treatment. For instance the Joint Strategic Needs Assessment Report for Alcohol for Gloucestershire cited GEAR as providing an appropriate network of night and day centre provision for the County and highlights the need for intensive work with GP's to raise awareness, improve skills, etc., The NHS Report, 'Improving Health Services for Homeless people in Gloucestershire – Health needs Assessment', states there are 'few services that met the needs of street homeless women outside Gloucester City...who very often had extremely complex needs'. The report, 'Healthcare for single Homeless people', produced by the Dept for

Health, all talk about GP's not being the routine gateway to health care for the homeless and point to the GEAR model as an excellent example of primary care to this client group.

However, we thank P3 for giving us a number of assurances saying that they will take service users to GP surgeries and that the GEAR Health Clinic would serve as an important safety net; .....the health needs of service users will be met. Kathryn Rees has kindly forwarded the name of the Lead Officer in Health, Kim Forey, Associate Director NHS Clinical Commissioning Group and we are pleased that she has agreed to talk to us to continue to move forward on this matter.

While we support the Councils move to help, support and engage with individuals with 'wrap-around' services, there is one group we have great concern for,.... those homeless individuals with more complex needs, chaotic lives, who are repeat and persistent homeless with chronic exclusion, who may be unable to engage. It has been good news to hear that P3 understand this and we are pleased that one individual that we wanted to track, a well known Gloucester homeless character, has engaged and has been successfully accommodated with a bespoke service put in place, ....early days yet but this gives us much needed confidence in the new service.

It is interesting to note that actual usage data at the night shelter in February showed that there were 24 in the night shelter and 40 sleeping rough. P3 have increased the number of Gloucester beds from 8 to 14 and from 6 to 9 for Cheltenham, in addition to the extra 17 beds that we learnt about at our meeting with the council on the 11<sup>th</sup> January,... to be provided for the 6 Districts. We have been told that P3 will put in place as many emergency beds as are required and source available additional accommodation elsewhere in the City such as at Riverside; no one will be turned away because the facilities are full.

The Reconnection Policy, while being told is an important element of the new strategy, is probably now giving us the most concern. We have been informed that the policy is to allow rough sleepers, particularly new arrivals, to return back home in a planned way, if safe to do so, to an area where they have accommodation, support networks or some other connection. However, reconnection will not be appropriate for some rough sleepers, for instance those who are too vulnerable to return anywhere, where there are safety risks, threat of violence, dysfunctional families, (increasing family estrangement), etc. We are told that thorough assessments will be carried out leading to full support plans, no-one will be relocated against their will but if they stayed, would only have access to advice and limited assistance. A lot of time will be taken in investigating family issues, vulnerability, problems of violence and safety risks, .....support of whole families could be considered, etc., .....we shall wait and see.

To this end, we are pleased that it has been agreed to share information with us, such as monitoring and reviewing progress (records/user numbers), successful outcomes, abstinence, headline figures, not on a regular basis but on a sporadic basis, through the Councils Project Steering group. We also feel that Case Studies, both successful outcomes and learning opportunities, are an ideal tool, and believe that a regular Forum for airing concerns & problems, open to challenges, monitoring progress, etc., would be very helpful as we see disclosure and transparency being essential to the effective running of an organisation.

Finally, at this stage in the project, we would wish to confirm our commitment to help make the new service a success. We thank the County Council and P3 for listening and discussing our concerns and look forward to continuing to work together and thank this committee for the opportunity to air our concerns and for your valuable time.