Healthwatch Gloucestershire
Report on access to health and social care services by marginalised and vulnerable people in Gloucester

September 2016

Contents

Disclaimer

This report relates to findings between December 2015 and June 2016. This report is not a representative portrayal of the experiences of all marginalised and vulnerable people in Gloucester, as detailed in Section 5.2.1; only an account of what was observed or contributed during the research conducted by Healthwatch Gloucestershire.

1 Executive Summary

In order to fulfill its function in enabling all people living in Gloucestershire to have a voice in the way that health and social care services are planned and provided, Healthwatch Gloucestershire (HWG) actively seeks to gather the views and experiences of marginalised and vulnerable people across the county. During 2015/16, the impact of the closure of the day centre at the Vaughan Centre was raised in some of this feedback.

To find out about what people had particularly valued about the day centre, and learn more about their experiences of health and social care since its closure, HWG visited five daytime drop-in services in Gloucester provided by different faith communities between December 2015 and February 2016. HWG gathered feedback from people using these services, and also from staff and volunteers. HWG also visited the Nelson Trust's Isis Women's Centre in Gloucester in June 2016, to gather feedback from women using the Centre, and staff.

HWG invited feedback from other front-line staff working with marginalised and vulnerable people, including the Assertive Outreach Homelessness Service (AOHS) provided by St Mungo's Broadway; Elim Housing (which provides the 'Time to Heal' service for homeless people being discharged from acute hospital); the Homeless Healthcare Team (HHT), provided by Gloucestershire Care Services NHS Trust (GCS) and including staff from the [2]gether NHS Foundation Trust's Mental Health Intermediate Care Team (MHICT); and Turning Point (which provides integrated drug and alcohol services).

HWG also discussed its emerging findings with organisations responsible for commissioning and providing health, social care, and housing for vulnerable people, to help to put the feedback in context and to learn about their initiatives.

1.1 Key findings

1.1.1 Drop-in visitors

- Support with mental health problems is seen as a particularly significant issue by drop-in visitors; and they consistently identify support with mental health problems as a need which they feel is not being met
- People visiting the drop-ins access GP services either through mainstream practices, Gloucester Health Access Centre (GHAC) or the HHT. Their feedback is generally positive, and feedback about the HHT is particularly so
- The day centre had been valued by the people who used it; particularly as a place to meet people and address their social isolation, without feeling judged
- Most of the drop-in visitors we spoke to had some accommodation (whether permanent or temporary); a significant proportion had been homeless in the past

1.1.2 Drop-in staff and volunteers

- Support with mental health problems, access to information and advice, and addressing social isolation are seen as particularly important issues for drop-in visitors
- The people who visit the drop-ins come from a mixture of backgrounds; including vulnerable people living chaotic lives, homeless people, people living in supported accommodation, people who have/have had problems with alcohol/drugs, people with

mental health problems, people with learning disabilities, people experiencing isolation, people who have been in prison, and people from Eastern Europe
- Connections between the drop-ins and health, social care and housing agencies are variable. There is a willingness to build connections. The strongest and most consistent connection is between drop-ins and the HHT
- There is a desire for more information and advice for drop-in staff and volunteers

1.1.3 Isis Women's Centre visitors

- Support with mental health problems is seen as a significant issue
- The Isis Women's Centre is highly valued by its users

1.1.4 Front-line staff working with marginalised and vulnerable people

- Support with mental health problems is a very important issue for this group of people. It is a real challenge to meet their needs, particularly if this requires referral to specialist services. Sometimes it feels as if the criteria a person is required to meet for support from the various specialist teams is overly restrictive. Waiting times for some therapies are long. People with co-existing mental health and drug/alcohol problems, and people who are sleeping rough, experience particular barriers to treatment
- There are many different agencies involved in supporting this diverse group of people
- Communication between agencies is patchy. Improved information-sharing could enable agencies to provide more timely and appropriate support to people
- The AOHS service is good, but it appears to lack appropriate capacity to meet growing need
- There are some people living particularly chaotic lives, with higher support needs who are living in supported housing, or who have learning disabilities, who may not be getting the levels of support they require to make sustainable change
- There are some concerns about the availability of emergency housing, particularly for women; and also about the standards, safeguarding risks and lack of dignity in some accommodation being used to house vulnerable people

1.2 Recommendations

1.2.1 That a review be undertaken of the pathways for marginalised and vulnerable people needing mental health support

- The people we heard from feel that their needs for support with their mental health problems are not being met. Services acknowledge that it is a real challenge to meet these needs, particularly referral to specialist services
- People with co-existing mental health and drug/alcohol problems, and people who are sleeping rough, appear to experience particular barriers to treatment. Examples of best practice elsewhere in the UK have been identified and can be found in Section 10
- The criteria threshold required for support from specialist teams means that some people appear to be falling through the gaps. The merits of services adopting a more flexible approach to criteria and outreach would help to address particular challenges posed by this marginalised group

- Long waits for some therapies are causing additional problems for people. Although more therapists are being recruited, arrangements for supporting people whilst waiting are crucial

1.2.2 That communication between organisations engaging with marginalised and vulnerable people is improved

- There are many agencies involved in supporting this diverse group of people and communication between them is variable. As a consequence, people fall through the gaps. The HHT has the strongest connections, and should be used as a model of best practice
- Voluntary and Community Sector organisations recognise that health and social care organisations have the expertise, while they have the direct engagement and relationship with individuals. There are opportunities for services to train, educate and advise, to bring about benefits for marginalised and vulnerable people and closer working is recommended
- There are some misconceptions about the role of the various statutory organisations, their teams, and ways to access services. It is important for statutory organisations to provide clarity about their role and function as part of their formal response to this report
- It would be beneficial if front-line services were enabled to access a multi-agency database recording system about rough-sleepers and the wider street population. This would help ensure that professionals could access a holistic picture of the individual

1.2.3 That a review be undertaken of the support for those people with a high level of need or learning disabilities

- There is evidence some people living particularly chaotic lives, with higher support needs who are living in supported housing, or who have learning disabilities, do not appear to be getting the level of support they need to make positive and lasting changes in their lives. Support for this particular group of people would benefit from a more in-depth review

1.2.4 That a minimum standard of housing for vulnerable people be agreed, with an adequate level of emergency housing available

- A number of concerns were raised about particular accommodation in the city; and the standards, safeguarding risks and lack of dignity vulnerable people were experiencing. It is essential that accommodation is of an acceptable standard, and that there is an adequate level of emergency housing to meet the needs of vulnerable people, especially women.

1.2.5 That a wider review be undertaken of the needs of marginalised and vulnerable people across Gloucestershire

This review did not extend to the police, probation and criminal justice system, education, employment, and housing. Listening to the views and experiences of visitors to the drop-ins and Isis Women's Centre, drop-in managers and staff, and front-line workers, suggested that a wider review would be of great benefit; in order to understand and seek to address the needs and experiences of this group not only in Gloucester but across the county, and to evaluate the impact on the wider community.

2 Introduction

2.1 Healthwatch Gloucestershire (HWG)

HWG is the local independent consumer champion for health and social care giving patients, the public, service users, and their carers and families a stronger voice in how health and social care is planned and provided. It is one of 148 local Healthwatch organisations working with Healthwatch England (HWE).

Local Healthwatch functions are:

- To gather people's views and experiences of health and social care, and use them to influence those who commission and provide services, helping them to be more responsive to what matters to service users and the public and to enable the design of services around needs
- To provide the public with information and signposting to help them make informed choices about their health and social care needs
- To provide access to the Independent Health Complaints Advocacy Service SEAP (Support, Empower, Advocate, Promote), and signpost/refer people to other specialist support organisations including social care

2.2 Gathering the views and experiences of health and social care expressed by marginalised and vulnerable people including homeless people

In order to fulfill its function in enabling all people living in Gloucestershire to have a voice in the way that health and social care services are planned and provided, HWG actively seeks to gather the views and experiences of marginalised and vulnerable people, including homeless people, across the county.

In May 2014 HWE launched its first Special Inquiry into unsafe discharge from health and social care institutions. The inquiry focused on three groups – homeless people, people with mental health conditions, and older people. Its report, *Safely Home: What happens when people leave hospital and care settings?* was published in July 2015.

Members of the HWG staff team visited the Vaughan Centre in Gloucester twice in 2014/15, and gathered feedback from people there on a range of health and social care provision (including feedback from homeless people on their experiences of being discharged from hospital, to contribute to HWE's inquiry). At the time, centre-users reported high satisfaction with the Homeless Healthcare Team (HHT) provided by Gloucestershire Care Services NHS Trust (GCS), and other services which were being provided at the Vaughan Centre.

HWG continued to gather feedback from marginalised and vulnerable people in Gloucester and from people working with this group during 2015/16. The closure of the day centre at the Vaughan Centre was a common theme.

2.3 The Vaughan Centre, the closure of the day centre, and the re-location of the Homeless Healthcare Team

The Vaughan Centre was run by GEAR Projects. The Charity Commission record for GEAR Projects shows that it was a charity established in 1995, "to relieve sickness, poverty and distress amongst the vulnerable, homeless and street homeless population of Gloucestershire". GEAR Projects provided a day centre, support and advocacy services, a countywide homeless outreach service for people sleeping rough, accommodation for people recovering from addictions, and a night shelter. It provided a support worker for the 'Time to Heal' service (to support homeless people being discharged from acute hospital) and worked in partnership with the Homeless Healthcare Team (HHT) which was co-located within GEAR Projects' Vaughan Centre.

GEAR Projects' night shelter closed in February 2013. The charity became heavily dependent on charitable donations and grant-giving organisations, and accordingly recognised the need for significant change in the way it delivered services. Following a review of the options for working together, GEAR Projects and Elim Housing Association formed a strategic alliance in September 2013; GEAR Projects formally ceased to exist in July 2014 and was removed from the Register of Charities. The remaining team transferred to Elim Housing Association. The day centre closed at the end of 2014, and the remaining Elim Housing Association team moved out of the Vaughan Centre on 31 July 2015.

In its report to the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) on 3 March 2015, Gloucestershire Clinical Commissioning Group (GCCG) noted the following:

"GCCG commissioning managers have received confirmation from ELIM Housing and GEAR that both the Homeless Healthcare Team and Time to Heal services will continue to be housed at the Vaughan Centre in Gloucester following the suspension of the Day Centre activities. The Vaughan Centre is an asset owned by GEAR, which has now merged with ELIM Housing. The running costs are funded by contributions from projects money (GCC and CCG), ELIM, and charitable income. The Day Centre activities were charitably funded and are apparently no longer sustainable due to the re-direction of money to pay for building maintenance and the staffing of the reception. If ELIM and GEAR relocate from the Vaughan Centre later in the year, the current understanding is that they will continue to house NHS services in a new property in central Gloucester".

The HHT continued to operate at the Vaughan Centre, until 29 February 2016 when it moved to The George Whitefield Centre on Great Western Road.

3 HWG's review – methodology and sources

HWG continued to gather feedback from marginalised and vulnerable people in Gloucester, including homeless people and people at risk of homelessness, and from people working with marginalised people, during 2015/16. The impact of the closure of the day centre at the Vaughan Centre was raised in some of this feedback.

In order to find out about what people had particularly valued about the day centre, and to learn more about people's experiences of health and social care since its closure, members of the HWG staff team visited five daytime drop-in services provided by different faith communities between December 2015 and February 2016.

Local faith communities offer the following drop-ins in Gloucester:

Monday	Salvation Army (Eastgate St)	Hot Lunch	12:00-1:00
Tuesday	City Mission (Park St)[1]	Coffee & cake	10:30-12:00
Tuesday	Seventh Day Adventist church (Cromwell St)	Lunch	11:00-12:30
Wednesday	City Mission (Park St)	Coffee, soup, etc	11:00-12:30
Thursday	Cathedral (in the Coffee Shop)	Breakfast	7:50-8:50
Thursday	Seventh Day Adventist church (Cromwell St)	Lunch	11:00-12:30
Friday	Mariners Hall (Llanthony Rd)	The Galley	11:30-1:00

HWG gathered feedback from people using these services, and also from staff and volunteers.

HWG also visited the Nelson Trust's Isis Women's Centre in Gloucester in June 2016. The Centre works with women who have a range of vulnerabilities and complex needs which may include involvement with the criminal justice system, mental health services, homelessness and social services. HWG gathered feedback from women using the Centre, and also from staff.

HWG also invited feedback from other front-line staff working with marginalised and vulnerable people, including the Assertive Outreach Homelessness Service (AOHS) provided by St Mungo's Broadway; Elim Housing (which provides the 'Time to Heal' service for homeless people being discharged from acute hospital); the HHT provided by GCS, including staff from the [2]gether NHS Foundation Trust's Mental Health Intermediate Care Team (MHICT); and Turning Point (which provides integrated drug and alcohol services).The scope of the research meant that on this occasion, HWG's engagement did not extend to staff of housing support providers P3 and GreenSquare.

During the engagement process, HWG discussed its emerging findings with organisations responsible for commissioning and providing health, social care, and housing for vulnerable

[1] In May 2016, City Mission moved its drop-ins to the George Whitefield Centre, Great Western Road.

people (including supported housing and the AOHS), to help to put the feedback in context and to learn about their initiatives.

This report is derived from the following sources of feedback:

i. 25 meetings with people using the drop-ins - Section 5.1
ii. 5 meetings with staff/volunteers at the drop-ins – Section 5.2
iii. 6 meetings with women using the Nelson Trust's Isis Women's Centre in Gloucester – Section 5.3
iv. 6 meetings with professionals providing front-line support for vulnerable and/or homeless people – Section 5.4. They also provided 14 anonymous individual's stories as 'case studies' to illustrate these issues, which were shared with the commissioners and providers of services.

4 Acknowledgements

In particular, HWG would like to thank those people who contributed their personal experience to this report. HWG is also grateful to members of the local faith communities, NHS staff, local authority staff and people working in the Voluntary and Community Sector for their generous support to our work, responding to our questions, providing us with information and sharing their knowledge and reflections.

5 What we learned

5.1 Feedback from people visiting the drop-ins

Members of the HWG staff team visited five daytime services provided by different faith communities between December 2015 and February 2016. They gathered feedback from 25 people visiting these services.

HWG staff sought personal experiences from people by informal conversation and asked questions to find out:

- whether they had used the Vaughan Centre
- if so, what for
- what their views were of the Centre
- whether they accessed their medical care via the HHT
- how they felt that their health and social care needs were being met

This feedback was shared in full with the commissioners and providers of services.

5.1.1 Feedback on the Vaughan Centre

22 of the 25 people who spoke to us said that they had visited the Vaughan Centre.

- 16 people said that it had provided them with somewhere to go. They described it as a place where there were people to talk to, either to socialise with or to get help from, and where they felt safe.
- 7 people mentioned that they had accessed health support at the Centre
- 4 people described other help, advice or information that they had accessed through the Centre

Of those people who spoke about their feelings about the closure of the day centre:

- 11 people said that they missed socialising at the day centre, or that they felt more alone now
- 4 people said that they now visited all of the drop-ins provided by the faith communities, for their food
- 3 people said that they were sad that it had gone
- 2 people said that they felt that there was now less support available
- 2 people talked about feeling judged by other services, or not getting the same kind of service as other people

Here are some examples of their feedback:

> ***"The Vaughan Centre wasn't just about the food. It was great knowing that you could always go there and there was medical help there as well"***

> ***"The Vaughan Centre was somewhere I was really listened to and cared for. There was always someone there to give me support"***

> ***"There are so many people that will miss having the friendship group to go to"***

> ***"It was nice to go somewhere they treated you well. Other people don't give us the service they do to other 'normal' people"***

5.1.2 Feedback on healthcare

5.1.2.1 Feedback on GP services including the HHT

- 13 people said that they were either registered with a GP, or attended the Gloucester Health Access Centre (GHAC)
- 6 people said that they attended the HHT
- 4 people said that they accessed treatment via the HHT outreach to the drop-ins, either instead of or in addition to seeing a GP or visiting the HHT
- 2 people said that all or some of their healthcare was provided through specialist mental health support services
- 1 person said that they go to Gloucestershire Royal Hospital if they have a problem

7 people shared their views of the HHT. All 7 were positive, such as:

> ***"I will see the nurse here today for advice. It is good, I think they are friendly there, I go there for all my support needs"***

10 people shared their views of GP services.

- 6 people commented on long waits for appointments (of up to a month)
- 2 people observed that waits for appointments were longer than with the HHT
- 2 people commented that they felt 'judged' at the GP surgery, or by services generally

Here are some examples of their feedback:

> ***"I have a GP who has a good attitude, but is hard to get appointments with"***

> ***"I think they are judging me as I am not like others in the waiting room"***

5.1.2.2 Feedback on treatment for mental health problems

12 people talked about their mental health issues.

9 people talked about the treatment they had received for mental health issues.

3 people made positive comments, such as

> ***"I'm registered with a community psychiatric nurse. I feel that I'm getting all the support and help I need, in fact it's almost overwhelming, getting all this help"***

5 people highlighted their difficulties in accessing mental health support, with comments such as:

> ***"I have waited for 6 months to be triaged and then it feels like they don't care as it has taken so long to speak to me. I don't understand why A & E has to triage and see people within 4 hours, but with emergency mental health there is no limit to how long it can take to be seen. It is just as important".***

5.1.2.3 Feedback on support/treatment for people with drug/alcohol problems

6 people mentioned that they had drug or alcohol issues.

1 person said that they were waiting for rehab and detox, and that the waiting time was two months.

5.1.3 Feedback on how people felt their health and social care needs were being met

22 of the 25 people who spoke to HWG gave views on this.

- 2 people said that all of their personal support needs were being met
- 9 people said that mental health support was an issue
    - 4 of these people said that they had had to wait a long time for an appointment or to be triaged
    - 1 person said they only got help after they were sectioned
    - 1 person said that they could no longer get psychological support
    - 1 person said there was a need for housing for people with mental health problems
    - 1 person said the people who ran the drop-ins need more training about mental health
    - 2 people voiced a general view of a need for more mental health support
- 3 people said that there was a need for a place to go, to socialise and address isolation
- 2 people said that support/treatment for people with drug/alcohol problems was an issue
    - 1 person felt that waits for rehab and detox were long
    - 1 person felt that people in recovery from addiction needed a place to go where they could avoid addicts and alcoholics
- 2 people said there was a need for more health care support for homeless people
- 1 person said that the availability of keyworker support was an issue
- 1 person said there was a need for training provision, to equip people with life skills and other skills

- 1 person said there was a need for support with paperwork
- 1 person said there was a need for support with finding somewhere to live
- 1 person said that there was a need for support at weekends
- 1 person said that there was a need for a night shelter

Here are some examples of their feedback:

> ***"I think Mental Health support is missing, the only way I got help was through the GRiP team [Gloucestershire Recovery in Psychosis team] after being sectioned"***

> ***"Mental Health support. Have to wait ages to get referred to the 2gether Trust, and then wait ages to get seen. In general I don't think there is enough support for us, or care"***

> ***"I have been waiting for rehab and detox, it's a two month wait apparently"***

> ***"I miss the social side and the feeling of knowing you had somewhere for support"***

> ***"We need somewhere that can give training to us. Training on courses, or life skills or things to help us get back on our feet and make friends"***

> ***"There needs to be more adequate housing for people with mental health issues"***

5.1.4 **Feedback about living circumstances**

Of the 25 people who spoke to HWG

- 3 people said that they were currently homeless
- 22 said they had accommodation

Of the 22 people who had accommodation:

- 10 people said that they had been homeless in the past
- 3 people said they had been homeless a number of times
- 2 people said that, although they were currently housed, they were about to be evicted

A number of people provided additional details about their accommodation:

- 5 people said they were living in their own flat or bungalow
- 4 people said they were in supported housing
- 1 person said they were in B&B accommodation

5.2 Feedback from staff and volunteers at the drop-ins

Members of the HWG staff team visited five daytime services provided by each of the different faith communities between December 2015 and February 2016, and gathered feedback from managers and volunteers.

This feedback was shared in full with the commissioners and providers of services.

5.2.1 Feedback about numbers of drop-in visitors and their backgrounds

All 5 drop-ins said that the numbers of visitors per session had increased over the past 12 months:

- Salvation Army – has seen an increase from 70 to 90/100 visitors
- Park St Mission/City Mission – has seen an increase from 30 to 40/50 visitors (they have also established another outreach team)
- Seventh Day Adventist church – has seen an increase from 40 to 50 per session; once there were over 70. They have reduced their opening hours to make it more manageable for the volunteers staffing the drop-in, as visitors now sometimes stay for the whole session rather than just popping in for a meal as they used to do
- Cathedral – currently sees 36/50 visitors. Has seen an increase, but not a substantial one
- Mariners Hall – steadily increasing, currently 70/80 visitors

Each drop-in said that the people who visited came from a mixture of backgrounds. These included:

- vulnerable people living chaotic lives
- homeless people
- people living in supported accommodation
- people who have, or have had, problems with alcohol or drugs
- people with mental health problems
- people with learning disabilities
- people experiencing isolation
- people who have been in prison
- people from Eastern Europe

5.2.2 Feedback about drop-in visitors' needs

- 4 drop-ins talked about the need for access to information and advice
- 4 of the drop-ins talked about the needs of people with mental health problems, including supported housing
- 3 drop-ins talked about the need for a place to 'belong'
- 2 drop-ins talked about the needs of people with drug or alcohol issues
- 2 drop-ins talked about the needs of people who are rough-sleeping
- 2 drop-ins talked about the need for support for people to prevent homelessness
- 1 drop-in talked about the need for support at weekends

Here are some examples of their feedback:

> ***"The greatest gap is access to information – a central point where they can go for information, or we can ring for advice. There is St Mungo's, but they are countywide and also they only really focus on those who are rough-sleeping, so there is a real gap for people who are homeless but who are not on the street, sofa-surfing and so on"***

> ***"We would love to have more guidance on how best to support individuals with mental health problems and with learning disabilities. For instance, there is one gentleman who is crying out for help, threatening suicide on a regular basis but when support is offered he doesn't know what to do with it or what he really wants from it"***

> ***"A sense of belonging is also a big issue for the people who come. Those people who come regularly see one another as their family, and talk to each other about what's going on and support each other. Coming gives them an opportunity to have a voice – it is a chance to talk and to be heard"***

> ***"Clients knew they could go to the Vaughan Centre as a centralised point for signposting and support"***

> ***"Mental Health support and Substance Misuse support is not linked in together or connected, so that people can get support for mental health when they have sorted out their addictions"***

5.2.3 Feedback about connections with other organisations

5.2.3.1 Health services

- 3 drop-ins talked about their connection with the HHT
- 1 drop in talked about their connection with the [2]gether NHS Foundation Trust ([2]gether Trust)

Here are some examples of their feedback:

> ***"The Homeless Healthcare Team visit every Thursday. They make suggestions about which agencies could come in"***

> ***"The [2]gether Trust has started to build a relationship with us – they have recognised that we are part of the jigsaw. They haven't visited us, but they have looked at opening up their training programmes to us and some of our volunteers are going on one next week"***

5.2.3.2 Assertive Outreach Homelessness Service (AOHS)

All 5 drop-ins talked about the AOHS (provided by St Mungo's Broadway).

Here are some examples of their feedback:

> ***"S who worked for GEAR is now at St Mungo's and when people talk to us about the barriers they are coming up against in the system, which is so complicated, we go to S"***

> ***"There is a local outreach worker for the homeless from St Mungo's who recently took over from GEAR but we feel a lack of connection with them as they don't tend to visit"***

5.2.3.3 Housing and housing support services

3 drop-ins said that they could contact P3 (which provides Gloucestershire Homeless Services) if a visitor said they did not have a place to stay.

- 2 drop-ins said that when they did contact P3, their accommodation was often full up
- 1 drop-in said P3 did help

1 drop-in said that they sent people to Gloucester City Council.

1 drop-in said that GreenSquare workers (who provide Housing Support Services in Gloucestershire) visited the drop-in.

1 drop-in said that supported housing for people with mid-range needs was currently lacking.

1 drop-in expressed concern about one of the B&Bs used for emergency/short-term accommodation, and its suitability as housing for vulnerable people, particularly those with drug or alcohol problems.

5.2.3.4 Other feedback about connections with other organisations

2 of the drop-ins said they felt that connections with other organisations were lacking.

Here are examples of this feedback:

> ***"Key messages – for instance about bad weather forecast - it is us and the other organisations doing outreach [with people sleeping rough] who get together and share information, we don't hear from statutory agencies"***

5.3 Feedback from women at the Isis Women's Centre in Gloucester

Members of the HWG staff team visited the Isis Women's Centre in Gloucester in June 2016. They gathered feedback from 6 women attending the centre.

HWG staff sought personal experiences from people by informal conversation and asked questions to find out:

- whether they had used the Vaughan Centre
- if so, what for
- what their views were of the Centre
- whether they accessed their medical care via the HHT
- how they felt that their health and social care needs were being met

This feedback was shared in full with the commissioners and providers of services.

5.3.1 Feedback on the Vaughan Centre

1 of the 6 women who spoke to us said that she had visited the Vaughan Centre.

> ***"I went with my ex so he could socialise. I stopped going because of the people that were there, drinking and that, and getting drugs. People who were going to the Vaughan Centre weren't always ready for change. I wanted to get away from people like that. But the people that were there to help were helpful"***

5.3.2 Feedback on healthcare

5.3.2.1 Feedback on GP services including the HHT

- 5 women said that they were registered with a GP
- 1 woman said she visited the GHAC

4 women shared their views of GP services. 3 women made positive comments, such as

> ***"The GP is brilliant"***

1 woman described problems with getting a referral to specialist services (see section 5.3.2.2 below).

5.3.2.2 Feedback on treatment for mental health problems

3 women talked about their mental health issues, and the treatment they had received.

1 woman described her positive experience:

> ***"I was doing a Trauma Course run by the [2]gether Trust last year, but I swapped over to support here [the Isis Centre] instead. I feel more confident now because of it"***

1 woman described various experiences: as an inpatient; with the Crisis Resolution and Home Treatment Team (CRHT); and with the Recovery Team:

> ***"I've had bad experiences with mental health services in the past. They just want to put you on pills. But it is getting better… I was in Gloucestershire Royal 3 weeks ago – I took an overdose… While I was there I saw a mental health nurse. She suggested I go back in to Wotton Lawn but said she would talk to my team, and they said 'no, we'll give you more support, instead of putting you in inpatient'. I'm joining group therapy as they think I'm ready for it now. I suppose the drugs keep me calm – I have a personality disorder, anxiety, and depression"***

1 woman described problems with getting a referral to specialist services:

> ***"I was hospitalised two years ago. I am on anti-psychotic medication. The GP won't refer me to mental health services – they have told me to go to Turning Point, but Turning Point won't take me because I am clean and sober. My mental health is so fragile. I live for the day. I would love to have a meeting with a psychiatrist, to talk about my meds and ask whether what I am doing with my meds is OK. For instance, last week, I was so low, I can't remember whether I took my meds"***

5.3.2.3 Feedback on support/treatment for people with drug/alcohol problems

3 women talked about the support they receive or had received with drug/alcohol problems. Their feedback was positive: such as

> ***"I got clean through the Nelson Trust. I relapsed for 2 weeks in February but I am now clean and sober"***

> ***"I'm getting support from Narcotics Anonymous and Alcoholics Anonymous"***

5.3.3 Feedback on how people felt their health and social care needs were being met

- 5 women said that their support needs were being met, either wholly or partly through the Isis Centre
- 1 woman said that she felt she needed specialist mental health support (see section 5.3.2.2 above)
- 1 woman suggested that wellbeing meetings for people would be better than a day centre

The feedback about the Isis Centre was very positive. Here are some examples:

> ***"I get support here, and from Hope House because I'm HIV positive. If this place wasn't here I don't think I could cope – they keep me going. Somebody actually cares"***

> ***"This place is my support. I would be down and out without this place"***

5.3.4 **Feedback about living circumstances**

Of the 6 women who spoke to HWG

- 1 said that she was currently homeless. Her circumstances meant that she had no recourse to public funds
- 5 said they had accommodation

Of the 5 women who had accommodation:

- 2 said that they had been homeless in the past
- 1 said she had been homeless a number of times

3 women provided additional details about their accommodation:

- 2 women said they were in supported housing
- 1 woman said she was in a house share

5.4 Feedback from front-line staff working with marginalised and vulnerable people including homeless people

Members of the HWG staff team met with representatives from the AOHS, Elim Housing (which provides the 'Time to Heal' service to support homeless people being discharged from acute hospital), the Isis Women's Centre, the HHT (including staff from the 2gether Trust's Mental Health Intermediate Care Team (MHICT)), and Turning Point (which provides integrated drug and alcohol services) to help to put the feedback gathered in some context and to find out about more about their experiences of working with marginalised and vulnerable people, in terms of accessing health and social care services.

Staff raised a variety of issues with HWG, and made some suggestions about possible improvements. This feedback was shared in full with the commissioners and providers of services.

They also provided 14 anonymous individual's stories as 'case studies' to illustrate these issues, which were shared with the commissioners and providers of services.

The issues (and some suggestions for improvements) that staff raised included

- The strict criteria governing access to support from each of the various agencies, which means sometimes people 'fall through the gaps'
- Access to mental health support and treatment, including particular issues for people with co-existing mental health and drug/alcohol problems, people who are sleeping rough, and people who have experienced trauma; and feedback about the Crisis Resolution & Home Treatment Service (CRHT) and the Recovery Teams, and the Mental Health Intermediate Care Team (MHICT)
- Communication between the various different agencies currently involved in meeting the needs of marginalised and vulnerable people including homeless people
- The capacity of the AOHS to meet the need for support countywide
- Access to supported housing for people with high-support needs
- The needs of people with learning disabilities
- The impact that a lack of day centre facilities was having upon the working practices of the various agencies
- The availability of emergency accommodation, particularly for women
- The suitability of some of the accommodation used as housing for vulnerable people, particularly those with drug or alcohol problems

5.5 Discussions with staff within organisations responsible for commissioning and providing health, social care, and housing for vulnerable people

During the engagement process, HWG staff met with staff within organisations responsible for commissioning and providing health, social care, and housing for vulnerable people (including supported housing and the AOHS). These included

- the [2]gether Trust
- Gloucester City Council
- Gloucestershire Care Services
- Gloucestershire Clinical Commissioning Group
- Gloucestershire County Council

These meetings provided opportunities to help to put the feedback gathered in context, to discuss HWG's emerging findings, and to seek their views. They enabled HWG to work in collaboration, and to provide reassurance on the scope and purpose of the project.

These meetings also provided commissioners and providers of services with an opportunity to inform HWG that some activities were already underway, to address some of the issues highlighted by the feedback from drop-in and Isis Centre visitors, drop-in staff and volunteers, and front-line staff working with marginalised and vulnerable people. Commissioners and providers report on these activities in their formal responses to this report, found in Section 9.

6 Key findings

6.1 Drop-in visitors

- Support with mental health problems is seen as a particularly significant issue by drop-in visitors; and they consistently identify support with mental health problems as a need which they feel is not being met
- People visiting the drop-ins access GP services either through mainstream practices, GHAC or the HHT. Their feedback is generally positive, and feedback about the HHT is particularly so
- The day centre had been valued by the people who used it; particularly as a place to meet people and address their social isolation, without feeling judged
- Most of the drop-in visitors we spoke to had some accommodation (whether permanent or temporary); a significant proportion had been homeless in the past

6.2 Drop-in staff and volunteers

- Support with mental health problems, access to information and advice, and addressing social isolation are seen as particularly important issues for drop-in visitors
- The people who visit the drop-ins come from a mixture of backgrounds; including vulnerable people living chaotic lives, homeless people, people living in supported accommodation, people who have/have had problems with alcohol/drugs, people with mental health problems, people with learning disabilities, people experiencing isolation, people who have been in prison, and people from Eastern Europe
- Connections between the drop-ins and health, social care and housing agencies are variable. There is a willingness to build connections. The strongest and most consistent connection is between drop-ins and the HHT
- There is a desire for more information and advice for drop-in staff and volunteers

6.3 Isis Women's Centre visitors

- Support with mental health problems is seen as a significant issue
- The Isis Women's Centre is highly valued by its users

6.4 Front-line staff working with marginalised and vulnerable people

- Support with mental health problems is a very important issue for this group of people. It is a real challenge to meet their needs, particularly if this requires referral to specialist services. Sometimes it feels as if the criteria a person is required to meet for support from the various specialist teams is overly restrictive. Waiting times for some therapies are long. People with co-existing mental health and drug/alcohol problems, and people who are sleeping rough, experience particular barriers to treatment
- There are many different agencies involved in supporting this diverse group of people
- Communication between agencies is patchy. Improved information-sharing could enable agencies to provide more timely and appropriate support to people
- The AOHS service is good, but it appears to lack appropriate capacity to meet growing need

- There are some people living particularly chaotic lives, with higher support needs who are living in supported housing, or who have learning disabilities, who may not be getting the levels of support they require to make sustainable change
- There are some concerns about the availability of emergency housing, particularly for women; and also about the standards, safeguarding risks and lack of dignity in some accommodation being used to house vulnerable people

7 Conclusions

The marginalised and vulnerable people we met are a diverse group: they include people with support needs, living independently or in supported accommodation; homeless people; people with mental health problems; people with learning disabilities; people who have or have had alcohol/drug problems; and people who have been in prison. Their feedback shows that they value the services which they use. Access to GP services is good, and feedback about them is positive. Opportunities for meeting other people to address their social isolation, in a setting where they don't feel judged, are welcomed.

A significant number of these people need support with mental health problems. Their feedback, together with that from the drop-in services and front-line staff working in health and social care services, demonstrates that they face significant challenges in getting these needs met.

There are many different agencies involved in supporting this diverse group of people, both in the Voluntary and Community Sector (including the faith communities) and statutory organisations. Feedback indicates that connections and communication between these organisations vary, and consequently vulnerable people sometimes fall through the gaps.

Feedback from each source also raises concerns about the availability of emergency housing; and about the standards, safeguarding risks and lack of dignity in some accommodation being used by vulnerable people.

HWG would like to highlight the dedication of all the people we met who are working in this field; as staff, volunteers, managers, and commissioners. All were passionate about their work to support people to bring about positive changes in their lives, in different ways.

8 Recommendations

8.1 That a review be undertaken of the pathways for marginalised and vulnerable people needing mental health support

- The people we heard from feel that their needs for support with their mental health problems are not being met. Services acknowledge that it is a real challenge to meet these needs, particularly referral to specialist services
- People with co-existing mental health and drug/alcohol problems, and people who are sleeping rough, appear to experience particular barriers to treatment. Examples of best practice elsewhere in the UK have been identified and can be found in Section 10 of this report
- The criteria threshold required for support from specialist teams means that some people appear to be falling through the gaps. The merits of services adopting a more flexible approach to criteria and outreach could help to address particular challenges posed by this marginalised group
- Long waits for some therapies are causing additional problems for people. Although more therapists are being recruited, arrangements for supporting people whilst waiting are crucial

8.2 That communication between organisations engaging with marginalised and vulnerable people is improved

- There are many agencies involved in supporting this diverse group of people and communication between them is variable. As a consequence, people fall through the gaps. The HHT has the strongest connections, and should be used as a model of best practice
- Voluntary and Community Sector organisations recognise that health and social care organisations have the expertise, while they have the direct engagement and relationship with individuals. There are opportunities for services to train, educate and advise, to bring about benefits for marginalised and vulnerable people and closer working is recommended
- There are some misconceptions about the role of the various statutory organisations, their teams, and ways to access services. It is important for statutory organisations to provide clarity about their role and function as part of their formal response to this report
- It would be beneficial if front-line services were enabled to access a multi-agency database recording system about rough-sleepers and the wider street population. This would help ensure that professionals could access a holistic picture of the individual

8.3 That a review be undertaken of the support for those people with a high level of need or learning disabilities

- There is evidence some people living particularly chaotic lives, with higher support needs who are living in supported housing, or who have learning disabilities, do not appear to be getting the level of support they need to make positive and lasting

changes in their lives. Support for this particular group of people would benefit from a more in-depth review

8.4 That a minimum standard of housing for vulnerable people be agreed, with an adequate level of emergency housing available

- A number of concerns were raised about particular accommodation in the city; and the standards, safeguarding risks and lack of dignity vulnerable people were experiencing. It is essential that accommodation is of an acceptable standard, and that there is an adequate level of emergency housing to meet the needs of vulnerable people, especially women.

8.5 That a wider review be undertaken of the needs of marginalised and vulnerable people across Gloucestershire

This review did not extend to the police, probation and criminal justice system, education, employment, and housing. Listening to the views and experiences of visitors to the drop-ins and Isis Women's Centre, drop-in managers and staff, and front-line workers, suggested that a wider review would be of great benefit; in order to understand and seek to address the needs and experiences of this group not only in Gloucester but across the county, and to evaluate the impact on the wider community.

9 Formal responses to the report received from Commissioners and Providers

HWG submitted this report to the [2]gether Trust, the County Homelessness Coordinator jointly employed by the 6 District Councils, Gloucester City Council, Gloucestershire Care Services, Gloucestershire Clinical Commissioning Group, and Gloucestershire County Council for their formal responses, which are shown below.

(HWG also asked commissioners and providers to check the report for factual accuracy. Some organisations requested factual amendments, which were made by HWG. For clarity, the sections of the responses which related to factual accuracy are not shown below.)

9.1 Response from [2]gether NHS Foundation Trust

[2]gether
Making life better

Foundation Trust
For Gloucestershire NHS

Trust Headquarters
Rikenel
Montpellier
Gloucester
GL1 1LY

2nd September 2016

Dear Barbara

Re: Formal response to Healthwatch Gloucestershire (HWG) Report on access to health and social care services by marginalised and vulnerable people in Gloucester.

Thank you for your letter of the 1st August 2016. I note that you requested a response to the report which incorporates combined factual accuracy and [2]gether NHS Foundation Trust's response to the report findings.

A review for and with people who feel marginalized and vulnerable, including people who are homeless, to better understand their access to health and social care in Gloucestershire is important and welcome. Indeed, the first value of our NHS constitution requires that the NHS provides a comprehensive service, available to all. It goes on to remind us that that the NHS has a social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population[1].

I note that this report specifically considers a sample of people who have experienced being marginalized and feeling vulnerable in Gloucester. You have pointed out that the number of people concerned is relatively small. However, the county has a strong commitment and interagency goal of social inclusion and it is imperative that those who are vulnerable are able to gain access to appropriate support from a range of services to meet their needs.

[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Recommendations

1.0 That a review be undertaken of the pathways for marginalized and vulnerable people needing mental health support

The suggestion that, as a system of health and care services, we review the pathways for individuals who are vulnerable, marginalized and homeless is important and timely. Every individual has a right to the care and treatment that they need.

In the points made under this recommendation there is a suggestion that the proposal to 'review' pathways relate to specialist NHS services for people experiencing mental illness (commissioned in Gloucestershire from [2]gether NHS Foundation Trust) and the services for people experiencing addition to drugs or alcohol (commissioned in Gloucestershire from Turning Point). Given that mental *health* support can and is commissioned and provided from a range of organizations (including General Practice), recommendation 1.2.1 may perhaps be more accurately represented by specific reference to NHS and Local Authority funded care and support for mental health.

I have noted the compelling concerns raised by some of the people who provided the case vignettes in your report; some commentators are the individuals about whom this report is written, others represent the perspective of associated charitable organizations, notably Christian faith organisations which provide practical and spiritual help. It is clear that a multi-agency approach is required so that, as a set of services and contributors, we can meet people wherever they are on their journey to wellbeing and offer the most appropriate, connected solutions of support, accommodation, friendship, hope, primary and / or specialist health and social care.

We would welcome and encourage inter-agency conversation. It is often creative and bespoke packages of care and support that offer successful solutions to meet need and I was pleased to note some of these acknowledged in the case examples presented in the appendices of your report.

2.0 That communication between organizations engaging with marginalized and vulnerable people is improved

Communication is essential. It is especially important when considering the needs of those most vulnerable in our society. There is a point made in section 1.2.2 which suggests that the Homeless Health Care Team has the strongest connection with the group of people considered in this report. Having a central team of expert support with a wide range of expertise to connect with across the system is one way of ensuring that people can access services and a communication hub is ensured.

We note that people also report that they feel stigmatized by accessing services and that this can be a barrier to approaching services for support or to maintaining a program of rehabilitation. [2]gether NHS Foundation Trust is actively involved in the Time to Change campaign activity that asks all those providing care to consider how they communicate with people so that the feeling of stigma that people sometimes experience is tackled[2]. We would welcome a multi-agency approach to this development work across all organsiations.

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[2] http://www.time-to-change.org.uk/news/new-training-support-mental-health-professionals-tackle-stigma-and-discrimination-within
http://www.time-to-change.org.uk/sites/default/files/MHPReport.pdf

3.0 That a review be undertaken of the support for those people with a high level of need or learning disability.

Our comments about the reports first recommendation are relevant here. People who feel marginalized or vulnerable can experience a multitude of challenges, all of which may impact on their mental and physical health.

4.0 That a minimum standard of housing for vulnerable people be agreed with adequate level of emergency housing available.

The availability of adequate, safe accommodation for people who do not have access to a home is a critical part of a socially inclusive culture.

There are opportunities to work in partnership across agencies to develop access to respite accommodation for people who are vulnerable and feel marginalized. This may prevent the escalation of crises that some people experiencing longer term metal illness can experience in some circumstances.

5.0 That a wider review be undertaken of the needs of marginalized and vulnerable people across Gloucestershire

We will be pleased to take part in a system wide review across Gloucestershire. [2]gether NHS Foundation trust remain committed to work in partnership to ensure that we meet our commitment to people who are marginalized and vulnerable including people who are homeless. I am minded of the James MacKenzie seminal lecture ('Bothering about Billy') given in 2013 by a GP, Helen Lester[3] who poignantly articulated why, as a community, we must all work together to ensure services for people experiencing homelessness are accessible, that reasonable adjustments are made to meet people where they are in their journey to health and wellbeing and that co-ordination of care and support is fostered at a time when self-care is challenging for the individual.

Thank you, once again, for the opportunity to comment on this report

Yours sincerely

SHAUN CLEE
CHIEF EXCUTIVE
[2]gether NHS Foundation Trust

Cc Ruth FitzJohn, Chair, [2]gether NHS Foundation Trust
Jane Melton, Director of Engagement and Integration, [2]gether NHS Foundation Trust

[3] The British Journal of General Practice; 2013; DOI: 10.3399/bjgp13X664414

9.2 County Homelessness Coordinator employed by the 6 District Councils

31 August 2016

Dear Barbara,

Thank you for asking for me to respond to Healthwatch Gloucestershire's report on access to health and social care services by marginalised and vulnerable people in Gloucester.

Firstly, I think it would be useful to clarify my role. I'm employed, part-time, by the 6 district councils of Gloucestershire, and report to the County Homelessness Implementation Group, which includes strategic housing managers from these districts, as well as the Lead Commissioner for Supporting People services at the county council. A large part of my role has been overseeing the contract that the 6 districts have with the rough sleepers assertive outreach team, and looking to break down barriers to services for this vulnerable client group more widely.

- It's clear that a significant number of homeless people have mental health problems (whether diagnosed or not); and that these people sometimes struggle to access mental health services, even with support from workers. I'm pleased that you have highlighted this issue as a key finding and recommendation. I am also pleased to tell you that I have been involved with several initiatives this year to address these challenges:

    - I am a member of the Gloucestershire Crisis Care Concordat multi-agency workforce development group for the mental health crisis pathway, which has been analysing both single and multi-agency training needs and core competencies for a very large range of organisations (health, social care, and other wider statutory services; VCS agencies and volunteers, etc), to be delivered across the county in various accessible formats. Funding for this large programme is currently yet to be confirmed, but I am hopeful that this training programme will be rolled out from next year, and will have a very positive effect in improving awareness of mental health problem, and what the crisis pathway is: what services are available and with what distinct roles, how they are referred to and accessed, expectations for the services (throughout the cycle of prevention, referral in, service use, discharge, and prevention), etc. The Concordat specifically talks about 'parity of esteem' for all service users; leads and consultants for the Concordat particularly welcomed input from the homelessness sector. A wide variety of statutory, commissioned and VCS organisations who have contact with homeless and vulnerably housed individuals have expressed initial interest to me in participating in this training.

    - Various multi-agency groups have formed recently to share information and develop joint action plans for identified vulnerably housed and homeless individuals with mental health problems. Staff from the roughsleepers assertive outreach team meet on a bi-weekly or monthly basis with staff from 2gether NHS trust teams (including AOHS, Recovery and CRHT), as well as community safety teams, to ensure that all appropriate support options are being accessed for specific individuals of concern, and to explore and tackle any barriers.

- I understand that the county council's Supporting People commissioning team are aware of concerns regarding the lack of specialist accommodation for people with mental health problems and drug/alcohol issues (dual diagnosis); I appreciate your report's interviews on this.

- The mental health joint commissioner for Gloucestershire, Karl Gluck, has attended meetings of the County Homelessness Implementation Group to explain developments in mental health crisis teams, and to listen to concerns relating to access of, and discharge from, services. He has welcomed being copied in to case studies and complaints sent by the assertive outreach team and local authorities, which I hope will bring about individual and systemic improvements where needed.

- I also agree with your second recommendation that communication could be improved between agencies working with vulnerable people, so that services and options are well understood for the benefit of each individual. Whilst I believe that communication has been good, there is clearly always room for improvement; and I would welcome any suggestions.

    - I (and my predecessors as county homeless coordinator) have attended each faith & VCS homeless forum, presenting information and answering questions from partners; and I think we have enjoyed good email and phone communication to clarify the remit of different agencies generally, and to explain options for particular individuals where there has been a barrier in accessing services (real or perceived). I have also met with various partners individually to listen and respond to any issues, and to explain pathways and processes. The manager of the assertive outreach team has also presented to the faith & VCS forum about her service (and partner agencies) several times, and has repeatedly offered to take people on shifts so they can understand the work at first hand. Local authorities also welcome agencies to visit council housing options teams to understand their statutory duties, or to receive phone calls to discuss a particular situation; they also present information on their websites and leaflets (see http://www.gloucester.gov.uk/resident/Documents/Housing/Homelessness%20Booklet.pdf) There is therefore a lot of proactive and reactive communication amongst agencies; I would welcome any suggestions for how this could be improved, however, and would be happy to assist with this directly or indirectly.

    - With regard to a shared database, I am aware of London's CHAIN database, which enables different boroughs and commissioned organisations to share information in real time. Whilst there are clear benefits to this system, unfortunately cost is a significant barrier to this at present. There are also clearly data protection considerations which prevents confidential information being widely shared. I would however encourage health and VCS partners to share information with the appropriate homelessness service on behalf of individuals they have contact with – including statutory homelessness teams, accommodation- or community-based support teams, and the assertive outreach

team (via StreetLink – see www.streetlink.org.uk) so they can work as quickly and effectively as possible to achieve successful outcomes.

- Regarding feedback from a service user who said there is a lack of advice and support for homeless people who are sofa surfing, I can confirm that Greensquare (who you acknowledge were not interviewed for the report) is the organisation commissioned to provide community based support to people who either need support to maintain tenancies, or who are sofa surfing. Greensquare have drop-in hubs around the city (see http://www.greensquaregroup.com/housing/support/housing-support2/services-in-gloucestershire/drop-ins) and can be referred to by agencies or individuals directly (see http://www.greensquaregroup.com/housing/support/housing-support2/services-in-gloucestershire).

- With regard to your third and fifth recommendations regarding reviews of services for the most vulnerable people across the county, again I agree that it is important to review this regularly.

  - The county council's Supporting People team commission services for these client groups across the county; I expect that they will respond to these points. It was encouraging to be part of a very well attended review workshop of START supported accommodation recently, with various follow-up workshop streams to come follow that process.

  - I am also delighted to say that the six district councils in Gloucestershire, Gloucestershire County Council, Gloucestershire Clinical Commissioning Group, and Gloucestershire's Office of the Police and Crime Commissioner have all recently confirmed that they will joint fund the assertive outreach team for another two years (to be re-commissioned, at increased capacity); and the county homelessness coordinator role for another two years (again at increased capacity), as well as the Severe Weather Emergency Protocol (again, at increased budget). None of these elements are statutory requirements, and are not delivered by all authorities. They had been previously funded by a one-off central government grant; the outreach work proved to be extremely important work to tackle entrenched street homelessness, and intervene quickly to move new rough sleepers into support and accommodation. This continuing and increased work of the outreach team will not only meet your recommendation for increasing capacity of this service, but involvement of the team's manager and the homeless coordinator in the new joint commissioning steering group will also enable greater understanding of service needs for future commissioning requirements for wider services for homeless and other vulnerable people.

- Your fourth recommendation is outside of my job remit; I expect my colleague at Gloucester City Council will respond to this.

- With regard to your research around the Vaughan Centre, this had closed before I started my job in Gloucestershire so I think it's inappropriate I comment on this decision; I expect others will reply to this. However, I would point out that alternative services have been successfully implemented since then, including the P3 assessment centre and hub (which you acknowledge was not included in the report; see http://www.p3charity.org/gloucestershire-homeless-services), and the assertive outreach team, currently delivered by St Mungo's.

I hope this is useful. Please obviously get in touch if you would like any further information or clarifications. Thank you very much for your work on this, which I hope will be useful in helping to improve services further across the city and county. I look forward to continuing conversations.

Best wishes,

Chris Keppie

County Homelessness Coordinator

Part-time, based at:
Cotswold District Council – Mon & Fri – **01285 623248**
Gloucester City Council – Wednesday – **01452 396569**

Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

9.3 Gloucester City Council

Gloucester City Council
Transforming Your City

Housing Strategy & Enabling
Gloucester,
GL1 2EQ

01452 396534
Helen.Chard@gloucester.gov.uk
www.gloucester.gov.uk

Healthwatch

Community House,
15 College Green,
Gloucester GL1 2LZ

Date: 26/09/2016
Officer:
Unit:
Ref:
Page: 1 of 5

Dear Barbara and Sophie

Thank you for forwarding the report on 'access to health and social care services by marginalised and vulnerable people in Gloucester'. The report has provided a useful insight into the findings of the voluntary sector organisations responding to the needs of vulnerable individuals, as well as the service users themselves.

You will have already received a response from the County Homelessness Coordinator who is employed on behalf of the six district councils within the county. I copy the extract from his response below, and would largely support the feedback he has provided and will not duplicate the points he has made.

My colleague did however suggest that as a District Authority that we respond to the fourth recommendation concerning the use of bed and breakfast establishments within the city. The City Council must work within prescribed legislation for the inspection of premises; this means that 'bed and breakfast' establishments aren't subject licensing unless they fall within the requirements for 'Housing in Multiple Occupation'. Almost all 'B and B' establishments used by the City Council do fall within that category, subject to some very small premises that they use periodically. This will mean that most 'B and B' accommodation we use to in connection with our homelessness duties will be subject to checks associated with being licensed.

In addition to using licensed premises, the City Council Homelessness Service and Environmental Health Service will either work independently or collaboratively to respond to any complaints made regarding their placement in a 'bed and breakfast' establishment. The Council needs to establish that the provision is 'suitable and reasonable', and will undertake periodic checks on any premises that it uses. The Council does acknowledge that the condition of any such establishment may be affected by any particular service users at any one time, however if complaints are brought to our attention, as outlined about, checks or investigations will be undertaken.

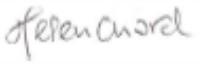
We would encourage any people who are involved with the support or advocacy of vulnerable homeless individuals, if they are aware of any poor standards of accommodation, that they bring the matter to the attention of our Environmental Health (Private Sector Housing team) or the Homelessness team.

The report also highlights some concerns about the closure of the Vaughan Centre and the subsequent relocation of the Homeless Health Care Team. I do not propose to comment in detail on the closure of the day centre, as this is now two and a half years ago, other than to say that a tendering exercise associated with delivering 'housing related support' to the most vulnerable clients was undertaken, as is the expectation with the award of contracts by public authority. As a consequence of a tender exercise, an alternative organisation was better able to demonstrate their understanding of the service specification and confidence in the desired outcomes.

The City Council acknowledges the role the voluntary sector play in using their collective assets to provide additional services, options and 'added value' to an extent that public services are unable to. We welcome the relationship that has been fostered by the Homelessness Coordinator (of which there has been more than one) and the Faith Community; and hopefully with increased resource, this continues to be an effective means of maintaining a good level of understanding around service availability and an opportunity to influence service provision going forward. Chris Keppie's letter outlines more of the detail concerning this.

We welcome the assessment undertaken by Health Watch and through our 'County Homelessness Implementation Team' we hope to keep these matters under review at a strategic level in conjunction with our Health and Social Care partners and more operationally via the County Homelessness Coordinator.

Yours sincerely,



Helen Chard (Mrs)
Housing Strategy & Enabling Service Manager

9.4 Gloucestershire Care Services NHS Trust

Gloucestershire Care Services NHS
NHS Trust

Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Tel: 0300 421 8348
Email: Paul.Jennings@glos-care.nhs.uk
Web: www.glos-care.nhs.uk

Barbara Piranty
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

26th August 2016

Dear Barbara,

Access to health and social care services by marginalised and vulnerable people in Gloucester

Thank you for the opportunity to comment on this recent report and having shared with our team we would like to make the following observations:

- It was good to read the positive feedback about our Homeless Health Team (HHT) - they do such a great job in ensuring that the health needs for this group of people are met. The service is highly valued by many and a recent quote from one of our service managers was that "I'm really proud of the team" and I would certainly echo this.

- As mentioned above the feedback about the HHT is particularly positive, described as having the strongest and most consistent communication between organisations to include the drop ins we have noted that the HHT should be used as a model of best practice.

- We were also delighted to see that Vaughan Centre users reported a high satisfaction rates with the team. However it is evident that the HHT sees patients with complex needs who are in need of therapy, and that a "revolving door" between high support accommodation means that the most complex patients are in danger of falling through the gaps – the report supports the notion that a dedicated Social Worker attached to the HHT could help with these patients, which we would support but now this is funded would need to be worked through. The other large gap for the HHT is the need for more mental health resource and a quicker response from the existing Mental Health service and I wonder if this was raised at all during the visits?

We support the recommendations and in particular those that include opportunities for improved communication between the organisations and part of this could be the development of a multi-agency database as mentioned in the report.

We support a wider review of those people with a high level of need who are marginalised or have a learning disability, and a review of the pathways for marginalised & vulnerable people who require mental health support and Trust colleagues would actively contribute to any review.

We support the proposal that there should be a minimum standard of housing for vulnerable people to be agreed with an adequate level of emergency housing available.

The need for a central point for homeless people to meet and socialise, to combat social isolation, whilst a member of staff from whatever agency is sorting out a problem for them is paramount. In addition to this very few homeless people, or "sofa surfers" can provide a reliable address for a letter to reach them relating to medical or other appointments, a post box facility needs to progress.

Finally, can I on behalf of our HHT and wider Trust colleagues thank you to the Healthwatch Gloucestershire team who undertook this work – the report reads as if they gained a lot from doing it. If you should have any further queries please do not hesitate to get back to me

Yours sincerely

Paul Jennings
Chief Executive

CC: Susan Field, Director of Nursing
Melanie Getgood, Community Manager, Countywide Services

Understanding You

9.5 Gloucestershire Clinical Commissioning Group

NHS
Gloucestershire
Clinical Commissioning Group

Barbara Piranty
Chief Executive, Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

Sanger House
5220 Valiant Court
Gloucester Business Park
Brockworth
Gloucester
GL3 4FE

Tel: 0300 4211415
Email:mary.hutton1@nhs.net

6 September 2016

Dear Barbara,

Re: Combined factual accuracy and final response to Healthwatch Gloucestershire (HWG) Report on access to health and social care services by marginalised and vulnerable people in Gloucester

Thank you for sharing the Healthwatch Gloucestershire draft Report on Access to health and social care services by marginalised and vulnerable people in Gloucester with Gloucestershire Clinical Commissioning Group for factual accuracy and for a final formal response. This report provides a valuable insight into the experiences of this group of people.

We will take the outcomes of this report forward into our work seeking to improve these experiences. In particular we are currently working with our colleagues in Public Health at Gloucestershire County Council to complete a Mental Health needs assessment, which will include this cohort of people.

We will be revising our strategic approach to Mental Health based on the needs assessments findings and in light of direction of travel for Gloucestershire as indicated by our Sustainability and Transformation Plan for Gloucestershire and in response to the Mental Health Five Year Forward View.

I have shared the draft report with the joint lead for commissioning mental health, joint lead for commissioning learning disability and the joint lead for commissioning health and social care within the CCG for their consideration. We have also liaised with GCC to ensure that we have adequately/appropriately covered all aspects requiring feedback.

In particular we agree with the comment that there are often misconceptions about the role of statutory services. Therefore, we have provided summary details of the main community services, referenced in the report, commissioned for people with mental health problems below:

1

NHS
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Summary details of the main community services, referenced in the report, commissioned for people with mental health problems

Recovery Teams

This service provides a high quality community-based mental health service with a focus on the promotion of recovery and social inclusion, including educational, recreational, and vocational and employment. The service aims to go beyond the maintenance / monitoring of patients mental health and will, within its recovery ethos, seek to enable patients to achieve those goals which are meaningful to them.

The service provides longer term engagement for people with Serious Mental Illness (SMI) within a target period which reflects Care Cluster allocation, with an emphasis on shared care of service users with Primary Care and discharge with recommendations for on-going management in Primary Care. For more details please follow this link http://www.2gether.nhs.uk/recovery-team

Assertive Outreach Teams

The service provides a high quality community-based mental health service with a strong focus on the promotion of recovery and social inclusion, including educational, recreational, vocational and employment. The service develops supportive and therapeutic relationships with service users with severe and enduring mental illness who have complex needs and are difficult to engage in generic services. The service provides an intensive multidisciplinary package of care for people to facilitate social inclusion and recovery, and to provide support to carers. It aims to help service users achieve the best quality of life, acknowledging the problems imposed by their illness, and to support them within the community through home-based assessment and treatment. For more details please follow this link http://www.2gether.nhs.uk/assertive-outreach-team

Early Intervention in Psychosis (GRIP)

The service provides an Early Intervention Service within the Community primarily for people aged 14-35 with suspected or confirmed first episode psychosis; whilst taking account of national developments and directives for Early Intervention services to work with people aged 36-64. For more details please follow this link http://www.2gether.nhs.uk/grip

Crisis Resolution and Home Treatment Teams (CRHTTS)

CRHTTs were established across the UK in response to the National Service Framework and are intended to provide a service to a specific cohort of people: individuals with a Serious Mental Illness who would otherwise need admission to acute psychiatric inpatient units (formally or informally).

The intention is to provide a biopsychosocial model of intensive home treatment. Unlike many parts of the country Gloucestershire has a well-established CRHTT that operates 24/7.

There is a popular misconception that CRHTTs are the equivalent of a psychiatric blue light service. They are not and were never intended to be. If an individual is at imminent risk to themselves or others then often the most appropriate response is to call an ambulance or the police depending on the circumstances.

Gloucestershire's CRHTTs were recently reviewed as part of the last 2gNHSFT CQC inspection and rated outstanding. For more details on the current service please follow this link http://www.2gether.nhs.uk/crisis-resolution-and-home-treatment-service-(crht)

The CCG is working with 2gNHSFT as part of our Crisis Concordat action plan to remodel our existing CRHTTs to provide a Mental Health Acute Response Service. This service will have 2 functional 'arms':

- Urgent Response Team
- Rapid Assessment and Home Treatment

The intention is for elements of the service to be co-located at Waterwells alongside other emergency services, for the access criteria to be expanded to be more inclusive (not limited to just Serious Mental Illness) and have a faster response time (albeit it will not be a blue light service).

We would be willing to facilitate sessions with partner agencies to help improve understanding of statutory/non-statutory mental health services and how they operate.

Homeless Healthcare Team (HHT)

This is a primary and community health care service provided by Gloucestershire Care Services for those individuals unable to access mainstream primary care, either through lack of fixed abode or having been removed from a practice list

The service offers short to medium-term care support, working with health, social care and voluntary and community sector (VCS) organisations to meet the needs of the individual whilst facilitating a return to mainstream primary care services

The service operates Monday – Friday office hours, and provides weekly GP sessions and is supported by Registered Nurses and Primary Care Support Workers with mental health nurse and podiatry support. The sessions have open access and the team provide occasional outreach support. The team work with a wide range of health, social care and VCS partners to provide information, advice and signposting

Time To Heal Service (TTHS)

This is a support service based in Gloucestershire Royal Hospital to support timely discharge of homeless individuals, the service is provided by ELIM Housing.

The Time to Heal support worker works closely with the Integrated Discharge Team to identify individuals where discharge planning identifies an accommodation issue that may prevent timely discharge. The support worker works closely with the Homeless Healthcare Team and other services and organisations supporting the homeless.

The service operates in office hours, 4 days a week.

For more details on the current service please follow this link: http://www.elimhousing.co.uk/health-housing?rootpage=show

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Recommendations

8.1 ***That a review be undertaken of the pathways for marginalised and vulnerable people needing mental health support***

- *The people we heard from feel that their needs for support with their mental health problems are not being met. Services acknowledge that it is a real challenge to meet these needs, particularly referral to specialist services*
- *People with co-existing mental health and drug/alcohol problems, and people who are sleeping rough, appear to experience particular barriers to treatment. Examples of best practice elsewhere in the UK have been identified and can be found in Section 9 of this report*
- *The criteria threshold required for support from specialist teams means that some people appear to be falling through the gaps. The merits of services adopting a more flexible approach to criteria and outreach would help to address particular challenges posed by this marginalised group*
- *Long waits for some therapies are causing additional problems for people. Although more therapists are being recruited, arrangements for supporting people whilst waiting are crucial*

The report makes specific recommendations in respect of mental health support under the overall banner of a review of pathways.

We would endorse the need to review the current care pathways for this cohort of people and would be willing to coordinate this work (subject to the identification of resources within our team/partners to undertake this).

We recognise that working with people with multiple and high support needs is a complex area. We are working in partnership to overcome barriers to access to services and have existing pathways in place between our specialist drug and alcohol provider and specialist mental health provider. We would be keen to follow up on any specific cases identified. We would also welcome the opportunity to discuss the outcome of your research in more detail.

We would not necessarily concur with the recommendation that existing specialist teams should be more flexible in respect of applying their criteria and would welcome further discussions/clarification about this recommendation.

4

As mentioned above, we would welcome further detail from Healthwatch Gloucestershire regarding the 'long waits for therapies', it would be helpful to identify which therapies are referred to and the lengths of the waiting times.

8.2 ***That communication between organisations engaging with marginalised and vulnerable people is improved***

- *There are many agencies involved in supporting this diverse group of people and communication between them is variable. As a consequence, people fall through the gaps. The HHT has the strongest connections, and should be used as a model of best practice*
- *Voluntary and Community Sector organisations recognise that health and social care organisations have the expertise, while they have the direct engagement and relationship with individuals. There are opportunities for services to train, educate and advise, to bring about benefits for marginalised and vulnerable people and closer working is recommended*
- *There are some misconceptions about the role of the various statutory organisations, their teams, and ways to access services. It is important for statutory organisations to provide clarity about their role and function as part of their formal response to this report*
- *It would be beneficial if front-line services were enabled to access a multi-agency database recording system about rough-sleepers and the wider street population. This would help ensure that professionals could access a holistic picture of the individual*

We agree with this recommendation that improving communications between agencies has a positive impact on service commissioning and provisions. Examples include:

- The Faith & VCS Homeless Forum, organised by Tony Hipkins; which is well attended by many agencies including CCG and Gloucestershire County Council (GCC). This Forum could be referenced in the report as it is a useful local group at which issues affecting this group of people can be discussed.
- GCC and CCG (via the Health and Wellbeing Board) are signing up to the Homeless Charter – see attached file: *Charter for homeless health*, which will involve undertaking a needs assessment
- There are opportunities to share information more widely, for instance the CCG intends to share the Severe Weather Emergency Protocol during the next quarter.

Developing Integrated Commissioning

In addition, we strongly believe that communication between statutory partners can be improved through greater integration of service commissioning. There is a long history of joint commissioning in Gloucestershire directly contributing to improvement in the quality of life of local people. Collectively – seeing health, public health, social care, and other local authority functions such as housing, education and leisure, as a whole system rather than lots of individual services can only benefit our patients and residents generally.

We are seeking to maximise the level of integrated commissioning between GCC and GCCG ensuring that across Gloucestershire local people are served by an experienced and knowledgeable team, maintaining a

critical mass of expertise to advise all partners. An integrated commissioning function will ensure that the resources of all partners can be effectively and efficiently used to deliver good quality integrated care whilst reducing the health inequalities.

The Commissioning process can be resource intensive and there are efficiencies in doing this jointly. In many instances, the needs of patients and service users are indivisible to agency boundaries but the responses to meet that need are often diverse and sometimes disjointed across organisations.

For these reasons both the CCG and Gloucestershire County Council (GCC) already have a number of arrangements in place, principally through joint commissioning agreements, to manage and drive change across a number of complex systems. Key strategies such as Joining Up Your Care and the Children and Young People's Plan are jointly owned and an overarching Section 75 agreement is in place covering a number of areas. The Better Care Fund is well embedded within our commissioning strategies and service redesign processes locally.

We currently have formal joint commissioning governance and funding arrangements with GCC of in excess of £165m in an aligned fund, and work within the NHS collaborative commissioning framework agreements in respect of the 2gether Trust and Gloucestershire Care Services. In addition there are a number of other areas where we recognise mutual interdependencies although funding is separately managed (e.g. Enabling Active Communities). Public health funding is another area where there are mutual interests.

On a day-to-day basis our shared capacity relies on six joint commissioning posts (covering mental health, learning disabilities, physical disabilities, health and social care, children and older people) that are accountable to both organisations, reporting to the Associate Director, Partnerships, Joint Commissioning and Community Services for the GCCG and to the relevant Commissioning Directors in the council.

8.3 That a review be undertaken of the support for those people with a high level of need or learning disabilities

- *There is evidence some people living particularly chaotic lives, with higher support needs who are living in supported housing, or who have learning disabilities, do not appear to be getting the level of support they need to make positive and lasting changes in their lives. Support for this particular group of people would benefit from a more in-depth review*

There are two categories of people who are mentioned in this recommendation: those living chaotic lives in supported housing and those with similar issues who have learning disabilities.

Recent initiatives funded by the CCG, such as Kingfisher-The Crisis café - provide community based options for all people, including those who are the focus of this report. All individuals are assessed for services using a common social care assessment tool, FACE. This assessment provides for a thorough and in depth review of needs and establishes clear outcomes for services. If those needs change then these issues need to be identified so that improved support planning can be provided. The issue of capacity also comes into play in a number of these scenarios. If services are offered but individuals with capacity make their own choices this presents a new level of challenge.

The recommendation cites 'evidence' of such groups. If this evidence comprises the names of individuals services have not reached or are not adequate, the CCG and GCC would be pleased to follow up on these specific cases.

8.4 ***That a minimum standard of housing for vulnerable people be agreed, with an adequate level of emergency housing available***

- *A number of concerns were raised about particular accommodation in the city; and the standards, safeguarding risks and lack of dignity vulnerable people were experiencing. It is essential that accommodation is of an acceptable standard, and that there is an adequate level of emergency housing to meet the needs of vulnerable people, especially women.*

GCC will be providing a response to this recommendation. From a health service commissioner perspective, our comment would be that we recognise the impact of housing on the wider determinants of health and wellbeing.

8.5 ***That a wider review be undertaken of the needs of marginalised and vulnerable people across Gloucestershire***

- *This review did not extend to the police, probation and criminal justice system, education, employment, and housing. Listening to the views and experiences of visitors to the drop-ins and Isis Women's Centre, drop-in managers and staff, and front-line workers, suggested that a wider review would be of great benefit; in order to understand and seek to address the needs and experiences of this group not only in Gloucester but across the county, and to evaluate the impact on the wider community.*

We would support this recommendation in principle. Such a review would need to be considered and prioritised in the context of the overall five year countywide Sustainability and Transformation Plan (STP).

Thank you once again for sharing this draft report with the CCG. If you have any queries regarding our comments above please do not hesitate to contact my office.

Yours sincerely,

Mary Hutton, Accountable Officer, Gloucestershire Clinical Commissioning Group

cc:

Becky Parish, Associate Director, Engagement and Experience

Karl Gluck, Joint Lead Commissioner Mental Health

Debbie Clark, Joint Commissioning Manager - Health and Social Care

9.6 Gloucestershire County Council

FAO Barbara Piranty

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Please ask for:

Our Ref: MW/rl **Your Ref:** **Date:** 6th September 2016

Dear Barbara,

Response to Healthwatch Gloucestershire (HWG) report on access to health and social care services by marginalised and vulnerable people in Gloucester.

Thank you for the opportunity to comment on this report. As you might expect in the world of jointly commissioned services and integrated provision there is considerable overlap with our GCCG colleagues and many of the issues pertaining to Mental Health and Learning Disabilities are, I believe, addressed in their response as Lead Commissioner. However there are also some matters related to Housing Support Services that I don't think have yet been covered which I'll comment on below.

Before making the specific comments I would offer a more general comment, which builds on past discussions, that whilst the reported experiences and perceptions of the people interviewed have an obvious legitimacy, it is not particularly clear as to when they are being reported as anecdotes or when you have concluded that they collectively represent evidence. In a similar vein you make the assertion (repeated in sections 1.2.2 and 8.2) that the 'HHT has the strongest connections and should be used as a model of best practice.' This is stated in the context of there being many agencies involved in supporting this group of people and connection between them is variable. If this were to say the connection with Faith based drop in and HHT is the best then that would be more accurate but to amplify this to imply that HHT has best connection with all services without providing any wider analysis is at best more a perception than the fact it is relayed as.

My other general comment is that although commissioners were interviewed as part of your evidence gathering there is little attention given to the matters discussed. I am not asking that comments be ignored because we say we've dealt with it, that would equally be wrong, but you may have given confidence in response to some of the issues had you acknowledged that they were at least in the process of being addressed already.

I appreciate that the general comments above are probably more for our ongoing discussions than necessarily impacting upon this report, on which I would make the following responses:

Access to emergency accommodation for women (1.2.4) – we have recently ensured that all homeless supported housing schemes are able to accommodate both men and women (some were previously male only), thereby increasing access to women in need of support.

Re standards, safeguarding risks and lack of dignity in accommodation (1.2.4), I understand that the City Council is to comment on this and that it may be about private rented only, however in supported housing we can say that we have commissioned two smaller accommodation based assessment services with individual bedrooms for adults with complex needs and chaotic lifestyles. This model was co-produced with former homeless service users who, through their own engagement with service users, stated they wanted a defensible personal space in smaller accommodation based schemes to provide them with an increased safety, privacy and individualism. In these schemes both men and women can be safely accommodated to receive the support required to undertake an assessment to determine what ongoing support is required.
Re Lack of appropriate capacity to meet growing need in homeless assertive outreach service 6.4 - further to central govt. funding coming to an end, GCC, GCCG, PCC and District Councils have joined together to fund an increased level of investment to continue the service and increase its capacity. A joint commissioning steering group is also to be established to take an overview of the performance and capacity of the broader range of services commissioned for homeless people by the partnership.

Re That a wider review be undertaken of the needs of marginalised and vulnerable people across Gloucestershire 1.2.5 and 8.3, the GHWBB have agreed to sign up to the Charter for Homeless Health which will involve undertaking a needs assessment. Moreover can I add that if you are aware and can relay the names of the people living particularly chaotic lives referred to, then GCC would be pleased to follow up on these specific cases with relevant services and partner agencies as appropriate.

As indicated just a few responses as the major themes in the report have been covered through our joint work with the GCCG.

Yours sincerely

Margaret Willcox OBE
Commissioning Director: Adults and DASS

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11 Glossary

[2]gether Trust	[2]gether NHS Foundation Trust
ACT	Assertive Community Treatment Service
AOHS	Assertive Outreach Homelessness Service
CHAIN	Combined Homelessness and Information Network
CPN	Community Psychiatric Nurse
CRHT	Crisis Resolution and Home Treatment Service
Gloucester CC	Gloucester City Council
GCC	Gloucestershire County Council
GCCG	Gloucestershire Clinical Commissioning Group
GCS	Gloucestershire Care Services NHS Trust
GHAC	Gloucester Health Access Centre
GRiP	Gloucestershire Recovery in Psychosis team
HCOSC	Health and Care Overview and Scrutiny Committee
HHT	Homeless Healthcare Team
HWE	Healthwatch England
HWG	Healthwatch Gloucestershire
IAPT	Improving Access to Psychological Therapies
MHICT	Mental Health Intermediate Care Team
OPAL	St Mungo's client information system

12 Appendix - Homelessness and rough sleeping in Gloucester

12.1.1 Statutory homelessness in the city

The Department for Communities and Local Government *Statutory homelessness: July to September Quarter 2015 England* published on 17 December 2015 says

"a household will be considered as statutorily homeless by their local authority if they meet specific criteria set out in legislation… somebody is statutorily homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them (and their household) and which it would be reasonable for them to continue to live in… In cases where an authority is satisfied that an applicant is eligible for assistance, is in priority need, and has become homeless through no fault of their own, the authority will owe a main homelessness duty to secure settled accommodation for that household. Such households are referred to as acceptances… Priority need groups include households with dependent children and/or a pregnant woman and individuals who are vulnerable in some way… When a main duty is not owed, the authority must make an assessment of their housing needs and provide advice and assistance to help them find accommodation for themselves."

The statistics for Gloucester cited in this publication are that 99 households applied to the local authority for homelessness assistance in this quarter; and 40 were classed as "acceptances" under these criteria. The acceptance rate was 40%. This publication also indicated that 63 households were living in temporary accommodation arranged by the local authority during this quarter.

12.1.2 Rough sleeping in the city

The Department for Communities and Local Government *Rough Sleeping Statistics Autumn 2015, England* published on 25 February 2016 says that

"Rough Sleepers are defined as follows for the purposes of rough sleeping counts and estimates: people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes" which are makeshift shelters, often comprised of cardboard boxes). The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers".

The street count for Gloucester cited in these statistics said that 13 people were identified as sleeping rough in the city. Looking at the official figures reported since 2010, the trend indicated in the incidence of people rough-sleeping is one of slight increase; in other cities, such as Bristol, the trend has been an exponential increase.

12.1.3 Hidden homelessness in the city

Many people who become homeless do not show up in official figures. This is known as 'hidden homelessness'. This includes people who become homeless but find a temporary solution by staying with family members or friends, living in hostels, B&Bs, squats or other insecure accommodation. Local authorities may decide you have a home if you are living with friends or family who consent to you staying and haven't asked you to leave.

Research by the homelessness charity Crisis (*The hidden truth about homelessness: Experiences of single homelessness in England*, Centre for Regional Economic and Social

Research/Crisis, May 2011) suggests that about 62% of single homeless people are hidden and therefore may not show up in official figures. It says that the majority of single people who approach their local authority will not be eligible for housing.