Faith & VCS Homeless Forum Report:
Homeless Health Team and Closure of the Day Centre Review and Homeless Health Discussion Document - June 2015.

Aim.
The aim of this review is to:-

1. Understand and clarify issues of major concern that have been expressed by faith groups and agency's with regard to the affect on the Homeless Health Team (HHT) following the closure of the GEAR/ELIM Day Centre.
2. Look to clarify who has responsibility for planning health provision for the homeless and ensure that the relevant public bodies are made aware of the concerns of the Faith and VCS community. To include evidence from key workers and the client group, demonstrating that the closure of the Day Centre has had a significant negative impact on the work of the HHT and the health and wellbeing of the client group.
3. To raise awareness, open discussions and to then seek evidence on Gloucestershire County Council's (GCC) public sector duty, under current health legislation, as having paid due regard to the need to reduce health inequality's in the present disturbing situation/outcome. (Clients of the HHT and the Day Centre are covered by legislation having disabilities and mental health issues as well as vulnerable, extremely chaotic and complex life styles.)
4. Further progress and seek support of the Forum to investigate why the Day Centre was allowed to close suddenly with the loss of essential services to the client group.This should be a wide-ranging open discussion to include any relevant Equality Impact Assessments etc.; to achieve a balanced view and shared understanding of the issues.

Background.
The HHT at present still operate from the GEAR/ELIM Day Centre, The Vaughan Centre, Southgate Street, Gloucester. However, there are major concerns that they have received notice to vacate the premises from ELIM who have sold the Vaughan Centre; we understand July is the due date. GEAR closed down on the 3rd January 2015 which has had a detrimental affect on service provision. The HHT is fully supported by the Clinical Commissioning Group (CCG) who fund the HHT through Gloucestershire Care Services NHS Trust.

Executive Summary.

From analysis of documents reviewed there are unequivocal statements of negative impact.

The HHT is a critical element in the provision of medical services to the homeless.

There is a concern that two groups covered by legislation, the disabled, and the mentally ill, have suffered as a result of the closure of the Day Centre.

Further research/surveys should be carried out into the impact of the closure on the client group themselves. This should include Service User Interviews as there has been no consultation with the client group who use(d) the HHT and Day Centre or any feedback from them. Option of undertaking interviews at Faith Groups outreach is available.

A Service User Forum should be considered as the 'voice' of the client group.

The split in commissioning is seen as presenting a real risk of a lack of coordination of provision of homeless health care. The level of risk needs to be assessed.

About the HHT.
The Primary Health Care team was set up through NHS Gloucestershire Care Services. The staff comprises 3 doctors 2 primary care support workers, a dietician and a psychiatric nurse. The HHT Clinic is opened for 3 sessions per week, They care for people registered with HHT, regularly 60 chaotic homeless, some returners. 35 are seen per week that are not registered with a GP. Numbers vary owing to the nature of the work and the lifestyles of the client group.

The HHT liaise closely with the Outreach Team and the hospital discharge 'Time to Heal' scheme and the 'Potential Violent Project' for those taken off GP's lists with difficult behaviour. At the moment the HHT are working with 55 individuals and is acknowledged to be a very successful project.
(For more detailed information about the HHT please see appendix 2).

Initial Research.
Document Search.
We requested a brief document search by someone outside the Forum to assess/analyse, any implications of the affect on the HHT of the Day Centre closure.
The documents reviewed were:-
1. Impact of the Closure of the Day Centre. Meeting facilitated by GEAR/ELIM Projects. Date: 20th January 2015.
2. Faith & VCS Homeless Forum. Minutes of Meeting held on the 4th February 2015.

Conclusions.
- There are unequivocal statements of negative impact by both police and representatives of the Homeless Healthcare Team. (See Appendix 1 for relevant extracts).
- The voice of the client group served by the HHT and Day Centre is entirely absent; there has been no apparent consultation with the client group or service user feedback.
- There are concerns with regard to a lack of joined up working among those responsible for health of the homeless. Ad-hoc arrangements have had to be made, ie HHT and other agencies appearing at faith group 'drop-ins' to maintain contact with their scattered vulnerable client group which appear unsystematic and unplanned.
- Is the present situation in accordance with the governments No Second Night Out (NSNO) initiative?

Recommendations.
1. With reference to the Local Authority's duty to pay due regard to the need to reduce health inequalities, that **Healthwatch be approached by the Forum to ask if they would undertake the research** to ensure that due regard, as set forth in the relevant legislation for public bodies, was paid to the impact of the closure of the Day Centre, focussing on:

A. The **effect on the HHT of the closure of the Day Centre**, now that they have to man the front desk, go out and about looking for their client group, etc.,
B. The **effect on the client group themselves** following the closure of the Day Centre, especially the vulnerable groups to whom the Local Authority has a particular duty of care under Health Equality legislation.

Note: Healthwatch have previously undertaken surveys of the client group at the Day Centre to make sure that the 'voice' of homeless people/patients is heard and to find out about their experience of health and social care.

2. **Multi agency meetings/workshops with community groups should be reinstated** to:-

a. Identify 'needs' and use this discussion to highlight themes.

b. Review the statement that Gloucestershire doesn't need a Communbity Hub/Day Service, because of 'low demand'.

c. Work with Healthwatch to progress further research such as service user interviews and consultations with the client group.

d. Agree a way forward for the benefit of the client group such as consideration of a 'Hub' in the City centre to provide the services as described in the documents. Liaise with HomelessLink and agency's.

e. Engage with all stakeholders to update and gather evidence.

3. It would be helpful if the apparent different **interpretations of 'homelessness', between Housing and Health**, be understood and explained to the Forum and Faith Groups as this seems to be a contentious issue.

4. There has been queries as to **who has responsibility for health inequality's and the health of the homeless**. NHS England (commission function for Primary Care), CCG's (commission secondary care), County Councils commission public health and social care. Directors of Public Health have a key role in providing leadership. The Gloucestershire Health & Wellbeing Board (H&WB) has an important duty re the homeless, planning for health provision and leadership in addressing homeless health and holding their Director of Public Health to account for homeless health.

The Health & Social Care Act 2012 include a welcome increased focus on health inequality's and integration but the split in commissioning presents a real risk of a lack of coordination. ('A Future. Now – Homeless Health Matters: the case for change Oct 2014', a report by St Mungo's Broadway refers. www.mungosbroadway.org.uk/documents/5390/5390.pdf). CCG's have a duty to provide services for all a patients in their locality whether registered with a GP or NOT, including services for the homeless, (Report 'Healthcare for the Homeless…' - Consultatants Deloitte, Centre for Health Solutions).

Recommendation: The Gloucestershire Joint Strategic Needs Assessment (JSNA) document to be reviewed. This should identify the health needs of homeless people, including single homeless people, and the gaps in current services. It is a statutory responsibility of the Director of Public Health GCC. Is there reference to homeless people?

Recommendation: We ask and encourage Gloucestershire H&WB to sign up to St Mungo's Homeless Health Charter. Over 20 H&WB's have already signed up. (see appendix 5). Chair is Cllr Dorcas Binns, Cabinet Member for Public Health & Community's GCC.

Recommendation: That the Forum ask for a meeting with the Director of Public Health. The interim Director is Dr Peter Brambleby GCC.

General Discussion.

The documents identified the validity of the views of those who said that the HHT had been adversely affected by the sudden closure of the Day Centre but there were other views, commissioners, who were not hearing evidence of a gap in terms of accessing services. Are there any gaps not covered by other services? 'Yes', as stated by the police. Needs to be explored further as the worry is that there is a huge gap evident 'on the ground'.

Of concern was the need of the HHT to have to ask for help from volunteers following closure of the Day Centre and subsequent loss of GEAR/ELIM staff. The loss of GEAR/ELIM staff resulted in the HHT having to run the front desk, admin, phones, front of house, dealing with gifts of clothing, food,

walk with clients to hospital say for x-ray to make sure they don't get lost on the way, (concerns that HHT have not been able to track support to necessary increased outreach), etc., The HHT have had to considerably step up outreach to vulnerable homeless individuals with health issues, many of whom lead incredibly chaotic and complex lives; this includes visiting Faith Groups drop-ins during the week such as the Salvation Army, etc., and also B&B's. When the HHT are busy with clients the situation is likely to become unmanageable.

Must be equitable access to health services for the homeless, whose lives are very chaotic and complex. There are very real concerns that this is not happening following closure of the Day Centre. Explore ways to raise concerns. (Report by DeptforHealth March 2010 - the 'GEAR Model' seems to be an excellent example of primary care.)

There is seen to be a failure in providing immediate relief, clear point of entry/contact, place of safety/safeguarding, signposting, personal hygiene, buiding relationships, hand-holding, social support, housing claims, help with benefits, DWP, advocacy, debts, finances, washing facility's, workshops, IT, phone, good nutrition, gaining trust prior to managing health issues, etc.,

Hannah, at the CCG, advised that quiries on malnutrition and food poverty concerns be taken up with local NHS Hospitals to request access to their data sets, but unsure if they hold data with regard to any link with food poverty due to say benefit sanctions, etc. Debbie Clark, who has taken over from Hannah, (Clinical Programmes Manager at the CCG Transformation & Service Redesign Directorate), who has the brief for homelessness, was asked if she could provide the contact at the NHS and we are awaiting a response.

The present view of the CCG is that they are not hearing evidence of gaps in service and need live cases unable to access health services in the community. They certainly want to hear about and resolve any issues if they are forwarded to them. They consider that the documents reviewed do not support concerns. The HHT, as far as Hannah was aware, has not been negatively affected by the closure of the day centre and she has spoken to both the HHT team and their landlords on a regular basis and no-one has suggested a decline in attendances or any other issues. We asked who she has spoken to, to help us understand their position and are awaiting a response.

Other considerations following Closure of the Day Centre are greatly increased numbers attending Faith Outreach Provisions with noticeable increase in vulnerable, chaotic, complex, multiple needs and those with mental health and addiction problems. These outreach provisions are**:**

Monday - Salvation Army, Eastgate Street.
Tuesday - Seventh Day Adventist Church, Cromwell Street.
Tuesday - Park Street Mission, Park Street.
Wednesday - City Mission, Park Street Mission, Park Street.
Thursday - Breakfast Club, Cathedral Coffee Shop.
Thursday - Seventh Day Church, Cromwell Street.
Friday - The Galley, Mariners Hall, Llanthony Road.
Saturday - Project Beacon. Saturday nights.

There is a common perception that the Day Centre closed as a result of reduction in funding by GCC. The functions of the night shelter service provision between GCC and GEAR were delivered through the day centre but the day centre itself was not funded directly by this contract. However, the two were interlinked with the night shelter provision contributing financially to its operation, such as through housing benefit. Loss of this contract would inevitably cause major funding difficulties to the

day centre provision, particularly the further loss of the outreach service and inevitably affect the HHT. This was and still is, a major concern to the faith groups.

It is recognised that Community Hubs, or a Day Service, with medical services, showers, support services, mental health workers, open to street drinkers, etc., such as Oxford, are best practice as part of the No Second Night Out standard. (See Appendix 3 Role of Day Centres Homeless Link and Appendix 4). It is said Gloucestershire has lower demand so does not need one. We would like to meet with commissioners to discuss:-

- Evidence that supports this view for Gloucestershire together with comparisons, benchmarking, best practice, etc.
- At what level of demand is this stance taken? Who decides?
- There is still a 'demand'…there are major concerns re health equality, safeguarding, Health & Wellbeing, etc.,
- What is this 'demand'? is it based on meeting/addressing agreed 'needs' to bring in the right 'demand'? Needs change. Is the GCC SP Strategy flexible to follow changes to 'needs'?
- Has this 'need' been recognised by engaging with and asking the client group?
- How old is, and what data was used to assess the 'demand'?

Issues for further discussion.

- Putting clients with addiction issues into B&B, where they are not permitted to 'use', can be a risk to life. The SP Strategy states that B&B should be avoided for the vulnerable.
- Concerns that Supported accommodation at a distance from support services in the centre can put individuals, with extremely complex needs, at risk; it needs to be in the right place and sustainable. Monitoring data needed to assess risks and individuals affected.
- The incredibly chaotic and complex individuals are being failed by present service provision. Research/review, needed to assess extent.
- There often isn't a 'quick fix' for the most damaged. Open discussions with P3 etc., regarding the extremely chaotic who can't or won't engage or long term clients.
- Resolution must be found for vulnerable and chaotic individuals usually with multiple needs, who are evicted from council supported accommodation and made homeless, with subsequent trauma and health concerns. The public are then encouraged to refer such rough sleepers to the councils outreach service via Streetlink, who then go out to locate these individuals to find council accommodation for them, through the council's START process. Is this efficient use of resources? Is it safe?
- Need to be looking holistically at the problem of the very chaotic and complex rather than linear solutions; a holistic model/system of care, the well-being of an 'individual'.

Conclusions.

It is felt that there is enough clear evidence available that indicates that the HHT has been adversely affected, to require further research and additional evidence. This is necessary so that a balanced view may be sought to achieve a clearer and shared understanding of the issues in the best interests of the client group. This will help inform future policy decisions and potential commissioning of services for each group.

The split in commissioning is seen as a real risk to the provision of homeless health care.

Work is needed so that the 'needs' of the homeless and vulnerable is continually understood and the efforts of all stakeholders, including faith groups and voluntary and community sector organisations must be well connected and co-ordinated.

<u>This work is urgent.</u>

Appendix.

Full copies of the minutes, identifying initials, are available from the Forum via Tony Hipkins. These extracts are the relevant statements regarding the impact of the closure of the Day Centre.

1. Document Search with relevant extracts as follows.

GC gave an update on HHT and impact of the day centres closure:

- The service is still running but has been affected by the perception of other services and clients that is not due to closure of the Day centre.
- Working hard to reassure clients and others that the service remains unchanged.
- The team is increasing its outreach work in response to the changes.
- The social support previously provided by GEAR is impacting on delivery of service and is missed by the team. DW supported this with a recent example where she does not know if a client has accessed services she referred them to.

KR suggested identifying needs and using this discussion to highlight themes.

MP advised of significant impact on health of HHT clients by cold weather. Not being able to use the day centre to warm people up is having a significant impact and resulting in more clients using A&E services.

AH stated need of somewhere to send individuals who are cold and at risk of dying. GC supported this saying that people need somewhere to go especially when they are experiencing health problems which are affected by being cold, wet, and not able to keep adequately clean. GC wants to know who can help them.

MP said she felt the impact was on the health of homeless people, not just the HHT. GC supported this saying there are impacts on physical health, mental health and general wellbeing.

AH advised that faith groups are seeing lots of people with mental health issues on the street which they are not trained to deal with. There are also more examples of people going directly to churches for warmth and food. AH plans to raise this as a meeting planned with CCG to discuss care in the community and social issues.

AH added that being able to send people to the day centre meant they could access services such as showers, clean clothes and health care but as important the continued contact gave people time to get to know services and the staff that run them. AH saw it as a holistic approach and a better way to deal with people who were more chaotic.

DW and AJ agreed with this with AJ adding that often people who came for other needs built up a relationship which allowed them to feel comfortable accessing the HHT for medical needs.

MP added that is also provided a place for people to sleep safely during the day if they had not been able to sleep at night, which meant they were then able to access other services.

AH also highlighted the needs of those who are vulnerably housed. For examples those in B&B with nowhere to go during the day. The Police confirmed that there has been an increase in street drinking in the city centre following closure of the day centre which was previously the first place Police would direct people to get food, warmth and health care so that others could work with them.

They do not know where to send people now and until today were not aware of the P3 drop in service.

KJ advised that they were allowed here if they were drunk but could not continue to drink. The team often helped people to sober up so they were more able to engage and access healthcare if needed, before working with them to reduce the behaviour/cause of their situation.

GC felt that social support required in same way as previously provided by day centre to meet needs of those with health problems such as broken leg or infestation. DW added it is difficult to deal with medical issues when a person's focus is on their housing need, not their health.

The HHT are open for business as usual but have been strongly negatively affected by the closure of the Day Centre at The Vaughan Centre. Have had to increase outreach by half due to Day Centre Closure. Drop in service open every day with nurse but don't work weekends.

DW backed up AA. While in the building at GEAR's Vaughan Centre they are in a safe place but have to be put out on the street which is totally unacceptable. No Crisis team or Crisis Care here. DW went on to say that those with mental health illness and self harm are banned from A&E. Have taken bandaged individuals, to stem the blood, to A&E but have been banned. ***Recommendation: This is unacceptable and the Forum should take this up with Healthwatch and our Health & Wellbeing Board.***

Building up relationships is very important. Our Day Centre was invaluable in being able to connect and engage with people and those with mental health/personality disorders, great concern that there is not that facilty anymore. Critical for Health promotion, healthy eating, screening, help engage with patients, etc. All agreed closure of our day centre is a huge loss. Who do we ask for help to keep a Day Centre?

Appendix 2.
Homeless Health Team (HHT).
GC explained that the Primary Health Care team was set up through NHS Glos Care Services. 3GP's 3 sessions per week, 2 primary care support workers. Also dietrist and psychiatric nurse. See people registered with HHT, regularly 60 chaotic homeless, some returners. See 35 per week not registered with a GP, very fluid. High numbers very chaotic.

DW, Outreach, see rough sleepers, vulnerable accommodated in B&B's, deemed so chaotic but have aim of getting individuals back into mainstream society. Major problem with those individuals who literally can't wait in GP's waiting rooms. See a lot of ex service men, those with drug and alcohol addictions, mental health issues, nutrition problems some with very low BMI's. A lot of patients have very deep health problems.

Important role to make sure clients get to appointments, individuals they see must get intensive support or high risk of death. Some choose to be homeless and travel around the county. There is a Big Issue seller in Cheltenham who is very difficult to get him to see a GP.

Work with outreach team to prevent homelessness increasingly with those with mental health problems. Involved with Trinity Church with a once a fortnight clinic. Dawn Collins from police involvement. Mariners is a new outreach.

There is a lot to do and only a small team. End up being the family to take to appointments, to A&E, etc.,

Work closely with hospital discharge scheme, Time to Heal. Steve from hospital calls and helps find accomodation, work out discharge plan, works well and free's up hospital beds.

The Potential Violent Project, for those taken off GP's lists for those with difficult behaviour, on HHT books for 6 months. At moment working with 55 and is a very succesful project.

The HHT are open for business as usual but have been strongly negatively affected by the closure of the Day Centre at The Vaughan Centre. Have had to increase outreach by half due to Day Centre Closure. Drop in service open every day with nurse but don't work weekends.

Discussion. Are there successful pathways for those with personality disorders? they get stuck which is incredibly frustrating. Issue with practitioners who wont help those with drug and alchohol problems. Conversations to be had re-
Mental health nurses, capacity, limitations on use, wider discussion with commissioners, labels we have created, need to think how we support people, more thinking to be done. Identify who does what, who pays, whats needed, can FG help, more wrap around service.

Appendix 3.
The Role of Day Centres (From NSNO Protocols and Guidance).
www.nosecondnightout.org.uk/protocols-and-guidelines
The NSNO guidance recognises the distinctive role that day centres play in the context of homelessness services and the fact that some day centres operate autonomously from the local authority. Day centres work with clients at all stages of housing need and, as a result, are well placed to play a crucial role in the implementation of the Government strategy Vision to End Rough Sleeping: No Second Night Out nationwide. This resource is a supplement to Homeless Link's main guidance on adopting the no second night out standard, recognising the distinctive role that day centres play.

Note: The Councils 5 year Supporting People Strategy for Rough sleepers sought to redevelop a Night Shelter through the Places of Change Review.
Note: In discussions with the authorities you may hear reference to a 'Community HUB' or 'Day Services' rather than a 'Day Centre'.

Appendix 4.
Extracts from HMGovernment NSNO Nationwide.
Commitment 2: Helping people access healthcare.
Government will:
• support Health and Wellbeing Boards to ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments
• highlight the role of specialist services in treating homeless people, including those with a dual diagnosis of co-existing mental health and drug and alcohol problems
• work with the National Inclusion Health Board and the NHS, local government and others to identify what more must be done to include the needs of homeless people in the commissioning of health services.
Improving Support Services.
30. The complicated nature of homeless people's needs (such as alcohol or substance misuse together with mental health problems), plus difficulties caused by living in insecure accommodation, means that homeless people often struggle to access the healthcare they need and rely on acute hospital services. The Government will introduce new duties on the NHS Commissioning Board and GP Commissioning Consortia to reduce inequalities in access to, and outcomes from, healthcare.

Local authorities will have a new ring-fenced public health budget with a 'health premium' to promote action to reduce health inequalities. Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities. Health and Wellbeing Boards will play a key role in bringing together the NHS, public health and social care services within a local authority area, and developing health and wellbeing strategies based on the Joint Strategic Needs Assessment.

Appendix 5.

Improve Outcomes for the Homeless.

Over 20 Health and Wellbeing Boards have signed up to the St Mungo's Broadway Homeless Health Charter and pledged their commitment to measure and understand the health needs of homeless people.

St Mungo's Broadway, together with another organisation Homeless Link, has found that two thirds (64%) of H&WB had no reference to homeless people within their local plans. Of those who did, only a quarter included detailed information.

Research has also shown that:

- 73% of homeless people have a physical health problem
- 80% of homeless people have a mental health problem
- The average age of people who die while homeless is 47, for women it is 43
- 42% of homeless people have attempted suicide and they are nine times more likely to commit suicide than the general population
- Many homeless people struggle to register with a GP, often due to not being able to provide a permanent address.

Howard Sinclair, Chief Executive of St Mungo's Broadway, said: "Homelessness hurts. Homeless people have some of the highest levels of poor health in our society but yet find it most difficult to access the help they need. We have launched this campaign to demand action to improve the health of some of the most vulnerable.

"We thank all the Boards who have signed our Charter and committed so quickly to include homeless people in their local health plans. This commitment is an important step towards tackling inequalities and improving people's health and we look forward to hearing from Boards who have signed up about how they are putting it into practice. We urge other Health and Wellbeing Boards to follow their example."

Homeless Health Matters, which ran from October to April 2015, is the second focus of the charity's three year overarching campaign A Future. Now. This aims to raise awareness of skills, health and housing gaps to help improve the lives of homeless people across the UK.

For more information visit: www.mungosbroadway.org.uk/homelesshealth.

Joint Strataegic Needs Assessment.

The St Mungo's Broadway and Homeless Link 'Needs to Know' report found that, despite 73% of homeless people having a physical health problem, around two thirds (64%) of JSNAs made no mention of single homeless people and seven (14%) made no mention of homeless people at all.