



Bristol City Council Preventing Homelessness Accommodation Pathways – families and adults (22+)

Final commissioning plan

May 2017

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Section A – Introduction and context

Purpose of this document

This plan describes how we will provide accommodation services to protect people from homelessness now and in the future. It informs providers of services, users of services and other stakeholders about how the Council will work with its partners to provide the right accommodation at the right time to tackle homelessness in Bristol.

Preventing homelessness before it reaches crisis point is vital to the city, but the Council's changing approach to preventing homelessness is not the focus of this plan. This plan is about how to help people recover from homelessness, and ensure that homelessness is not repeated, by providing sustainable accommodation with support to families and adults (22+). The plan does not relate to services for young people (aged 16-21), which are the subject of a linked commissioning plan – the Young People's Housing and Independence Pathway Plan.¹

What we are trying to achieve

We want preventing homelessness accommodation based services to achieve the following:

- Help households to access and/or provide households with the right type of accommodation (based on their needs) once they have become homeless.
 - Reduce the number of people sleeping rough.
 - Reduce the need for spot purchased emergency accommodation.
- Help people to gain the skills to prevent them becoming homeless again.
 - Improve numbers moving on to independent living or positively within the pathway.
 - Build resilience and help people access training/employment.
 - Reduce repeat incidences of homelessness, including amongst people with complex needs and people for whom the existing pathways have not worked.

In order to achieve these objectives, we need to:

- Align supply and demand so that the right type of accommodation is available at the right time to people in need.
- Make the most efficient use of accommodation by:
 - Reducing void times;
 - Helping people move on as quickly as possible;
 - Reducing the number of refused referrals (by both providers and service users).
- Maximise opportunities for more holistic commissioning and benefit from other initiatives (e.g. Substance Misuse Team commissioning / Golden Key² / Preventing Homelessness Strategy action plan delivery).
- Make sure that services are flexible enough to deal with changing demands.
- Maintain a healthy provider market, building on the partnership working achieved through the Homelessness Agencies Meeting (HAM), Golden Key, Rough Sleeper Partnership etc.

¹ <https://www.bristol.gov.uk/documents/20182/977086/Young+people%E2%80%99s+housing+and+independence+pathway+plan/12bbfbaf-23dd-4586-bf11-5029b956d132>

² <http://www.goldenkeybristol.org.uk/>

- Commission efficiently with consideration to the time required from both commissioners and providers.
- Ensure that ongoing contract management arrangements are clear and feasible within the Council's new structure.

Local strategic context

Corporate Strategy³ – The Council's corporate strategy was approved at the Full Council meeting on 21st February 2017. As well as budget setting, the strategy contains a number of priorities relevant to this plan, including:

- Decent affordable homes, providing the springboard to achieving a high quality of life.
- Getting involved early to reduce risks later.
- Leading and championing learning and skills – keeping Bristol working and learning.
- Reducing health inequalities by focussing on prevention and early intervention and the causes of ill health.
- Promoting good mental health in the wider community, emphasising early intervention, especially for children and young people and those at greatest risk.

More than a roof – Bristol Housing Strategy 2016-2020⁴ - Emphasises how good quality, suitable housing is essential in helping people to thrive and achieve a high quality of life.

Bristol Preventing Homelessness Strategy 2013-2018⁵ - Aims for Bristol to provide integrated accessible services that deliver focused preventative support in order to stop the escalation of homelessness, reduce repeat homelessness and significantly reduce the call on other statutory services.

Budget

The Council's Corporate Strategy aims to make £92m savings, required because of a mixture of government cuts and increasing demands for services. Consequently, this commissioning plan needs to make around 10% savings from current annual expenditure. This agreed figure is at the lower end of the savings that were consulted on in the Corporate Strategy.

The annual budget for the services in this plan, including the substance misuse accommodation pathway is therefore £6,337,886.

We do not underestimate the challenges of cutting around 10% from these budgets at a time of rising homelessness and increasing difficulties accessing genuinely affordable housing. There are very well evidenced links between homelessness and poor mental and physical health⁶, offending⁷ and lower educational attainment⁸, amongst other poor outcomes for people. This plan avoids an overall reduction in the total number of accommodation units available in recognition of the importance of meeting people's basic need for accommodation – proposed savings will instead be achieved mainly through more consistency around unit costs.

³ <https://www.bristol.gov.uk/Council-spending-performance/corporate-strategy-2017-2022-consultation>

⁴ <https://www.bristol.gov.uk/housing/housing-strategy-and-supporting-strategies>

⁵ <https://www.bristol.gov.uk/housing/housing-strategy-and-supporting-strategies>

⁶ <http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research>

⁷ <http://www.homeless.org.uk/facts/our-research/better-together-preventing-re-offending-and-homelessness>

⁸ www.gov.scot/resource/doc/1125/0104564.doc

Provider budgets will be further squeezed by the 1% annual rent reduction in Registered Provider's supported accommodation from 1st April 2017⁹.

In writing this plan we have not made allowances for possible changes from central government, like the future funding for supported housing including the proposed cap on supported housing rents to Local Housing Allowance (LHA) levels, or the provisions of the Homelessness Reduction Bill. The details of these external contingencies are not certain and we need to make plans for homelessness services now. Should either of these (or other developments) come into force then we may need to make revisions as necessary.

Methodology

This plan has been developed following an extensive consultation period on a draft version of the plan. The draft plan was informed by analysis of data, reviews of current service provision and engagement with stakeholders. The needs analysis is available online¹⁰.

The consultation period ran from 21st November 2016 to 10th February 2017.

During the 12 week consultation we held three events attended by service providers, service users and other stakeholders.

We also held an event specifically looking at the impact of the proposals on people with different protected characteristics during the development of the draft plan.

We worked with Bristol's expert citizen's homelessness group to gather the views of current and former users of services.

We were invited to attend different meetings, including the Prevention Network, organised by Bristol Women's Voice, Bristol's Homelessness Prevention Team meeting and the West of England Lesbian, Gay, Bisexual and Trans Manifesto Steering Group.

We gathered responses through an online survey, which could be completed anonymously if preferred.

Details of the consultation responses and how they have been taken into account are in the 'You Said, We Did' document available online, alongside the Equalities Impact Assessment¹¹.

This final plan has been developed by the Council's Housing Policy and Contracts Team, with a multi-disciplinary project board providing governance, including the following teams:

- Bristol City Council:
 - Public Health;
 - Homelessness Prevention Team;
 - Substance Misuse Team;
- Golden Key;
- Bristol Clinical Commissioning Group.

⁹ <https://www.gov.uk/guidance/welfare-reform-and-work-act-2016-social-rent-reduction>

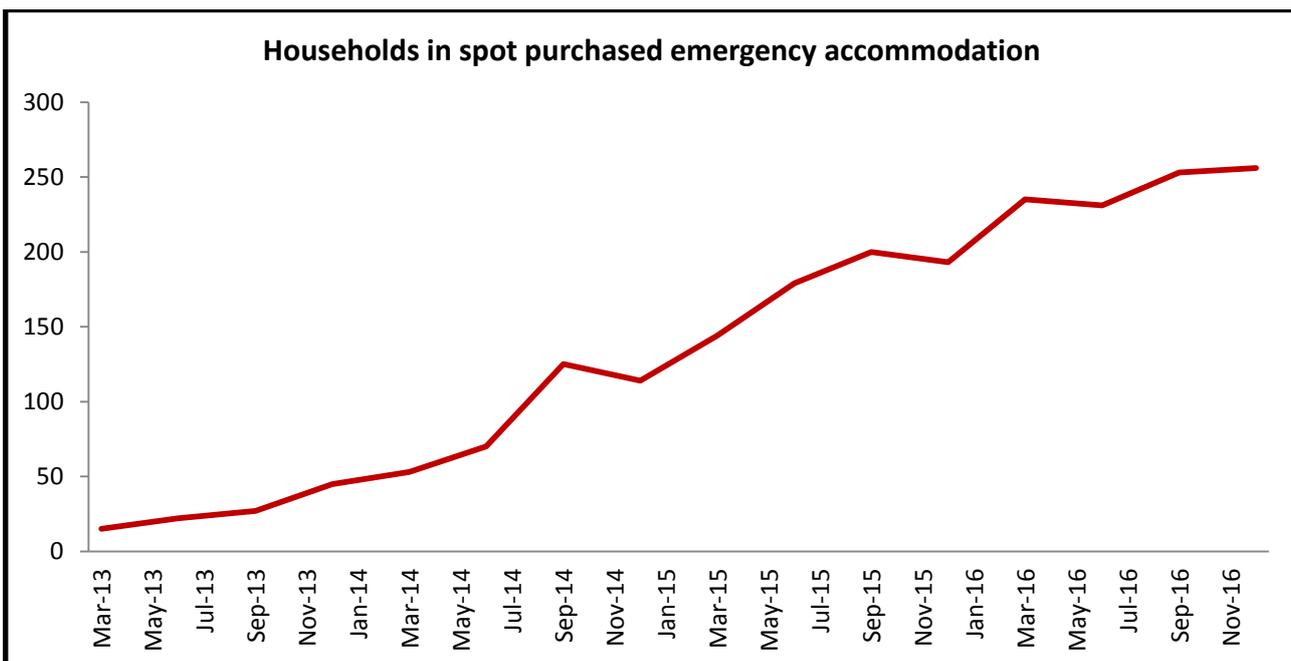
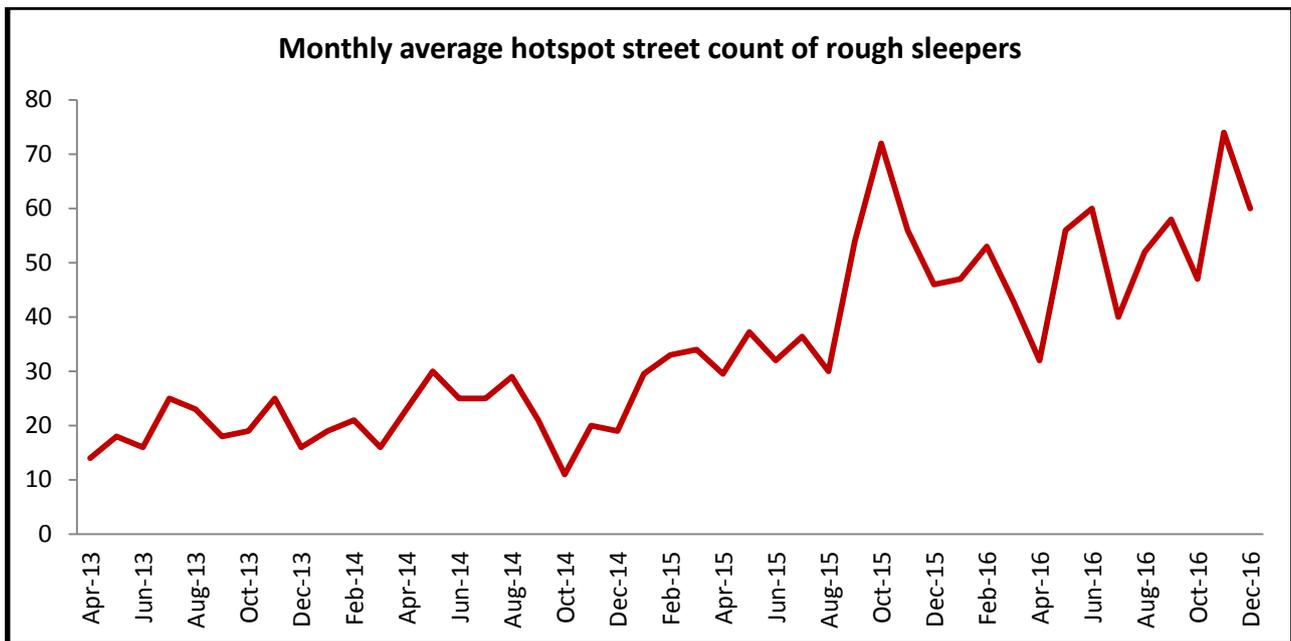
¹⁰ <https://www.bristol.gov.uk/housing/commissioning-homelessness-prevention-services>

¹¹ <https://www.bristol.gov.uk/housing/commissioning-homelessness-prevention-services>

Section B - Analysis

Demand

There is rising homelessness in Bristol as the gap between demand for and supply of affordable housing in the city grows. Other factors (particularly welfare reform) are having a negative impact on some vulnerable households. This is evidenced in many different ways, including the number of households seeking advice from the Council and the number of statutory acceptances of a homelessness duty by the Council. Two of the key measures that demonstrate how the capacity of the current preventing homelessness provision is being exceeded are: the number of people found on rough sleeping hotspot counts; and the number of households placed in spot purchased emergency accommodation. These are both increasing:



Profile of service users

The following shows how the profile of people using homelessness services¹² compares to the profile of the general Bristol population (these do not all add up to 100% because there are some people for whom we do not have accurate data):

Protected characteristic	Bristol Demographic	People using homelessness services
Gender		
Male	49.80%	71.10%
Female	50.20%	28.30%
Sexual Orientation		
Lesbian or gay or Bisexual	6.00%	5.10%
Bisexual		2.30%
Lesbian or gay		2.80%
Heterosexual	94%	80.80%
Prefer not to say		7.93%
Unknown		6.17%
Disability		
Disabled	16.70%	28.80%
Physical impairment		10.70%
Mental/emotional distress		9.30%
Not Disabled	83.3%	65.10%
Ethnicity		
Total BME	16.00%	26.60%
Total White British	84.00%	71.60%
Age		
25 and under	15.50%	19.2%
26-59		78.4%
60+		2.4%

Further detail is included in the needs assessment.

Needs of service users

People's support needs vary across levels, with complex needs more prevalent at level 1 and 2 services (higher support – see the explanation of current levels below) and more generic needs in lower level services¹³.

¹² Equalities data provided by services at Ls1-4 (excluding young peoples' services) January 2015 – January 2016

¹³ Data from HSR – primary and secondary support needs of all clients 2015-16

Prevalence	Level 1&2		Level 3		Level 4	
	Need	% clients with support need	Need	% clients	Need	% clients
1	Diagnosed Mental Health Problems	33.0%	Diagnosed Mental Health Problems	40.8%	Diagnosed Mental Health problems	29.2%
2	Person with drug problems	27.9%	Person with drug problems	25.0%	Current rough sleeper	22.8%
3	Current rough sleeper	23.4%	Generic	15.8%	Generic	22.4%
4	Person with alcohol problems	17.7%	Person with complex needs	14.5%	Physical and or sensory impairment	19.6%

‘Diagnosed mental health problems’ is the most prevalent support need across all levels, with 51.7% of all current service users¹⁴ suffering from mental health issues, and only half of those (51%) are engaged with mental health services (26% of total residents). 36% of clients in preventing homelessness services have substance misuse support needs, of these people less than half (42.5%) are engaged with substance misuse services.

Current supply

For families there are 78 specifically commissioned units of accommodation with support, and some units that accommodate small families despite being commissioned for single people. As demand far outstrips supply for this type of accommodation we are reliant on expensive accommodation procured through an open framework and provided largely by private sector landlords.

For single adults and couples there are a number of different services which offer accommodation and support. These services are divided into levels of support, ranging from L1 to L4 (with L1 being the highest support). Access to the services is via the Council’s Housing Support Register (HSR), which people access following referral by the Council’s Homelessness Prevention Team, the Rough Sleeper Service or One25. The teams making the referral apply to whichever stage of the pathway would be best suited to meet the household’s needs. As people recover from homelessness they move down to the appropriate level(s) before moving out to settled accommodation with or without resettlement and floating support.

There are two floating support services to help prevent homelessness.

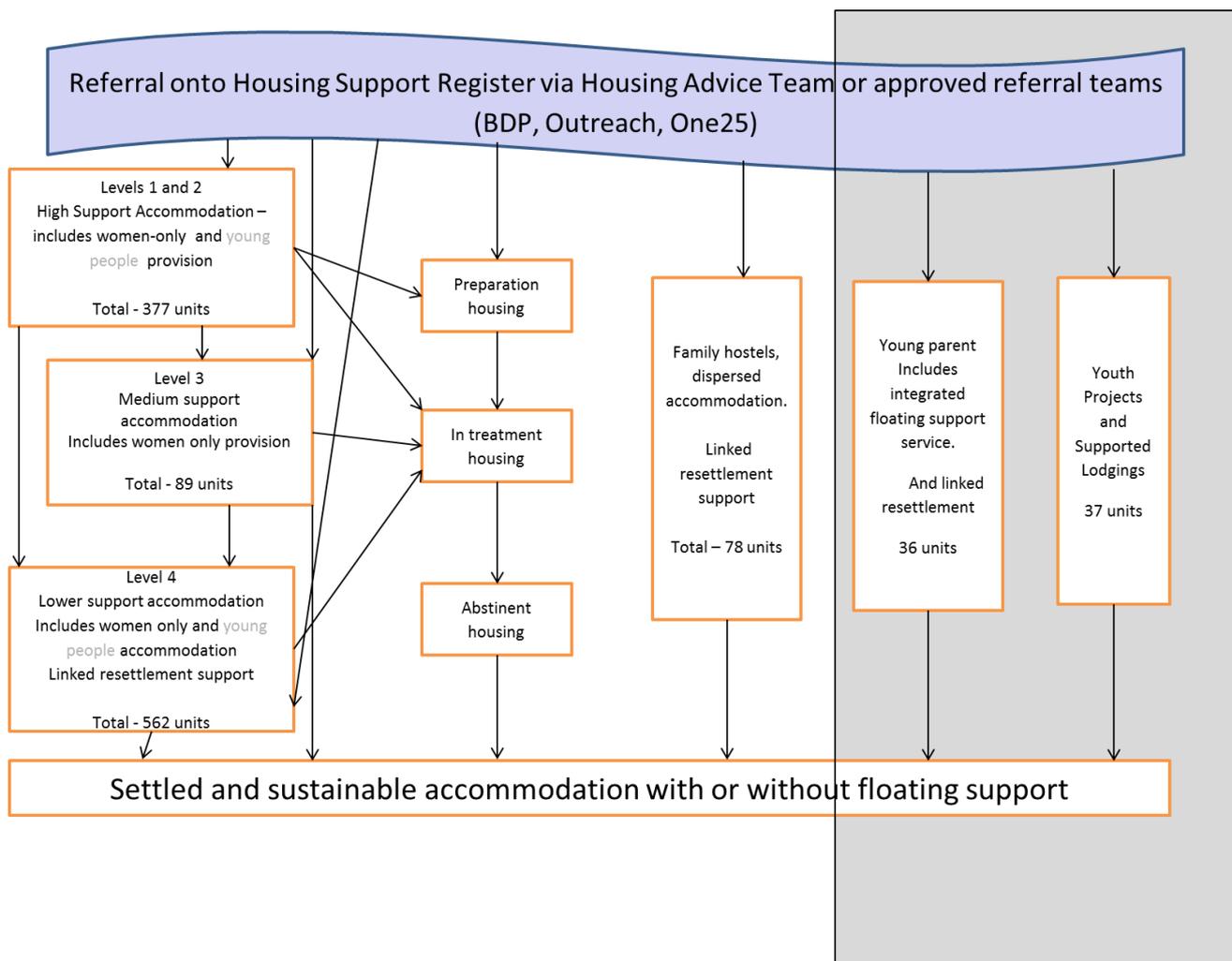
The Substance Misuse Team (SMT) currently commissions 140 units of single person specialist drug and alcohol housing across Bristol through the Housing Support cluster of the Recovery Oriented Alcohol and Drugs Service (ROADS). This is comprised of:

¹⁴ Data from providers on current service user need June-August 2016

- 19 units of Preparation (intake) housing
- 35 units of Preparation housing
- 21 units of In-Treatment (non-abstinent) housing
- 36 units of In-Treatment (abstinent) housing
- 29 units of Abstinent housing

The Substance Misuse Team also commissions (via the same contract) 218 units of floating support for individuals and families with substance misuse issues to maintain their tenancies.

The following diagram shows the current provision (including young people’s services, which are outside of the scope of this plan, in grey):



Section C – A new model

Recommendation 1 – families

We will create up to 100 additional units of supported family accommodation

There are currently 78 units of family accommodation, and 71 units of accommodation that was originally commissioned for single people that is currently being used for small families.

There are over 300 families in emergency accommodation at present, including several in accommodation with shared facilities. There is a clear need to increase the amount of good quality family accommodation, in order to reduce this number.

The Council is moving towards a more preventative approach to homelessness advice and the city plans to be building 2,000 new homes a year by 2020¹⁵. These measures will reduce the number of households in emergency accommodation. However, there has not been a single week since the beginning of 2015 where the number of families in emergency accommodation has fallen below 100. Even if the reinvigorated homelessness prevention approach yields a 25% reduction in the number of households in emergency accommodation, there will still be a need for these additional units.

Referrals to this accommodation will be for families to whom the Council owes either a permanent or interim duty of accommodation under the Housing Act 1996¹⁶, and who would benefit from supported housing (many families need housing but not necessarily support). The Homelessness Prevention Team in the Council will make these referrals.

Some of these units are provided direct by the council, including at Windermere and Trinity Lodge, and this accommodation will continue. We are also exploring the potential to provide more family accommodation directly.

We will enter into new contracts for up to 140 units of supported family accommodation, procured via a bespoke online purchasing system/open framework for supported housing.

We will build flexibility into the contracts so that the units can change to supporting single people if the demand for family accommodation changes.

We are also looking at the needs of young parents and families with higher support needs in partnership with children's commissioners. This work is likely to result in procurement of specific accommodation services.

Separately to the provisions of this commissioning plan, we are securing new accommodation (accommodation not currently used for supported housing) through procuring block contracts of accommodation from an emergency accommodation open framework.

Following this process we will have the following accommodation that can be used for families:

¹⁵ https://d3n8a8pro7vhmx.cloudfront.net/labourclp407/pages/233/attachments/original/1460111184/Our_Bristol_Plan.pdf?1460111184

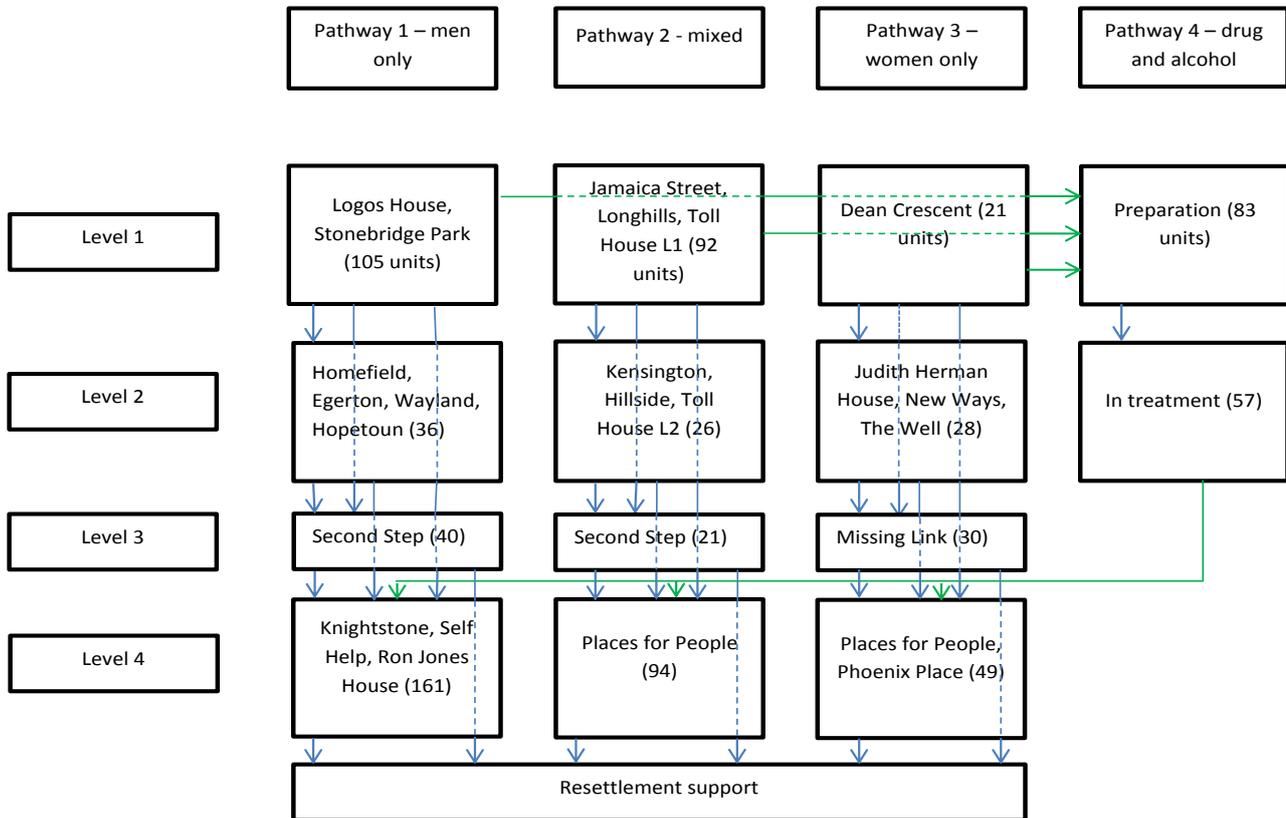
¹⁶ <http://www.crisis.org.uk/pages/statutory-homelessness.html>

Type of accommodation	Method of procurement	Client group	Number of units
Supported accommodation	Provided direct by the Council	Families	50
Supported accommodation	Open framework – block contract	Families	Up to 140
Emergency accommodation	Emergency accommodation open framework – block contract	Families/singles	Up to 75
Emergency accommodation	Emergency accommodation open framework – spot purchase	Families/singles	c. 300

Recommendation 2 – adults (22+)

Services for single people and couples will operate in distinct pathways.

This diagram shows how we will commission homelessness recovery services for adults aged 22+ without dependent children. Key features of the new model are explained below.



Services at different levels of support will be aligned to provide distinct pathways to support people from homelessness crisis to settled accommodation. Each of the four pathways will be delivered by a partnership of providers, in order to retain different expertise and ensure a diverse provider market. That partnership would be responsible for ensuring the smooth running of the pathway and the achievement of excellent outcomes for people in the pathway. There will be one contract per pathway.

There will be three distinct homelessness prevention pathways and one substance misuse pathway (for which funding is being moved across from current drug and alcohol services).

People who need supported housing and who meet the HSR acceptance criteria would be referred in, as at present, by the Council's Homelessness Prevention Team, the Rough Sleeping Outreach Team or One25. Other agencies would need to refer via one of those teams, as currently. Placements to L1 services would be by direct nomination from the Council's Accommodation Services Team, and there will need to be agreement about how access to L2, L3 and L4 services is prioritised. People will move through the pathway as appropriate before moving out into independent accommodation, with resettlement support (provided through the resettlement service).

As someone enters the pathway, there will be a robust, strengths based assessment of that person's needs and aspirations. If these can be better met elsewhere in the pathway, there will be increased flexibility to move people.

Moving from one service to another will not be via the traditional referral/assessment/interview process, but will be much more fluid, a decision taken by the pathway rather than by individual providers. This will build on Golden Key's 'trusted assessor' work, and will be a much better experience for the person moving.

There will remain a certain number of designated spaces for the Rough Sleeper Service to refer rough sleepers. Each pathway will also be commissioned to provide 'crash pad' accommodation – short term emergency placements in non-standard rooms to prevent bed and breakfast placements. Where the accommodation is suitable (i.e. any self-contained accommodation) providers will be expected to take (established) couples throughout the pathway.

People will not be expected to move through each level but would move to the most appropriate accommodation, as determined by the pathway partnership in conjunction with the households themselves.

Each pathway will need to work together to source move on accommodation – relying on social housing accessed through Home Choice Bristol will not be sufficient to achieve adequate movement out of the pathways. This will be reflected in the performance indicators.

The anticipated benefits of this approach are as follows:

- **Better and closer partnerships between services**

Currently there is a lot of wastage in the system through inappropriate/incomplete referrals, refusals based on risk and people refusing a service. Working on the basis that it takes one and a half hours for a provider to process a referral¹⁷:

In 2015-16, 1062 hours were lost due to inappropriate referrals, 154.5 hours due to lack of information, 813 hours due to clients not attending interviews/refusing services, 318 hours due to refusals based on risk and 160.5 because the service cannot contact the applicant. On the basis that a support hour costs around £18, this equates to over £45,000 a year wasted.

	Number of refusals	%
Total refusals excl. HSR Admin withdrawn	1925	100.0%
Inappropriate referrals	708	36.8%
Applicant refused service	342	17.8%
Clients did not attend interview	200	10.4%
Lack of information	103	5.4%
Risk too high based on HSR information/interview	212	11.0%
Unable to contact applicant	107	5.6%

¹⁷ This is a fairly conservative estimate as some of these will take much longer.

The new model contains joint responsibility for making the pathway work. It should therefore allow for close relationships between different providers in the pathway so that where someone is assessed as appropriate for a particular service lower down the pathway, that assessment is trusted. This coupled with better worker knowledge of the services in the pathway will cut down on wasted time.

The number of people refusing a service should also reduce as it will be very clear to people, when they enter the pathway, where they are likely to move to. If someone is not engaging with move on they will be asked to leave. Co-ordination between services in the pathway will reinforce this message and prevent people being evicted unfairly for this reason.

- **Working with people with complex needs**

Many people in the homelessness prevention services have complex and interrelated needs. The distinct pathway model contains higher level services which will be specialists in working with people with complex needs. People within the higher level services will be experts in substance misuse, mental health, trauma recovery and relationships. They will also need to understand the full range of services for people with complex needs and be able to work very closely with those services. The distinct pathway model allows for a continuity of support and (possibly) support worker, as well as enhanced ability to leverage in specialist support (e.g. with substance misuse and mental health workers), all of which will be beneficial to people with complex needs, whilst recognising that the complex needs cohort is dynamic and not a definitely delineated group.

There will be a reviewing process established for people who have been in a pathway for a long time, with trigger points after particular periods of time leading to a case review. For those people with complex needs for whom the pathways have not worked, we will work to create a new model, Housing First.

- **Shared resources**

The closer alignment of services within each pathway allows for sharing of particular resources, including staff. For example, these services will be commissioned as psychologically informed environments, and it may be cost effective for the pathway to jointly employ a psychologist or reflective practitioner. There could be shared access to bank staff or other staff to reduce the reliance on agency and unfamiliar staff and more potential for shared maintenance contracts.

- **More consistency of services and support**

Each pathway would be co-ordinated to have a particular way of working, including shared paperwork, support planning methods and potentially a shared case management system. This will reduce the number of times people have to tell their 'story' and improve the consistency of support. There might also be the opportunity for individual support workers to follow people through the pathway, or at least for more co-location of staff and visiting where relevant.

Where people are likely to move to will be clearer to the resident. People working in particular services will have more knowledge of the other services in the pathway, and closer relationships with staff in the other services. Workers will understand and be able to explain the other services in the pathway to residents.

- **More flexibility to manage individual schemes and move people where appropriate**

Providers tell us that they would appreciate more flexibility to move people when this is appropriate for their recovery. Whilst this has always been possible, it is not always easy, and where someone moves to another service at the same level of support, or to a higher level, the good work carried out by the service is not recognised in the performance indicators. This creates an incentive to 'hang on' to people even if their needs would be better met elsewhere.

In the proposed model the pathway partnership, would have responsibility for making placements once someone is in the pathway. Whilst the Housing Support Register would still be used and updated, providers will be able to use this responsibility to try and balance services, and move people within the pathway if that is appropriate. The initial period after someone enters the pathway would include a comprehensive strengths based assessment of that persons needs and ambition, and once this is done, the pathway would creatively and collectively ensure that the objectives in the support plan are met.

However, there are risks to this approach:

- **Less choice for residents**

Because of the distinct pathways, certain services are linked with other services, meaning that there is a narrowed down list of places someone might move to. This obviously means less choice for people in the homelessness services, including about whether their accommodation is self-contained or has shared facilities and which area of the city it is in. Choice will be further restricted by the proposal, outlined above, to evict people from the pathway if they do not engage with move on.

Choice and agency are important in recovery but we are making this recommendation in order to make more efficient use of accommodation, and because of the benefits outlined above.

Mitigation - There will need to be a mechanism whereby someone can move from one pathway to another in exceptional circumstances, but this will be based on need rather than choice. Women who want to move into the women only services will need to be accommodated in the women only pathway where possible.

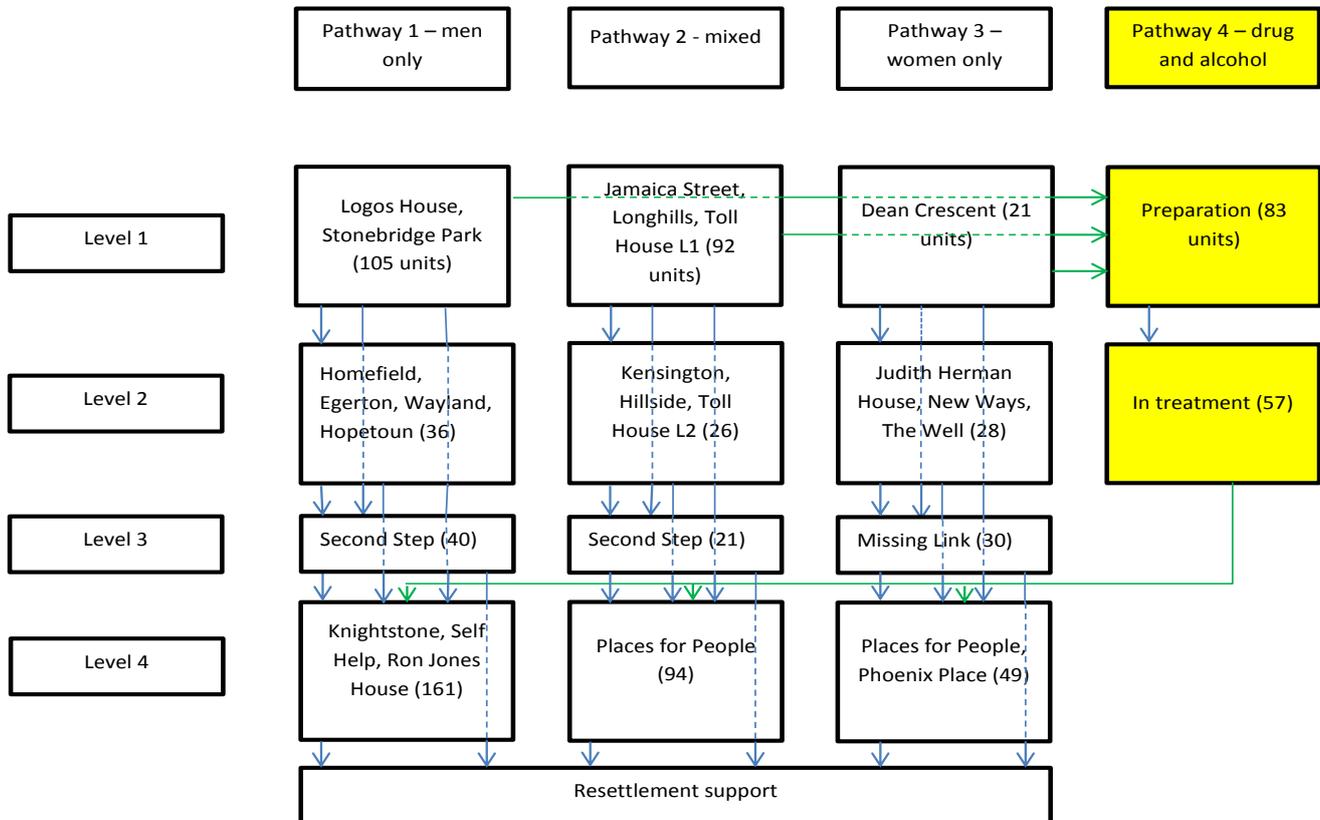
- **Poor partnerships/relationships**

This model relies on the strengths of partnerships between different services and staff teams. Consequently there is a risk to the pathway if relationships break down. There have been occasions in the past where the relationship between organisations that should be working together has not been smooth, and services have suffered as a result. Ensuring that this does not happen within a pathway will require considerable focus.

Mitigation - There will need to be analysis of individual locations/services to ensure that the whole pathway is working well and that poor performance at one service is not being hidden by better performance elsewhere in the pathway. This will be the responsibility of the pathway partnership – performance indicators will be 'whole pathway' indicators.

Recommendation 3 – adults (22+)

With the Substance Misuse Team, jointly commission a substance misuse accommodation pathway with an increase in preparation stage units but without abstinent accommodation, or the substance misuse specific floating support service.



There are currently very few referrals from homelessness services into the Recovery Oriented Alcohol and Drugs Service (ROADS) accommodation – in 2015-16 there were only 12 departures from L1 and 2 services into ROADS accommodation (1.4%). This is despite the high proportion of clients in preventing homelessness services who have substance misuse support needs (36%, of whom less than half, only 42.5%, are engaged with substance misuse services¹⁸) and the high number of people who are refused from a homelessness service because of their substance misuse needs; in 2015-16, 102 refusals (42% of the total) mentioned substance misuse in the reason for refusal.

The main reasons providers of homelessness services tell us that they do not routinely refer people to drug and alcohol treatment accommodation are as follows:

- The feeling that there are long waiting lists for the first stage of treatment accommodation – the preparation stage – meaning that there are no vacancies available when someone needs one.
- Some people are fearful of engaging with the treatment pathway because they fear that if they relapse into substance use they will lose their accommodation along with their sobriety.
- Some L4 providers do not see the value of abstinent accommodation when someone is already living fairly independently.

¹⁸ Data from providers on clients resident in services June, July and August 2016

In order to improve access to the first stage and increase the number of people accessing treatment, we will create more preparation units for people who are motivated to change, when they need it. In order to fund this there will be no units at the lower, abstinent stage of the pathway. The risks of this can be mitigated by better alignment between the ROADS treatment pathway and the homelessness pathway, providing a direct route from treatment housing to appropriate L4 preventing homelessness accommodation.

Further funding for this pathway will be released by the decommissioning of substance misuse specific floating support. The risks posed by stopping providing substance misuse floating support can be mitigated by better equipping people during the preparation and in-treatment services to maintain independent living as well as ROADS providing support in their recovery planning. There are also generic floating support services in Bristol that may be able to provide support to substance misuse clients – building stronger relationships with these services will be vital.

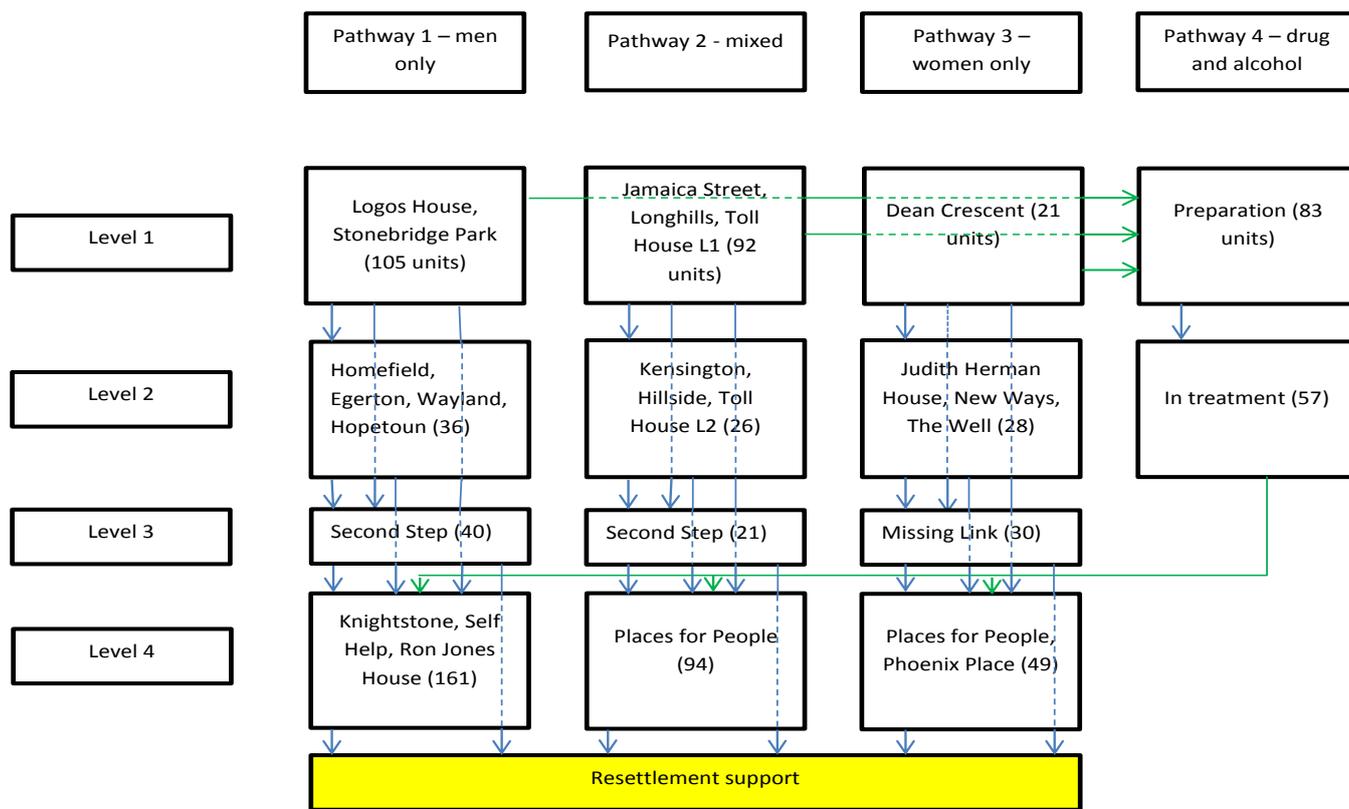
This recommendation is made jointly with the Council's Substance Misuse Team which is currently developing a commissioning plan for substance misuse services. A feature of the proposed substance misuse model is an expanded complex needs service which will provide an enhanced offer to those who are most severely affected by physical and mental health needs but are unable to engage in mainstream substance misuse provision. We expect that some of the people currently supported by the substance misuse floating support service will meet the criteria of the complex needs service and will be supported by that service accordingly.

There will be the same Key Performance Indicators (KPIs) and evaluation procedures for the treatment pathway as for the preventing homelessness pathway, although some substance misuse specific KPIs will be included.

As well as the treatment accommodation pathway, links with ROADS services will be improved across the preventing homelessness provision. Having distinct pathways will allow a better relationship to develop, including having a named person or people from the ROADS service linked to the individual pathways.

Recommendation 4 – adults (22+)

The current external floating support service would become resettlement linked to the pathways.



At present there is one externally funded floating support service working in the homelessness pathway. We will replace this service with a service providing resettlement support which will be available when needed for people moving out of the homelessness pathway. The primary focus of this service will be to ensure that the move is sustainable and to reduce repeat homelessness. The service will be available for anyone leaving the pathway in a planned way (and where appropriate, in an unplanned way), including if this is a departure to live with friends or family – it will not be limited to people leaving the homelessness pathway to move into their own tenancy.

There will need to be access to the resettlement support as required when people move out of the homelessness pathway and there will be no waiting list. The length and intensity of resettlement support available to people will need to be balanced with the need to support people immediately as they leave the pathway, with no waiting list/times.

Families would access support where required through one of the other floating support services in the city, including the Council's Tenant Support Service. The Tenant Support Service will focus on preventing homelessness before it happens, including taking referrals from the Youth Hub (proposed in the Young People's Housing and Independence Pathway Plan) for families that are struggling to continue to have their child/young person living with them. The Tenant Support Service may also provide longer term support to people who have been accommodated through Housing First and are now relatively settled.

Section D – Other recommendations

Recommendation 5 – families and adults (22+)

Change the indicators to make them less resource intensive to provide (and monitor) and more flexible.

Family accommodation

Each provider of family accommodation will have targets around the following indicators:

- The number of people moving into the accommodation;
- Planned departures as a percentage of all departures;
- Refusals from the accommodation because of risk as a percentage of relevant referrals;
- Void turnaround times;

And the following information will be analysed (but not set as a target):

- Number of people who have left the service in a planned way but are back on the HSR for L1 services within six months;
- Information about the protected characteristics of residents and staff;
- Information about the needs of current residents and what services they are linked in with.

In addition, there will be six monthly performance management meetings to consider the data and make plans for improvement.

Homelessness pathways – adults (22+)

Under this recommendation, each **pathway** will have targets around the following indicators:

- The number of people moving into the pathway;
- Planned departures as a percentage of all departures;
- Refusals because of risk as a percentage of relevant referrals;
- Void turnaround times.
- The number of people moving out into accommodation other than through Home Choice Bristol.

The following information will be analysed (but not set as a target):

- Departure reasons for individual services;
- The average duration of stay for individual services;
- Number of people who have left the pathway in a planned way but are back on the HSR for L1 services within six months;
- Information related to the protected characteristics of residents and staff;
- Information about the needs of current residents and what services they are linked in with.

In addition, there will be six monthly pathway performance management meetings to consider the data and make plans for improvement.

The indicators provide increased flexibility to move people in order to achieve a balance in individual schemes, to match forthcoming vacancies with people in the pathway and remove any penalty for moving people to a higher level of support. The efficiency measure that is currently the average duration of stay will be replaced by a target for the number of people moving successfully out of the pathway.

We will also establish a review mechanism for households (families or single people) who have been in the pathway for defined periods – staying for a defined period would trigger a case review process.

With the more flexible indicators, failures to meet the targets will be dealt with more robustly, including recouping some of the contract value if the service is not performing as expected. For example, if average void times exceed double the contracted target, this will result in some of the contract payment being deducted. This will include moving people out of the pathway – the partnership will need to source accommodation (e.g. from Registered Provider stock or in the privately rented sector) to meet the targets.

Resettlement service

The resettlement service will make contact and offer support to everyone moving out of the homelessness pathway in a planned way, and where appropriate in an unplanned way. The service will have the following indicators:

- The number of people maintaining accommodation in the three months following their planned departure;
- Number of people who have left the pathway in a planned way but are back on the HSR for L1 services within six months;
- The time between a referral is made to the service and the service user is contacted by the service.

And the following information will be analysed (but not set as a target):

- The number of people being supported;
- Information about the protected characteristics of residents and staff;
- Information about the needs of current residents and what services they are linked in with.

In addition, there will be six monthly performance management meetings to consider the data and make plans for improvement.

Recommendation 6 – adults (22+)

Standardise the support cost per unit.

Funding for supported housing comes from two main sources: rent/service charge income; and the support contract. At present there is a range of support costs paid for ostensibly similar services.

There are clearly some differences in the services relating to economies of scale, the level of support expected within the contract, service user group etc., but a lot of the differences in the contract price relate to historical factors, and cannot be justified. The support costs for each positive outcome (as

measured by a planned departure) vary significantly, ranging from £4,822.19 in one L1 service to £14,713 in another. It is not the case that the more a service costs the better the outcomes.

This proposal does not mean applying one single price per unit at different levels, but does mean that any differences in the support contract will need to be very clearly justifiable. When commissioning services, a contract ceiling will be set that will recognise genuine price differences, but outside of those will standardise the support costs.

The relevant savings can be made through ensuring that any difference in support costs can be justified (and removing unjustified differences); this will come from a reduction in the contract ceilings of the pathways that include what are currently the most expensive services when compared to other equivalent services.

The agreed 'housing benefit eligible' service charges are also inconsistent in similar services. We will need to work closely with the Council's housing benefit team to address these inconsistencies to ensure that some services do not end up being underfunded, including when the funding regime for supported housing changes¹⁹.

We will enter into longer term contracts – five years with the option to extend for up to a total of seven years. This additional certainty should allow for investment from providers and reduce organisational risks around redundancy, TUPE etc. All contracts will have variation and termination clauses which allow for contract variation over time. If the council's overall budget reduces, there may be a need for in contract reductions.

Recommendation 7 – adults (22+)

Commission a jointly funded peer support service with the Substance Misuse Team (SMT)

During consultation, a consistent message from people who have used services is about the additional effectiveness of support from people with lived experience of using homelessness services. In order to harness this, we will expect services to employ around 20% of support staff who have lived experience and we will improve access to peer support by commissioning a specific service, jointly with the SMT. This service would recruit, train and supervise people who have been through homelessness and match them to support people in homelessness services.

At present, individual contracts require providers to include a peer support service that their residents can use. This leads to duplication of work and competition within services for the relatively small number of people who are at the right stage in their recovery to become a peer supporter.

The current ROADS peer support service works with people with substance misuse needs regardless of where they live, but this proposal would widen that service to include all people in preventing homelessness accommodation regardless of whether they have substance misuse needs. A key benefit of a peer support service is the number of peer supporters that go on to access work; around 33% of peer supporters in the current ROADS service go on to paid work.

We will jointly fund an extended peer support service that will be commissioned by the Substance Misuse Team (SMT) as part of the forthcoming SMT commissioning, depending on the outcome of the

¹⁹ http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/?dm_i=3R33,36VG,O8B1S,9F14,1

SMT commissioning plan consultation. Pathway providers will be able to make use of this service but will need to offer support and supervision to any volunteer working in their pathway.

This will not replace schemes to offer people with lived experience paid work, either via apprenticeships, specific posts or through general recruitment.

Golden Key is embarking on a research led peer support project, evaluated externally to find effective ways for this type of provision to be formulated. Any learning from that project will inform this service.

Draft recommendations not included in this plan

The draft consultation plan contained two recommendations that do not feature in this final version of the plan. There is also a separate 'You Said, We Did' document that describes the feedback we received during consultation and what action we have taken in response.

Create assessment centres as the entry point to the homelessness pathway for single people and couples.

The intention in the draft plan was to create a gateway/assessment level of accommodation that would be the entry point into the homelessness pathway. People would spend time in an assessment level service even if they were initially considered to have low needs so that a good quality strengths based assessment could be conducted and that person could be referred to the most appropriate level of support. There were several concerns about this model, but the two most significant were a loss of L1 beds (because some of them would be used for assessment, potentially of people with lower support needs), and concerns over how suitable accommodation at a large hostel would be for some people.

Instead of a dedicated gateway/assessment level of accommodation, we will retain the principle of good quality, strengths-based assessment and support planning in the initial period of someone's stay. If, following this assessment, it is clear that someone has needs that could be better met elsewhere in the pathway, the pathway partnership will have increased flexibility to move that person as appropriate.

Launch a small (10 units) Housing First project.

There is growing evidence to support a Housing First model for people with complex needs for whom mainstream services have not worked.

"Housing First is a model of supporting people to make a direct move from street homelessness into ordinary permanent housing, with personalised support to address wider issues. Evaluations of Housing First services across the developed world, including in England and Scotland, have found that up to 90% of people with complex needs have been kept off the streets."²⁰

Although this recommendation does not feature in the final version of the commissioning plan, we are working with Golden Key to develop a Housing First project, and intend to establish something in the coming months. Because of the potential to deliver this service from within existing resources, it is not part of the final commissioning plan.

There may also be an opportunity for the provider of the service to tackle entrenched rough sleeping (to be commissioned separately as part of the government's Entrenched Rough Sleeping social impact bond

²⁰ <https://www.irf.org.uk/report/we-can-solve-poverty-uk>

funding) to establish a Housing First project. Because this is a payment by results contract, how the results are achieved will be up to the provider.

There is clearly demand for this kind of service, and is likely to far exceed 10. An advantage of Housing First is its potential to be scaled up if there is local evidence that it is an effective approach.

Fund an expanded Assertive Contact and Engagement (ACE) service to specifically work in supported accommodation.

Figures from providers show that 47% of current clients have some level of mental ill health, 50.1% of whom are not engaging with mental health services, meaning that 23.3% of total residents have mental ill health but are not engaged with support²¹. A consistent message from consultation with people who have used services is that homelessness affects their mental health but that this could have been improved with more support at the right time, either from secondary services, or from within the homelessness service itself.

The recommendation in the draft plan was to fund up to two posts in the ACE service, ring-fenced to work in supported accommodation. This final plan does not include that recommendation. Although there is widespread concern about access to secondary mental health services for people in homelessness services, there is very little agreement about how to solve this, and concern that a small service would not make the difference. There is also a risk that mental health support could be seen as external to the pathways, compromising the need for the pathways to build capacity to support people's mental health needs.

Without a clear idea of exactly what this proposal would achieve, it is difficult to justify funding it given that the consequence would be reduced funding directly to the homelessness services. Removing this proposal means that the money available to the pathway partnership is maximised, allowing those partnerships to use the funding as appropriate. This may include employing a psychologist or other mental health professional to work in the pathways, or working to improve the mental health skills and confidence amongst pathway staff.

We are working with Bristol Mental Health to establish an effective escalation route for people in mental health crisis and develop clear links to secondary services in order to address some of the concerns around access to secondary mental health services for people in homelessness services. Resolving some of these concerns remains a priority should there be the opportunity to bid for future funding.

²¹ These are figures provided by providers of family accommodation and Ls1-4 adult accommodation for June and July 2016.

Section E – Recommissioning Intentions

What we will buy

The proposals in this plan will lead to the following homelessness prevention and recovery services:

- Up to 190 units of accommodation with support for families
- Pathway 1: One pathway for men, including accommodation and support for single adults (22+) and couples
- Pathway 2: One pathway for men and women, including accommodation and support for single adults (22+) and couples
- Pathway 3: One pathway for women, including accommodation and support for single adults (22+) and couples
- A substance misuse accommodation pathway including accommodation and support
- A resettlement service to support people leaving the pathway in a planned way to prevent them from becoming homeless again
- A peer support service to work with people in preventing homelessness accommodation and people with substance misuse needs, to be procured as part of the Substance Misuse Team commissioning

Process for recommissioning

Service	Process	Timescale
Family accommodation	<p>External family accommodation will be secured through a bespoke competitive framework/Dynamic Purchasing System (DPS). The procurement route will be finalised following a linked review into young parents' accommodation and parent and child assessment accommodation.</p> <p>Current family and young parents' contracts will be extended until the new services are in place, by 1st April 2018.</p> <p>Contracts will be for five years with the option to extend for up to a further two periods of one year each.</p>	<p>Extend current contracts – 31st March 2018</p> <p>Competitive process – Autumn/winter 2017</p> <p>New service in place – 1st April 2018</p>
Accommodation pathways (men only, mixed, women only and substance misuse)	<p>We will achieve successful distinct pathways by negotiation with current providers.</p> <p>We will work with each pathway to develop a partnership proposal about how they will deliver the pathway, achieve the relevant outcomes and provide value for money that could not be achieved through a competitive open tender. Those proposals will then be assessed, and if they are considered to provide additional value for money, the partnership will be offered the contract.</p> <p>There will be one contract for each pathway.</p> <p>If no partnership can be formed, or there is no evidence of this</p>	<p>Development of partnership and proposal – May 2017 to September 2017</p> <p>Deadline for partnership proposal – Mid September 2017</p> <p>Contract award – 28th September 2017</p>

	<p>approach creating effective services, then we will pursue a competitive tender for the pathways.</p> <p>Contracts will be for five years (until October 2022) with the option to extend for up to a further two periods of one year each.</p>	<p>New contracts commence – 28th October 2017</p>
Resettlement service	<p>We will extend the current floating support contract with Key Bristol until 30th June 2018 in order for the new accommodation pathways to become established. We will work with the current provider to change the focus more towards resettlement.</p> <p>We will have a competitive open tender for the resettlement service with the newly commissioned service in place for July 2018.</p> <p>The contract will be until October 2022 with the option to extend for up to a further two periods of one year each.</p>	<p>Contract extension – June 2018</p> <p>Competitive process – Early 2018</p> <p>New service in place – July 2018</p>
Peer support service	<p>The peer support service is included in the substance misuse commissioning plan. If, following consultation, that service forms part of the final commissioning plan in a way that will meet our requirements, it is likely to be procured through a competitive tender as part of the proposed Community Recovery Centres contract.</p>	<p>Substance misuse commissioning plan finalised – May 2017</p> <p>Competitive process – Summer 2017</p> <p>New contracts commence – October 2017</p>

All contracts will have variation and termination clauses which allow for changes over time.