



# **Bristol City Council**

## **Reducing Rough Sleeping**

### **Commissioning Plan**

**Jan 2020**

Draft

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# Section A – Introduction and context

## Purpose of this document

This Commissioning Plan was originally agreed and published in February 2020 with the intention of going out to tender on 1<sup>st</sup> April 2020. It has been delayed due to the Pandemic. It describes how we will commission services that prevent and reduce rough sleeping in the Bristol for the next 5 years and what these services will look like. The draft of this document has been consulted on with clients who use current services, providers and stakeholders. The consultation reports and the ‘You said, we did’ documents from the consultations sets out any changes made as a result and can be found in Appendices 2,3& 4 at the end of this document.

Following the last election in December 2019, the Prime Minister has stated an intention to end rough sleeping by the end of the current parliament in 2024, three years earlier than the previous target of 2027. To some extent we can commission services that can prevent and alleviate some of the personal circumstances of people who end up rough sleeping in Bristol; however, future government policy also needs to address structural factors to assist us in achieving this aim.

Additionally, we are in the middle of a pandemic that has had a massive impact on the way that we deliver services and has created a COVID-19 cohort of people accommodated following the call for Everyone In. This has had an immediate impact on the reduced number of people who are currently on the streets – 50 in the last annual count – but the economic impact of the Pandemic will lead to an increase again in homelessness. Furthermore, the increase in govt borrowing could impact on the funding we receive from government to reduce rough sleeping in the city.

There is far more to be done by government in addressing structural factors in ending rough sleeping and understanding and communicating the correct metrics for people who are homeless. The National Audit Office report on Everyone In is clear when stating, “The number of people accommodated under Everyone In over several months far exceeds the number officially recorded as rough sleeping in the annual national snapshot”<sup>1</sup>.

## What we are trying to achieve

### Aims of the commissioning process

This process seeks to deliver services that achieve the following:

- a. Effective, quality service, delivering good outcomes.
- b. Value for money.
- c. Good procurement practice (including ability to flex service to meet changing needs/budget).
- d. Contributes to coherent system (although this is impacted by annual grant funding from govt).
- e. Enable a good mix of providers but with system leadership active across the services (again, due to the delay in this commissioning process and annual govt funding this puts constraints on providers being able to bid for existing services in relation to the financial risk of taking on services, including TUPE).

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<sup>1</sup> Investigation into the housing of rough sleepers during the COVID-19 pandemic – National Audit Office and MHCLG

Both the pre-consultation and the main consultation undertaken before this process was put on hold in March 2020 confirmed that the following areas need to be central in the commissioning process:

### **Person Centred approach**

Throughout this commissioning process we have identified a '*golden thread*' – a greater focus on the needs of the individual - running throughout the process and influencing the final commissioned services. We have and will endeavour to maximise engagement with people using services to review their experiences and determine their priorities for change. This will also link to identifying system blockages for people and seek to ensure that co-production with people using the services can help mitigate blockages or improve access. We will also adopt any learning around this from the Golden Key programme.

We also recognise that there may be constraints in this approach and that it may not always be possible to effect all system changes identified. This approach will be complimented by the greater use of *navigators* to assist people to access the services they need to assist in their recovery and seek to ensure that people only need to ***tell their story once*** encouraging services to overcome any communication barriers within the constraints of GDPR.

### **Trauma informed approach**

It is now widely recognised that a significant number of people who end up sleeping rough in Bristol will have experienced significant trauma in their early lives as a result of adverse childhood experiences. Research has highlighted neurodevelopmental damage caused by ACEs, the connection with attachment theory (and resilience), the impact on physical and mental health and the risk behaviours in later life.

This research informed Menschner and Maul's (2016) trauma-informed model of care. The benefits of this approach for people using services will be that they:

- feel safe and supported;
- increase their engagement;
- understand that symptoms may be linked to childhood trauma;
- receive support experiences that do not add to previous trauma;
- start on a recovery journey; and as a result have
- improved outcomes and build a level of stability and resilience.

This plan is seeking to embed a Trauma Informed Care (TIC) approach into all services that support people who have slept rough and will sit alongside a Psychologically Informed Approach (PIE) that is an integral part of our supported housing pathways.

### **Outcomes**

The commissioning process will seek to achieve the following outcomes:

1. Reduces levels of people sleeping rough in the city – *measured through detailed analysis of the flow of people onto the streets and off the streets, not just reliant on ‘snapshots’ of information such as nightly counts.*
2. Minimises returners / increases resilience – *what is it that people need to sustain their accommodation and well-being, and avoid returning to street homelessness?*

We are looking to deliver a real change in outcomes for people who end up rough sleeping in the city. It is recognised that this can only be achieved through working in partnership with the wider community that is already concerned and involved in helping people sleeping in the city. This commissioning plan and the associated procurement processes can be a valuable tool - rather than barrier - to help achieve this and enable the selection of partners with skills, expertise and the desire to work collaboratively in order to deliver these outcomes together.

This will also be an element of the monitoring framework that will be used for these services a key part of which will focus around monitoring outcomes around an individual and the outcomes achieved for them through involvement of multiple services as opposed to KPI's that focus purely on measuring aspects of the service in isolation.

## **Prevention**

In line with the aims of the Homeless Reduction Act 2017, the governments Rough Sleeping Strategy and Bristol City Council's Preventing Homelessness and Rough Sleeping Strategy 2019-24, we are seeking to put in place services that look 'up-stream' and seek to prevent people ending up sleeping on the streets.

As set out in the governments previous Rough Sleeping Strategy we will be aiming to halve the number of people sleeping rough by 2022 and end rough sleeping by 2027 (the government have since set out a commitment to end rough sleeping by 2024). However, in order to achieve this we acknowledge that there will need to be wider system changes that need to happen alongside this and future commissioning approaches in order to achieve this alongside longer term funding from government rather than annual grant funding.

## **Increased Wellbeing**

People who end up sleeping rough often experience barriers in accessing both health and care services and it is well documented that they experience poor health outcomes in comparison to the rest of society. Crisis have found that Homeless people are more likely to die young, with an average age of death of 47 years old and even lower for homeless women at 43, compared to 77 for the general population, 74 for men and 80 for women<sup>2</sup>.

People who become street homeless often have high and complex support and treatment needs as a result of trauma experienced in their childhood. The Kings fund recently published a piece of work assessing the effectiveness of existing initiatives in achieving the following outcomes:

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<sup>2</sup> [https://www.crisis.org.uk/media/236799/crisis\\_homelessness\\_kills\\_es2012.pdf](https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf)

- that people sleeping rough can access health services of equal quality to others, and the impact of rough sleeping on health is minimised;
- that ill health does not prevent people moving off the streets or sustaining a settled lifestyle.

The study focused on four areas that had developed effective systems to deliver effective health and care systems to people sleeping rough and identified five shared principles that all the areas had in common and that any area can make progress if it:

- takes steps to find and engage people sleeping rough;
- builds and supports its workforce to go above and beyond existing service limitations;
- prioritises relationships;
- tailors the local response to people sleeping rough; and
- uses the full power of commissioning.

The report identified local leadership and positive relationships to create the platform for this approach but stated that government departments need to work together to provide longer-term resources to allow local areas to plan effective services. We will adopt learning from this study building on the improved joint work with the CCG and Public health as a result of the Pandemic and incorporate local data and learning from BCC's Complex Needs - Health Needs Assessment (working title) which is currently being undertaken by Public health overseen by the Homeless Health Forum.

Those who experience rough sleeping can have high and complex support and treatment needs. Effective health and care services should address these needs but could also play an essential role in providing a solution to entrenched homelessness. This also links to building the **confidence and skills** of people who end up sleeping rough to strengthen their recovery and build resilience to prevent repeat homelessness.

## Local & national strategic context

**Corporate Strategy 2018-23<sup>3</sup>** – 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.
- Key commitment to reduce the overall level of homelessness and rough sleeping, with no-one needing to spend a 'second night out'.

**The National Rough Sleeper Strategy 2018<sup>4</sup>** was published in August 2018. A new feature of government policy has been the growth in collaboration and use of homelessness charities including Crisis, Homelessness Link and St Mungo's to adopt a new role particularly in terms of leading national homelessness policy and development. The action plan provides resources to halve rough sleeping by

<sup>3</sup> <https://www.bristol.gov.uk/documents/20182/33620/Bristol+City+Council+Corporate+Strategy+2018+to+2023.pdf/3e7d7377-ed1f-5d67-c6ab-af49b7159a5e>

<sup>4</sup> <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

2022 and eradicate it by 2027. The current govt has committed to ending rough sleeping by the end of this Parliament (2024).

**Homelessness and Rough Sleeping Strategy, 2019–24<sup>5</sup>** - The review noted that the annual rough sleeping count in November 2018 in Bristol reported 82 people sleeping rough, which is the fifth highest return nationally. Reducing rough sleeping is priority one in the strategy, **key objectives:**

- Will focus maximum efforts and resources to halve rough sleeping by 2022 and eradicate it by 2027.
- We will develop effective services to address rough sleeping, using evidence-based approaches that have been proven to work with existing and emerging client groups and specifically target clients with complex multiple needs.
- We will build on existing work with our partner organisations to develop a ‘Housing First’ approach for homeless people with the highest level of need.
- We will evaluate and adapt housing pathways (including supported housing) to ensure they meet the needs of those living with complex needs as well as new/emergent client groups.
- We will increase supply of move-on accommodation available to people who have slept rough.

**More than a roof – Bristol Housing Strategy 2016-2020<sup>6</sup>** - Emphasises how good quality, suitable housing is essential in helping people to thrive and achieve a high quality of life.

**Bristol’s One City Plan outlines a shared vision for ‘Homes and Communities’ and by 2022 reiterates the govt rough sleeping target that:<sup>7</sup>** -

Rough sleeping in Bristol has decreased by 50% since 2018

**The Homelessness Reduction Act 2017** - The Homelessness Reduction Act came into force in April 2018, key measures in the act include:

- An extension of the period ‘threatened with homelessness’ from 28 to 56 days.
- A new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need.
- A new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need.
- A new ‘duty to refer’ - public services will need to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless.

The Act has prompted a comprehensive review of how homelessness prevention services are delivered and some of these duties are an integral part of the services that we will be commissioning.

**Investigation into the housing of rough sleepers during the COVID-19 pandemic** – National Audit Office/MHCLG – A report to support Parliament in its scrutiny of the government’s response to the COVID-19 pandemic

## Budget

The Council’s Corporate Strategy aimed to make £92m savings, required because of a mixture of government cuts and increasing demands for services. Consequently, the level of funding available from

<sup>5</sup> <https://www.bristol.gov.uk/documents/20182/3719704/Homeless+Strategy+2019+to+2024.pdf/cd7349fe-ea02-7081-08ae-b2fc5bd31bc4>

<sup>6</sup> <https://www.bristol.gov.uk/housing/housing-strategy-and-supporting-strategies>

<sup>7</sup> <https://www.bristolonecity.com/one-city-plan/>

Bristol City Council that funds the core Rough Sleeper Service was reduced by 10% in 2017 and is now £521,553 in 2019-20. For 2021-22 we have identified a slight up lift on the current level to bring it up to £559,550.

In addition Bristol City Council has been successful in applying for a number of different funding streams from the Ministry for Housing, Communities and Local Government (MHCLG). The overall spend on services that prevent or reduce rough sleeping in 2020-21 are set out in the table below (this excludes for the Social Impact Bond for 125 rough sleepers with complex needs 2017-21):

Project	Funding 2020-21	Funding source
Rough Sleeper Service	£521,553	Bristol City Council
Rough Sleeper initiative funding 2020-21	£2,814,768	MHCLG
MHCLG funding underspend 2019-20	£89,005	
<b>Total</b>	<b>£3,425,326</b>	

### Additional Funding due to COVID-19

Bristol City Council has also received additional funding from MHCLG through the Next Steps accommodation Programme<sup>8</sup>. Bristol received Interim funding to cover the costs of the initial Everyone In call of £1,935,927 which has left us up to £238,611 short on expenditure during 2020-21 we have committed to. We have received additional capital to secure 51 units of Move-on accommodation with some support attached to it. Unfortunately wider revenue costs that we applied for were not awarded which has meant that overall between 2021-2024 Bristol City Council is £1.5 million down on committed expenditure. We have appealed to MHCLG about this, particularly as this funding would also cover up to 28 Housing First Units, an essential element to helping some of the most vulnerable clients to move into accommodation that is sustainable.

Bristol has also been selected as one of 10 areas to receive additional funding over the winter to receive a share of £15 million through the Protect Programme to accommodate and support clinically vulnerable people who are rough sleeping over the winter 2020-21. Bristol has been awarded £705,695 from this fund (including £140,000 from the Cold Weather Fund).

Bristol City Council has also applied to other funding streams linked to the COVID-19 response for people who are sleeping rough and are waiting to hear back on the outcome for the bids:

- 2020/21 Transformation Funds - Specialist Mental Health Services for Rough Sleepers.
- MHCLG/PHE Rough Sleepers Substance Use Funding.
- Out of Hospital Care Fund – to reduce strain on hospitals

### MHCLG Rough Sleeping Initiative Funding

Due to COVID-19, the government has announced that there will be a one year spending commitment again this year. We had been hoping for a three year spending review in order to embed a more strategic, 'whole system' approach to rough sleeping, staffed by a skilled workforce with more longer-term job security.. Unfortunately, this has impacted on some of the proposals that were put forward in the earlier Commissioning Plan signed off in February 2020.

<sup>8</sup> <https://www.gov.uk/government/publications/next-steps-accommodation-programme-guidance-and-proposal-templates>

We are therefore proposing to recommission the Rough Sleeper Service – for longer term and repeat rough sleepers - for a period of three years with an option to extend for a further two years with a further option to extend for a further two years on top of this. This will be funded from the internal BCC funding- but retain some flexibility to alter the contract part way through if funding necessitates this - rather than extending existing services beyond the agreed contract period. We are unable to commit to a longer-term contract for the Prevention service without having the funding agreed and in place.

## Methodology

### Consultation introduction

A Commissioning Plan was originally approved in February 2020. When the government announced the Everyone In approach in late March a decision was made to halt the Recommissioning intentions and tendering for new services for rough sleepers and Cabinet approved contract extensions to existing services. In reviewing the Needs Analysis and the commissioning plan it is clear that COVID-19 has had an impact on the number of people who are rough sleeping or at risk of rough sleeping and the changing needs of clients with the identification of a new cohort (people made homeless as a result of the impact of the Pandemic).

Despite this we feel that the original pre-consultation and consultation clearly focussed on the issues that people rough sleeping or at risk of rough sleeping face and feel that the consultations established clear principles informed by current service users, people with lived experience, providers and stakeholders. These principles have not changed within the Commissioning plan, are relevant to addressing the needs of the newly identified cohort, and remain central to services commissioned through this plan. In reviewing the plan, changes have only been made due to factors outside our control – i.e. as a direct result of either changes in the financial situation of Bristol City council, funding from MHCLG, or the ways services are now delivered as a result of COVID-19 and any new variants. The proposals set out in the Commissioning Plan have been discussed with a member of the Golden Key IF group who has been working alongside the team in relation to the response to COVID-19 and responses to this are included in You said, we did.

The proposed recommendations have been discussed with an IF team representative and feedback on this has been included in You said, we did.

### Pre-consultation - Staff and client feedback - 17<sup>th</sup> October to 31<sup>st</sup> October 2019

We are keen to keep the client and staff voice at the heart of our recommissioning. We set-up an intensive pre-consultation process as well as the current consultation as we want to hear what staff and service users feel is working and what is not working, in relation to preventing and reducing rough sleeping in Bristol and to find out what does or could make a real difference to them.

### Feedback methods and mechanisms

Over the course of two weeks in October 2019 the homelessness commissioning team carried out a range of group and 1-2-1 sessions with a variety of staff teams and service users in order to inform this draft commissioning plan. Service user sessions took the form of focus groups, drop-ins and prearranged 1-2-1s via phone call or in person. We spoke to staff at team meetings and through 1-2-1's.

Overall in the region of 35 staff and 70 service users, from a range of services for people rough sleeping, gave feedback in different ways during the two weeks.

This is a summary of the responses received from people. The full staff and client feedback report can be found in Appendix 1.

## **Key Themes emerging from the pre-consultation that have informed our thinking**

### **(i) Feedback from service users**

#### **Key reasons for rough sleeping**

The responses to this broadly reflected the main reasons causing rough sleeping recorded from the Rough Sleeper Service clients, of which the top three were eviction, relationship breakdown and leaving prison/remand.

#### **How to prevent returning to R/S when housed**

Feedback focussed on the need to have longer term ongoing support that links to the proposal to commission navigators to guide people through services and to provide a person-centred focus rather than a one-size-fits-all approach. Other responses covered practical help to cover rents and benefit advice, as well as help to give up alcohol and drugs, establishing a support network and help to access education, training and employment opportunities.

#### **What prevents people leaving the streets?**

Again, the lack of a person-centred focus was raised here alongside access to the right services and time to engage and build trust with people that echoes the need to establish a cohesive navigator approach. Not feeling safe in shelters and hostels was also highlighted.

#### **Which people/services stand out as important?**

A wide range of services were mentioned here that reflect the wider partnership of organisations that work in the city of commissioned and voluntary services.

#### **What hasn't worked well for people?**

The responses again reflected the need for a person centred-approach and the need for navigators to help people through a complexity of services with more or longer access to day and night shelter services. Difficulty finding or having enough services for people with multiple issues and for women were also highlighted. "I need mental health supported housing, but often with a drink problem they don't want to take you on".

#### **What matters most to those sleeping rough?**

Again, feedback was for clear support planning and help to access services reflecting the person – centred approach and the need for navigation. Services that can aid recovery and improve confidence and self-esteem were highlighted: "Doing volunteering helps me a lot, I feel proud".

### **(ii) Feedback from staff**

#### **What's working?**

Generally good staff teams, partnership work and the ability to offer flexible solutions to individuals.

## **Barriers and Challenges**

On the downside access and affordability of accommodation is an issue. Other barriers were KPIs distracting from a wider system approach which is more person-centred, limited communication around services available, high staff turnover, a lack of women specific services and need for improved training to work with clients.

## **Which services do staff feel are having the most impact?**

Again as with service-users, no one service dominated responses. A wide range of services were mentioned here that reflect the wider partnership of organisations that work in the city of commissioned and voluntary services.

## **Where do we currently have gaps?**

Summary of responses:

- lack of preventative services;
- support and specialist support (especially around mental health);
- lack of access to housing (including accessible housing and for those people with pets).
- need for personalised support; and
- ongoing support or navigation.

## **What one change in our services do you think would help to reduce rough sleeping?**

- staff and clients to have more influence;
- better sharing of information about services;
- staff to have the right competencies, skills and behaviours;
- services to focus on the needs of the individual;
- review Pathways accommodation & create more guardianship accommodation;
- services to have a greater emphasis on prevention with longer term funding.

## **How to spend time more valuably?**

A number of changes to improve the system were suggested (see Appendix 1)

## **What motivates and demotivates you?**

Again, valuable insight was given by staff of system approaches and the approach to services provision (more info in Appendix 1).

## **Staff and wellbeing**

Staff work in a difficult environment and resources are stretched; however there is clearly a significant amount of satisfaction in obtaining outcomes for the people they are supporting.

## **Consultation on Draft Commissioning Plan**

The information from the pre-consultation gave us a valuable insight from both people using services and staff supporting them informing the draft commissioning plan. Consultation on the draft commissioning plan with service users, staff, providers and stakeholders was conducted from 13<sup>th</sup> December until 31st January 2020. The 'You said, we did' document can be found in Appendix 2.

The original Commissioning Plan was developed by the Council's Contracts and Commissioning Team, with a multi-disciplinary project board providing governance, including the following teams:

- Bristol City Council:

- Public Health
- Homelessness Prevention Team
- Substance Misuse Commissioners
- Street Intervention Team
- Procurement
- Mental Health Commissioner (BCC/CCG)
- Advisor from the Ministry for Housing Communities and Local Government (MHCLG).

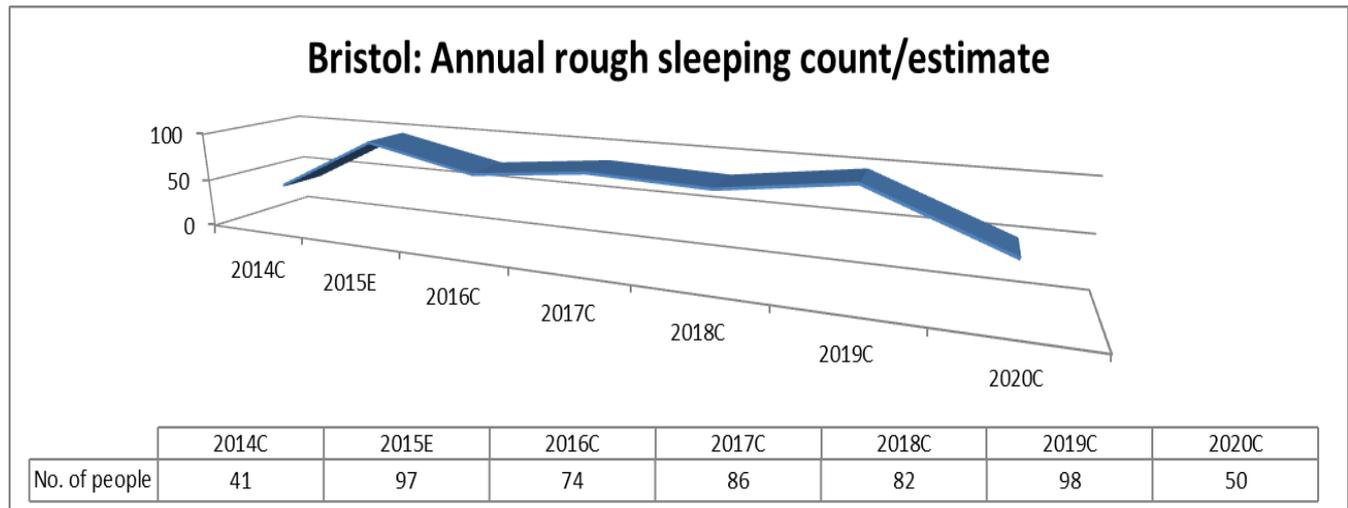
The Commissioning Plan has been updated in 2021 following a challenging year in in 2020 with the COVID-19 Pandemic and will be signed off by the Executive Director for Growth and Regeneration.

## Section B - Analysis

This section sets out a synopsis of the findings from the Needs Analysis. The graphs below set out the information we have on levels of rough sleeping in the city including information on the profile of people using the Rough Sleeper Service.

### Demand/information on the extent of rough sleeping in the city

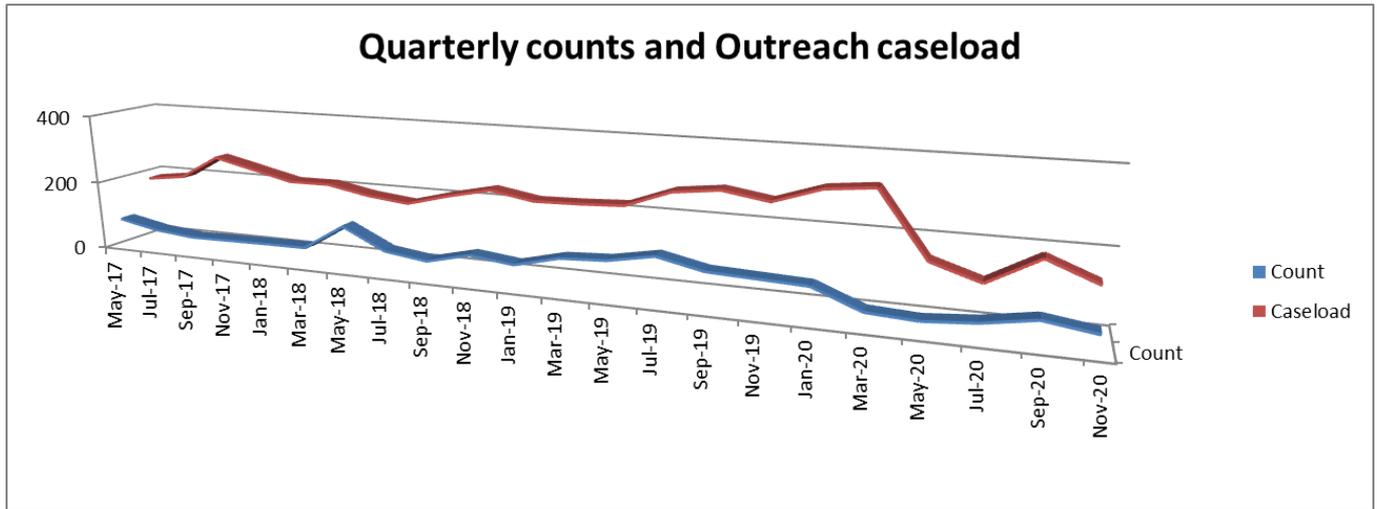
#### Annual rough sleeping counts/estimates



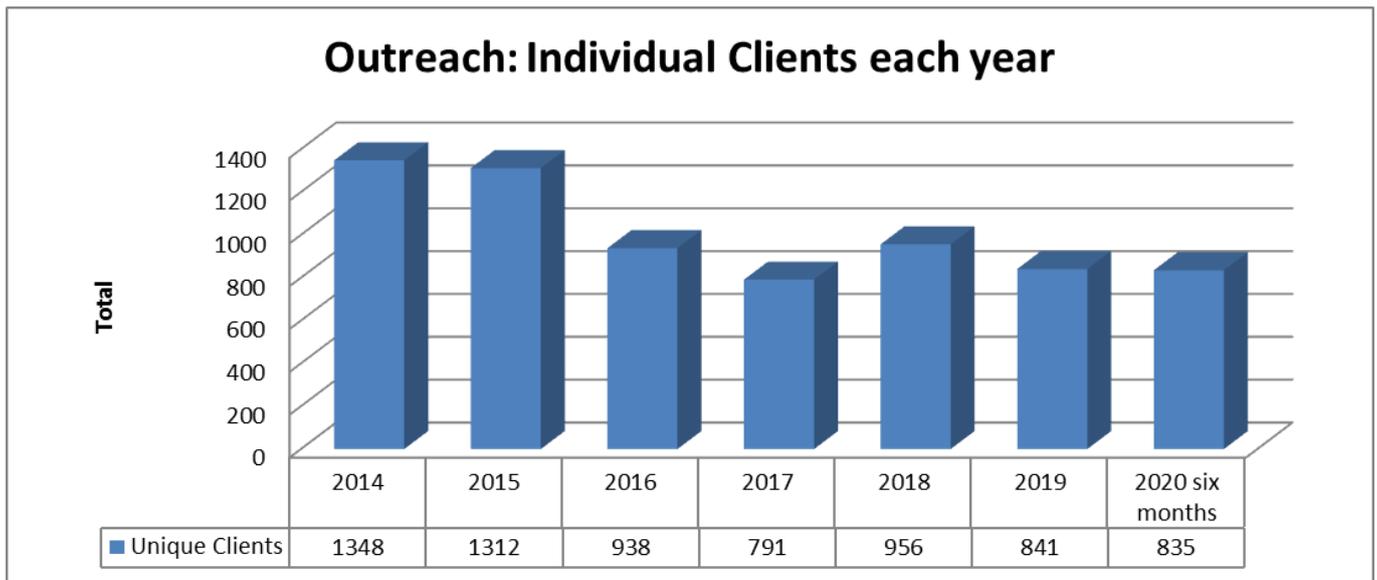
The number of people sleeping on the streets had risen significantly in Bristol since 2013 in a similar way to all parts of the country. The government has adopted annual 'snapshot' counts or estimates on any one given night in the autumn - prior to December - as their preferred methodology, but this does not give the full picture of the levels of people sleeping rough in the city.

Other data gives us a more accurate picture of the true scale of the number of people who end up rough sleeping in Bristol. Since May 2016, the Outreach team (Rough Sleeper Service) have conducted regular counts on a quarterly basis using the govt. count methodology. The data gives a more accurate picture of the more recent increase in the number of people who are street homeless in the city, particularly when it is combined with the overall caseload of people that the Outreach team are working with.<sup>9</sup> The increase in the number of people seen on the quarterly counts clearly correlates with increased Outreach caseload as seen in the chart below up until March 2020, after which the impact of Everyone In is evident. The graph below shows the information from these counts alongside the caseload of the Outreach team.

<sup>9</sup> Outreach caseload includes people in squats, night shelters or sporadically rough sleeping (when insecurely housed).



The information in the graph below shows the levels of individuals that have been worked with in each year since 2014. The levels of individual rough sleepers surged in 2014 and 2015, reducing in 2016 and 2017, before increasing again. In 2019 the figure dropped slightly, but following Everyone In in March 2020 the figure in 2020 and 2021 is likely to reach the high levels experienced in 2014 and 2015.



### Rough Sleeping during the Pandemic

Between May and August, during the Everyone In programme rough sleeping remained consistently low, with a low of 25 people on the 5<sup>th</sup> of August. In September the closing of emergency hotel accommodation saw this figure climb to 95 on the 30<sup>th</sup> of September, more in line with annual counts from recent years. Throughout the reporting period, an average of 71% of people sleeping rough had either refused or been evicted from or abandoned emergency accommodation. More recently, the number has dropped again.

From the most recent bi-monthly count undertaken on the 20<sup>th</sup> November, 50 people were found to be rough sleeping in the city. We expect the figure to further reduce in the immediate future as we provide further accommodation for those people who have underlying physical health issues through the

Protect programme. In the medium to long term we expect an increase in people coming onto the streets.

## Needs of people sleeping rough in the city

This section summarises the key findings from the Needs Analysis.

### **Bristol Population (Background information)**

- In Bristol people are living longer: men living 1.4 years longer and women 0.8 years.
- Life expectancy for both men and women is below the England average.
- There is significant variation in life expectancy across the city.
- The population of Bristol has grown considerably over the last decade (2009-19) by 10.6% compared to the growth rate of 7.6% nationally.
- The population grew up to mid-2018 but in the 12 months to mid-2019 the population remained unchanged – this is in-line with the UK population which grew at its slowest rate for 15 years.
- Almost 72,000 people in Bristol - 14% of the population - suffer from income deprivation.

### **Housing (Background information)**

- There is a serious shortage of affordable housing in the city and rising homelessness.
- The private rented sector increased significantly from 12% in 2001 to 29%, overtaking the social rented sector.
- Between 2016 and 2036 the emerging target for Bristol is around 33,000 homes and the need for affordable homes in Bristol is projected to be an additional 18,800 between 2016 and 2036.
- In 2016 the cheapest homes in Bristol were over 9 times the annual earnings of lower income households.
- The private rental sector is becoming particularly unaffordable to those on benefits or on low incomes.
- Social housing lets have reduced in the city to 1,800 per year, down from 3,000 per year 10 years ago.

### **Client profiles from the Rough sleeper service**

- In 2019-20, 40% of people coming onto the streets were 'returners'<sup>10</sup>
- In 2019-20 the top 3 reasons for people rough sleeping were eviction, relationship breakdown and leaving prison/remand; this shifted to relationship breakdown, eviction and prison in Q1-2 2020-21.
- Information on local connection is difficult to show in percentages as different entries are possible for one client can change if unknown or unspecified and this later changes. Not known or local connection unspecified has been falling between 2017-20.
- Mental health, drugs, alcohol, physical health and Benefits/finances are the top five areas that people identified as needing support within 2019-20; however, people reported lower levels of needs around alcohol, drugs and mental health in Q1-2 2020-21 which is likely to be a reflection of the new cohort of people who are rough sleeping for reasons connected to the COVID-19 pandemic.
- The majority of people (over 75%) who were sleeping on the streets and had contact with the Rough Sleeper Service were between the ages of 26-50.
- Women represent 19% of people rough sleeping in the city in 2019-20; this reduced to 16% in Q1-2 2020-21.

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<sup>10</sup> Defined as someone who has slept rough before but returned to the streets after a gap of at least 12 months

- There are higher levels of Black/African/Caribbean/Black British people, white other and lower levels of Asian/Asian British people engaging with the service compared to the Bristol population; during the COVID-19 period show a reduction in those identifying as white British, from 62% in both previous time periods to 52%.
- For the first two quarters of 2020-21 the proportion of individuals reporting as British reduced to 67%, from 72% in 2019-20 and 74% on average for 2017-20; the rise in non-British nationalities in 2020-21 likely connects to high levels of individuals who have no recourse to public funds (NRPF) engaging with services during the pandemic.
- A significant number of people stated they had no religion, other or did not wish to disclose. 12% of people said they were Christian with 4% of people saying they were Muslim.
- The majority of people - on entry to the service - responded to say that they did not have a disability. There is clear evidence that the true level is likely to be in excess of 50% (see profiles of clients in Pathways and the Health Needs section).
- Information on sexual orientation does not reflect the level of 4% for Bristol Quality of life Survey 2016 and there is evidence that this level is likely to be higher than the general population for people who are homeless.

### **Rough Sleeping and Single Homelessness (see section above on counts and estimates)**

- The number of people sleeping rough in snapshot counts in Bristol has increased markedly between 2010 and 2019 (from 9 to 98) higher than national trends; the count of 50 in November 2020 reflects the impact of Everyone In.
- In the first six months of 2020-21 835 people had contact with the Outreach team, almost the same number as the total for 2019-20.

### **Health Needs**

- People who end up sleeping rough often experience barriers in accessing both health and care services and experience poor health outcomes in comparison to the rest of society.
- The average age of death of men is 47 years old and even lower for homeless women at 43.
- *Lifestyle*: A national audit found that 77% of people who are homeless said they smoke, compared to 21% of the general population. 35% did not eat at least two meals a day.
- *Physical health*: 41% said that this was a long term problem, the most common longstanding physical health problems were musculoskeletal in nature, followed by respiratory and dental.
- *Sexually transmitted infections and blood borne viruses*: research that is available suggests that this patient group is at increased risk of acquiring STIs and BBVs compared to the general population.
- *Substance misuse*: Drug and alcohol addiction represent a significant health problem amongst people who are homeless, and it accounts for just over a third of deaths<sup>11</sup>. A national study found that 39% of people who are homeless said they take drugs, or are recovering from a drug problem and 27% said they have or are recovering from an alcohol problem<sup>12</sup>.
- *Mental Health*: 80% of people who are homeless report some form of mental health issue and 45% have a diagnosed mental health condition – compared with 25% for the general population.
- *Suicide*: People who are homeless are over nine times more likely to commit suicide, and a report by the Salvation Army found that 53% of women who are homeless and 34% of men who are homeless had attempted suicide at least once.

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<sup>11</sup> Crisis 2011

<sup>12</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

- *Use of health services:* People who are homeless are heavy users of health services. A&E visits and hospital admissions are four to eight times higher than for the general public at a cost of an estimated £85 million per year.

#### **Client needs in supported accommodation Pathways**

- *Mental Health:* 79% of adults and 43% of young people have mental health needs.
- *Physical Health:* 39% of adults and 16% of young people have physical health needs.
- *Drug and alcohol issues:* 63% of adults and 18% of young people have drug & alcohol needs.
- *Exploitation & violence:* 12% of adults & 15% of young people have support needs relating to domestic violence, sexual violence, child sexual exploitation or trafficking and forced marriage.
- *Sex work:* 4% of adults and 1% of young people have support needs relating to sex work.
- *Debt:* 34% of adults and 28% of young people raised debt as a major issue.
- *Benefits & sanctions:* 8% of adults and 6% of young people have no income due to delays in benefit payments or sanctions at the time of entering the services.

At the time of writing, shortly before the end of the second national lockdown, 454 people remain in emergency COVID-19 accommodation. 50<sup>13</sup> people are known to be sleeping rough in Bristol who have either refused accommodation, been evicted from or abandoned accommodation or have yet to have an offer of accommodation.

Since the announcement of new national restrictions, there has been an increase in homelessness presentations and it is anticipated that the demand for services will increase from these levels during the winter months. To a certain extent this was to be expected as the National Audit Office have outlined that those accommodated under Everyone In far exceeds the number officially recorded as rough sleeping in the annual national snapshot<sup>14</sup>.

Future demand is expected to fall into the 'COVID-19 homeless' category described in Section C, and to include people returning to the streets from emergency accommodation or move on options that have not been sustained.

At the national level, new homelessness is reported to be rising among young people as a result of loss of employment, including in sectors such as hospitality and retail, and due to people leaving overcrowded shared accommodation or being served eviction notices despite the evictions ban.<sup>15</sup> Bristol has higher numbers of young people compared with national averages, high levels of people living in shared housing and hospitality and retail are among the top sectors for employment. As a result, the continued disruption to these sectors is likely to drive higher levels of new rough sleeping, including those who would otherwise be able to maintain their accommodation with the right support.

Further detail is included in the Needs Analysis.

## **Current services**

The current Rough Sleeper Service was commissioned during 2013/14 and began on the 1<sup>st</sup> October 2014. At that time the number of people who were sleeping on the streets in Bristol – although increasing – was far less than the level of people who currently end up on the streets today. St Mungo's were successful in being awarded the tender. The original service was based at the Compass Centre (Jamaica St) and 1 New St, St Jude's and consisted of the following elements:

<sup>13</sup> Annual Count 2020

<sup>14</sup> Investigation into the housing of rough sleepers during the COVID-19 pandemic – National Audit Office and MHCLG

<sup>15</sup> <https://www.theguardian.com/society/2020/nov/08/tens-thousands-homeless-despite-uk-ban-evictions-covid-pandemic>

- Outreach and engagement with rough sleepers;
- Lease and management of the ground floor of the Jamaica Street hostel;
- Education, training and employment activities (ETE), including volunteering;
- Direct access and additional support to clients in 16 Extra Support Beds (OABs);
- Coordination of the Severe Weather Emergency Protocol (SWEP).
- Lease and management of 1 New Street premises in St Judes;
- Delivering a No Second Night Out service;
- Delivering a pre-employment support programme.

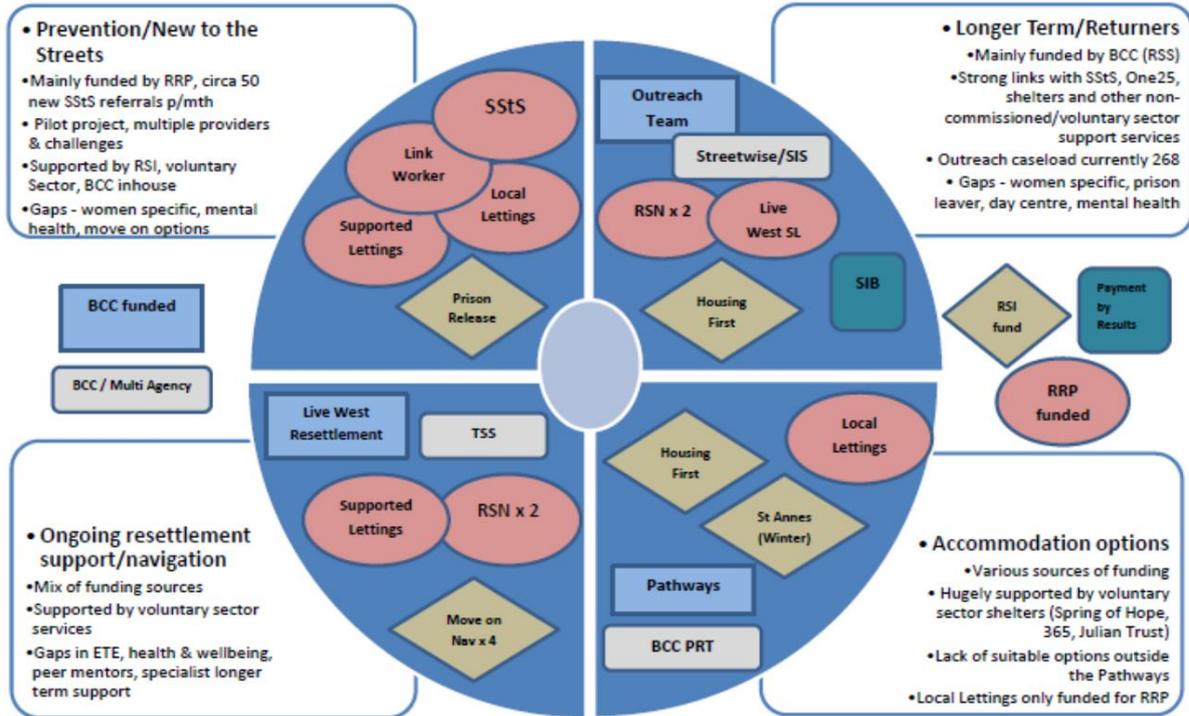
As the number of people rough sleeping in the city has increased and new funding streams from the Ministry for Housing Communities and Local Government (MHCLG) and BCC have been introduced the service has reduced ETE resources and shifted to provide more street outreach and engagement. There has been little time to procure new services – so waivers and a range of variations to existing contracts across the sector have been necessary.

### **Additional services**

- MHCLG Entrenched Rough Sleeping – Social Impact Bond 2017-21 (3.5 years)
- MCCLG Rough Sleeper Initiative Funding 2018-21 to fund the following projects in 2020-21:
  - YHA leased Hostel with support (formerly 24 hour Shelter in St Anne’s House):
  - High and low flexible floating support teams (remodelled due to COVID-19 from additional night shelter funding);
  - Mental health nurse (working with Outreach Team);
  - Two additional Outreach Workers
  - Working with prison leavers to prevent rough sleeping (two workers);
  - YMCA leased Hostel with support and Rough Sleeping Prevention Service;
  - Additional private rental team officers
  - Supported lettings team;
  - Welfare Benefits Advice worker;
  - Navigators;
  - Specialist advisors;
  - BCC coordination and monitoring

As part of this re-commissioning process we have set out a map of Bristol rough sleeping services which also includes links with the Distinct Accommodation Pathways for adults (supported housing) and other associated services not mentioned above. This is still the desired model for our system approach except we will only have annual funding from MHCLG:

## Bristol Rough Sleeping Services – Current Service Model



# Section C – A new ‘whole system’ approach

## Recommendation 1

We will commission two main services (in the light of funding restrictions, only one of these services can be tendered at this point) that work directly with two different client groups set out below.

During the consultation period, Bristol City Council’s Housing Option Service gave consideration as to whether the service or elements of the service could be run in house. Housing Options decided that the only element that needed to be undertaken by the Homelessness Prevention Team was in relation to Statutory Duties under the Homeless Reduction Act. Homelessness Prevention Team (HPT) members will be co-located within both services to ensure HRA statutory duties are effectively met. The HPT staffing required will depend on the extent of full Homelessness Assessments that are required.

The two lots will be:

### **1. A Prevention/New to the streets service.**

This service will be aimed at preventing rough sleeping or working with those people who are new to the streets. It will include the provision of a Hub/accommodation where people can stay for a short period of time until a route off the streets is found for them e.g. Reconnection, a room in a private sector property or where there are significant support needs into supported housing. Private sector properties will be sourced through a specialist post based in BCC Private Sector team.

Currently we consider that functions such as prison release work and coordination will be shared between the prevention/new to the streets service and the longer term/returners service.

We are also seeking to develop a more outward facing service – e.g. a regular engagement/presence in the prisons, queues for open access hostels, active links with hospital discharge alongside the Homelessness Prevention Team, not necessarily a 9-5 building-based assessment service that is the current model.

The current model for the service has been influenced by the impact of COVID-19 in that the use of a shelter style provision - as used in the pilot for the Somewhere Safe to Stay (SSStS) Hub is at the Compass Centre at 1 Jamaica St – is no longer suitable and the ‘Hub’ is now operating from the leased YMCA building. The Rough Sleeping Prevention Service – currently located at 1 New St, St Judes – will be the likely location. The lease for New St will be held by the provider of the Longer term/Returners service (see below). There will be a clause in the lease that allows, if requested for the St Mungo’s Recovery College to remain in the building.

Part of the requirements for providing this service is that the agreed support plan to leave the streets for clients will form the basis of the Prevention and Relief duty letters where there is a full Homelessness Assessment under the Homeless Reduction Act 2017.

Where clients come into the longer term/returner service with no or low support needs they will be able to be referred into this service where it is felt that this is more appropriate for their needs. Similarly, where clients who are new to the streets have multiple and overlapping needs they will be able to be referred into the longer/term returner service where it is felt that this is more appropriate for their needs. There may be occasions when a client does not wish to engage with the provider of this service,

in these circumstances (and where appropriate) a referral will be made to the longer term/returner's service.

Due to the short term nature of the funding (annual) we are proposing that this service is directly awarded to St Mungo's as we do not envisage any other organisation wanting to bid for this service due to the risk of taking on the TUPE obligations for a one year funded service. Please note that this will be subject to receiving funding for this service from MHCLG.

If we do receive longer term funding from MHCLG after 2021-22 we also propose to return to our initial proposal of going out to tender for this service subject to longer term funding.

## **2. A longer term/returners service**

The Longer term/returner services for those people who have spent many years rough sleeping, often moving in and out of accommodation and services or for people who return to rough sleeping after a gap of at least twelve months since they last left the streets.

The service will have the following elements:

- Outreach and engagement with rough sleepers;
- Currently envisaged that it will be operating from leased space in New St, St Judes;
- Direct access to Outreach Access beds;
- Potential for some 'day centre' provision to support and engage with those people waiting for supported accommodation;
- Coordination of the Severe Weather Emergency Protocol (SWEP);
- Coordination of bi-monthly (every two months) and annual rough sleeper counts in the city;
- The provider of this service will take a lead in ensuring that all rough sleeper services work coherently and effectively and has strategic oversight of rough sleeping within the city.

**This service is seen as our core service requirement and this would be prioritised in circumstances of reduced overall funding from MHCLG.**

In recognition that a significant number of rough sleepers are known longer term rough sleepers/returners we are proposing to set bid evaluation criteria that reward a more personalised approach. This will entail agreeing outcome measures /monitoring that reflects this more person focussed service expectation. Part of the requirements for providing this service is that the agreed support plan to leave the streets for clients will form the basis of the Prevention and Relief duty letters where there is a full Homelessness Assessment under the Homeless Reduction Act 2017.

Where clients come into the Prevention/New to the streets service with multiple and overlapping support needs they will be able to be referred into this service where it is felt that this is more appropriate for the needs. Similarly, where clients who are longer term/returners to rough sleeping have no or low support needs they will be able to be referred into the Prevention/New to the streets service where it is felt that this is more appropriate for their needs. There may be occasions when a client does not wish to engage with the provider of this service, in these circumstances (and where appropriate) a referral will be made to the Prevention/New to the streets service.

## **Client Data**

Client data for both services to record relevant details regarding the client, support plans and details of to leave the streets rough sleeping counts and outcomes will be recorded on the Bristol Housing Support Register.

### **Triage and single point of entry to services**

There will be one single point of entry for the two main rough sleeping services, even if these are being run by different organisations.

### **TUPE**

Work of a similar nature to the proposed new services is currently undertaken by another organisation on behalf of the Council. It is possible that TUPE will apply. The Council will endeavour to provide the relevant staffing information with the bid documents. However it will be for each bidder to seek independent advice and to reach its own view on the application of TUPE.

## **Recommendation 2**

### **Ongoing resettlement support/navigation**

We currently fund some flexible resettlement support within BCC that we propose to retain.

In addition, we propose to directly award to current providers of the navigation services/posts due to the short term nature of the funding (annual) as we do not envisage any other organisation wanting to bid for these posts due to the risk of taking on the TUPE obligations for a one year funded service. Please note that this will be subject to receiving funding for these posts from MHCLG.

The service will help engage with people who are rough sleeping and help to guide them through often complex and disparate services e.g. out of prison and into accommodation, from engagement on the streets and into accommodation. This service will also be involved in identifying system failures/gaps and blockages for both commissioners and strategic meeting groups to address.

If we do receive longer term funding from MHCLG after 2021-22 we also propose to return to our initial proposal from February 2020 to develop a Framework of providers who are able to provide navigation services. This will then lead to call offs for a navigation service. If we do secure longer term funding for a navigation service beyond 2021-22, we will be creating one navigation service/team which could potentially have TUPE implications.

Navigator services will focus on those who are the most vulnerable and who have overlapping needs.

This framework will also enable us to respond quickly to future funding opportunities, for example:

- (i) Services that can deliver longer term support when current programmes end e.g. Housing First & Street Impact Bristol.
- (ii) New initiatives/interventions for clients who require longer term support and facilitated access to specialist services – e.g. Any future Housing First programmes.
- (iii) Support services for longer term supported housing initiatives e.g. for those with enduring needs/end of life care.

All the services above will use personal budgets with clients to assist people to move through systems and pathways towards recovery and unlock any blockages.

## Recommendation 3

### Accommodation Options

**PRS coordination** – We recognise that there is a need for coordination in the city in relation to access the private rental sector. Coordination of this will remain with Bristol City Council.

In addition, if we do receive a longer term we propose to develop a Framework of providers who are able to provide accommodation-type services and also enable us to respond quickly to future opportunities. This could include one or more contracts for the:

- (i) Provision of overnight or 24 hour shelter provision in the city whilst people have to wait to secure accommodation to move off the streets.
- (ii) Local lettings agency that secures access to private sector accommodation options.
- (iii) Securing accommodation within the social housing and Private Rental Sector for Housing First type schemes that require longer term accommodation and a tolerant approach from the landlord.
- (iv) Longer term supported accommodation for those with enduring needs
- (v) Developing effective shared housing models in the city in social housing either with Registered Providers or within Bristol City Council housing stock.

## Draft recommendations not included in this plan/whole system improvements

### **Access to health services**

A continued focus on improving access to health services in the city – physical health, mental health and drug and alcohol services - building on the work of the Homeless Health Service and the Homeless Support Team (hospital discharge) and the ACE Team, as well as access to dental and optician services. This will be an ongoing piece of work as a result of closer working with CCG and Public Health as a result of COVID-19 and subsequent funding opportunities for substance misuse and mental health linked to the MHCLG's Next Steps Accommodation Programme (NSAP).

### **Prevention**

Seek to reduce evictions from all tenures, particularly focussing on social housing as an area that we can exert a certain amount of control over.

### **Welfare Benefit Advice**

Improve access to welfare benefit advice for people who are in rough sleeping or are in services and in recovery to reduce the impact Universal Credit and other welfare reforms for those who are homeless or at risk of homelessness.

## Section D – Recommissioning Intentions

### What we are proposing to buy

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

- A prevention/new to the streets service for people likely to end of sleeping rough or preventing a second night on the streets.
- A longer term/returner service for people sleeping rough (with outcome measures recognising a more person-centred approach).
- A Framework for resettlement, longer term support and navigation.
- A Framework to provide and source suitable accommodation such as night shelters, PRS, shared and longer term accommodation.

### Process for recommissioning

Service	Process	Timescale
<b>Prevention/new to the streets service</b>	<p>We are proposing that this will be a direct award to St Mungo's from 1st April 2021 to 31<sup>st</sup> March 2022 (subject to funding from MHCLG) under PCR Regulation 32 extreme urgency.</p> <p>The current service of the YMCA leased hostel (to March 21)/other accommodation with support and the Rough Sleeping Prevention Service will be provided by St Mungo's until the current contract variation comes to an end on 31<sup>st</sup> March 2021.</p> <p>If we do receive longer term funding from MHCLG after 2021-22 we also propose to return to our initial proposal of going out to tender for this service subject to longer term funding.</p>	<p>Direct award under the PCR Regulation32 - Extreme Urgency. 1<sup>st</sup> April 2021.</p> <p>If longer term funding made available after 2021-22 consider going out to tender.</p>
<b>A longer term/returner service for people sleeping rough.</b> Baseline contract if funding reduces	<p>This lot will be through a competitive tender. Despite finding ourselves in a third period of Lockdown potentially until the 31<sup>st</sup> March from a procurement perspective we have been informed that there is no other option than going out to tender on the 1<sup>st</sup> April 2021 for the main Longer term/returner services.</p> <p>The current Rough Sleeper Service will be provided by St Mungo's at 1 New St until the current contract comes to an</p>	<p>Competitive process – April 2021</p> <p>New service in place – 1<sup>st</sup> October 2021</p>

	<p>end on 30<sup>th</sup> September 2021.</p> <p>Contracts are proposed to be for three years, with options to extend for two further periods of two years subject to funding.</p>	
<b>Resettlement, longer term support and navigation</b>	<p>Current services extended to 31<sup>st</sup> March 2022.</p> <p>If longer term funding available from MHCLG after 2021-22 then propose to put in place a Framework of providers with competitive call-offs for the following services (and any similar types of services that may be needed):</p> <ul style="list-style-type: none"> <li>• Navigation</li> <li>• Longer term support</li> </ul> <p>The Framework will be in place for five years with the option to extend for up to a further two periods of one year each. Contract lengths will be determined by the length of the funding available</p>	<p>Current services extended/varied to 31<sup>st</sup> March 2022</p> <p>Framework established and call-offs – Autumn 2021 (at the earliest) New service in place at the earliest – 1<sup>st</sup> April 2022</p>
<b>Accommodation Framework</b>	<p>This will be a Framework of providers with competitive call-offs for the following services (and any similar types of services that may be needed):</p> <ul style="list-style-type: none"> <li>• Shelter provision – subject to reduced risk of COVID-19 transmission;</li> <li>• Local lettings agency -if decided not to use BCC PRT team;</li> <li>• Longer term accommodation.</li> </ul> <p>The Framework will be in place for five years with the option to extend for up to a further two periods of one year each. Contract lengths will be determined by the length of the funding available.</p>	<p>Current services likely to be extended/varied to 31<sup>st</sup> March 2022</p> <p>Framework established and call-offs – Autumn 2021 (at the earliest)</p> <p>New service in place – 1<sup>st</sup> April 2022 (at the earliest)</p>

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

# Section E – Appendices

**Appendix 1 – October Staff and Service  
User feedback Analysis**

**Appendix 2 – RSS Consultation –  
Stakeholder Consultation Feedback**

**Appendix 3 – You said, we did.**