

Reducing Rough Sleeping Commissioning Plan – You said, we did

We Asked	You Said	We Did/In progress
Recommendation 1 – Two Main Contracts		
<p>We proposed that we will have two main rough sleeping contracts; one for prevention and those who are new to rough sleeping and one for those who have been rough sleeping longer term and/or have returned to rough sleeping.</p> <p>Due to changes in our financial position we are only able to fund one service with internal funding. This will be the Core service, for those who have been rough sleeping longer term and/or have returned to rough sleeping.</p>	<p>You support us having two separate contracts, managed by two separate providers.</p> <p>Overall numbers completing online survey back two separate contracts, two providers - over 60%</p> <p>76% of clients who feedback into the consultation also support this.</p> <p>Feedback IF member 18-1-21: Agreed principle (separate prevention and longer term/returners services) and thought that this specialisation makes good sense, that the focus on prevention was especially important, that splitting the services meant smaller teams making staff more accountable</p>	<p>The proposals in the draft commissioning plan published in February 2020 have needed to change due to the delay in tendering and a change in financial circumstances. The prevention service is funded on an annual basis by MHCLG for 2021/22 so we will not be able to fund two longer-term contracts and therefore are not in a position to insist on different providers.</p>
Linked issue/s arising in consultation		

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Single Point of Entry	You feel we need to make it completely clear how a person first accesses our services and that we should have one single point of entry for the two main rough sleeping services, even if these are being run by different organisations.	We have already started exploring this with providers and stakeholders. We held related table discussions on this subject at the final consultation event and have further meetings booked in with existing providers and other relevant stakeholders. More work is needed to finalise the arrangements on this and will be agreed with providers in the Implementation period.
Clear definitions of services and remits/responsibilities	You said that we need clear definitions of each service criteria or remit to stop people falling through the gaps	<p>More work is needed to finalise the arrangements. We are currently engaging with existing providers around this.</p> <p>Clear definitions of each service's remits, responsibilities, entry criteria and referral/entry processes will be set out in the new service specifications.</p>
	You said that the two organisations delivering the main services would need to have one shared database.	<p>Bristol City Council's Housing Support Register will be used for this purpose and is currently in use for the two current services.</p> <p>It will be a condition of new contracts that the</p>

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		new services use the HSR as a central database for client information and risk recording and sharing.
	You said that we need to make organisations more accountable for working together	See comments on this in “Working Better Together” section.
Recommendation 2- Developing our Navigator Service		
<p>We asked you if you felt our Navigator should be one team, managed by one lead organisation or whether we should commission individual roles in different organisations.</p> <p>We apologise that this question was a little misleading with the options given, as we alluded to the idea that Bristol City Council was considering managing the Navigator team in house. This was a mistake, this is not our intention.</p>	<p>You said we should have one team of Navigators managed by an external organisation.</p> <p>Clients fed back that they felt the navigator service should be a single team, managed by an external organisation, furthermore that the Navigator team should sit in one of the main contracts*. There was equal support from clients for there to be specialist Navigators employed in different organisations and led by one provider. It was clear that clients do not want Bristol City Council to run the Navigator service.</p> <p><i>*A mistake was discovered after printing and distribution in the Easy Read booklet, which</i></p>	<p>This is a later phase of our recommissioning. As such, we will be developing the Navigator service over the course of 2021-2 with a view to it becoming a single team managed by one external organisation should we receive Rough Sleeping Initiative funding from MHCLG longer than one year. Existing Navigator teams and clients of existing navigator services will be fully involved in this process.</p> <p>From April 2020 we increased the number of Rough Sleeping Navigator roles we commission (funded through increased MHCLG funding awarded to Bristol). Although these Navigators are each employed by different organisations via this funding, we are working with Navigators and providers to ensure they operate in a team</p>

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	<p><i>most clients used to submit feedback. The tick box option for Navigators employed by different providers and managed by one organisation implied that organisation would be one of the main contract holders. This is not our suggestion, though it is interesting to learn that this is supported by many of our service users. This feedback will be taken on board as we seek to further develop the Navigator service.</i></p>	<p>like and collaborative way over the coming year (with a Coordinator in place – subject to funding), in the likelihood that they will become one team in the future (subject to ongoing MHCLG funding).</p>
<p>We asked you how much ownership the Navigator should have over the client case and decision making for the client.</p>	<p>There was equal support from you for Navigators to either fully own the client case and decision making, or for there to be joint ownership and multi-agency decision making.</p> <p>Clients fed back a preference for the navigator having sole ownership, though there was limited further feedback given on why this was the preferred option.</p> <p>In a workshop attended by representatives of our existing Navigator services, feedback was heavily weighted on joint ownership and decision making. The two main reasons for this were that 1) it could place too much responsibility on the Navigator and that 2) it could impact effective multi-agency</p>	<p>We will be holding further workshops, which will include current Navigators and navigator style services, other relevant stakeholders and clients of navigator services/lived experience, focussing on the development of the Navigator service. Case ownership and decision making will be included on the agenda.</p> <p>We will use best practice from Golden Key to help inform our decision making and incorporate any relevant ideas from the Making Every Adult Matter ‘Team around me’ approach.</p>

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<p>We asked you where you feel we should focus resource as we increase resources in our Navigator services.</p> <p>We accept and apologise if it was unclear if this recommendation, and the questions relating to it, referred to Navigators or floating/resettlement support.</p> <p>When we use the word “Navigator” in the document we are referring to our Rough Sleeping Navigator and related roles, not resettlement and floating services.</p>	<p>partnerships and relationships.</p> <p>You said that you felt we should fairly evenly split Navigator resource across all client groups.</p> <p>However, detailed comments submitted conveyed a need to focus on those who are most vulnerable and who have multiple overlapping needs, not just whether they are new to the streets or people who have been rough sleeping longer term.</p> <p>Client feedback indicated that they feel Navigators need to help everyone.</p>	<p>There are resource implications of providing Navigator resource to all client groups. Bristol City Council and existing Navigator services agree that current resource needs to focus on those who are the most vulnerable and who have multiple overlapping needs.</p> <p>From April 2020 we increased the number of Rough Sleeping Navigators (funded through increased MHCLG funding). This allows for a greater number of clients to benefit from a Navigator and also mean that we can add additional referral routes into a Navigator.</p> <p>The enhanced Supported Lettings Team (also funded through increased MHCLG funding) will provide additional support to those with lower support needs moving into the PRS.</p> <p>Through the recommissioning the intention is to combine Navigator resources into a single team (subject to ongoing MHCLG funding).</p>
<p>We asked which support services you feel are most important to imbed and or commission</p>	<p>You said that to provide a truly person centred service we need to ensure that people have</p>	<p>As a later phase of the recommissioning, (subject to funding from MHCLG), we will be</p>

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<p>within our rough sleeping services.</p>	<p>access any or all of the suggested services, dependent on their individual needs.</p> <p>Top 3 from survey:</p> <ol style="list-style-type: none"> 1. Resettlement & Tenancy sustainment 2. Welfare Benefits 3. Mental health & wellbeing <p><i>Client voice echoed this, and also highlighted 4. physical health</i></p>	<p>developing a Framework of support service providers and will ensure that this Framework includes providers offering a range of services. Once in place this Framework will enable us to directly and quickly commission specific support services to sit alongside our main rough sleeping services as and when appropriate funding opportunities arise.</p> <p>We will also imbed terms relating to this in the service specifications for two main new contracts, ensuring they have clear routes and mechanisms for clients to link into appropriate support services as part of a holistic and person centred service. We will ensure it also forms part of ongoing contract management and review.</p>
<p>18-01-21 Discussed principle of having navigators with IF representative</p>	<p>Felt that Navigators are a nice idea but said that having any pathways at all can be overcomplicated. Questioned the need to have navigators and whether it would be better just make the system less complicated i.e. so that it isn't so difficult to navigate. Thought that if we are providing appropriate accommodation, that should be enough and questioned what it is that means people need to navigate between offers. Suggested that they don't have navigators for MH, they just put people into the</p>	<p>Unfortunately, clients and Stakeholders have feedback that navigating the homelessness system and access services is difficult and the system is too complex. We will work towards making the system less complicated but this is some way off. In a recent Mental Health consultation, having navigators in the system has been widely supported in consultations. Agreed that navigators are better suited to people with Complex needs and that this will be the targeted client group.</p>

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	<p>right service at the front end. Also suggested that navigators might be best suited to those people where they have more complex needs and a final option is not immediately available, but everyone else should be moved to their final accommodation option as fast as possible.</p>	
<p>Linked issue arising in consultation</p>		
<p>Ongoing resettlement support and floating support</p>	<p>Feedback conveyed that this needs to be person centred and tailored to the needs of the individual, is able to flex on the length of time and level of support provided, and has a clear and easy access open door policy.</p> <p>This arose in the pre-consultation feedback from clients and was endorsed by client representation, providers and stakeholders in the final consultation event</p>	<p>Through the recent increased rough sleeping services MHCLG funding awarded to Bristol, we are increasing staff resource and specialist skills (substance misuse team and mental health support) in our existing Supported Lettings Resettlement team (funded by MHCLG). This will allow for a more tailored service, and for the team to work more effectively with clients with support needs around substance misuse and/or mental health.</p> <p>The service is operating a service that is flexible the needs of the individual and has a flexible approach to people re-accessing the service if they need to.</p>
	<p>In the Navigator workshop that we held, queries and concerns were raised over differing</p>	<p>There was general agreement from all stakeholders, including Bristol City Council, that</p>

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	<p>caseload sizes in different services. We need to decide what is an acceptable caseload and balance this with:</p> <ul style="list-style-type: none"> - quality of service delivery - impact and outcomes - client focus - value of contract delivery versus funding award 	<p>lower caseloads results in higher quality outcomes and higher levels of client engagement and sustainability of outcomes. Navigator services are currently working with caseloads of up to 12 people. Caseload levels are discussed regularly in the Navigator meetings.</p>
<p>Recommendation 3 – Increasing housing and accommodation Supply</p>		
<p>We asked you whether we should commission just one provider to be responsible for increasing the supply and range of housing and accommodation options for those using our rough sleeping services, or to use a range of providers.</p> <p>We also asked if we should deliver our housing services completely in-house, completely externally, or a take a mixed approach (the current approach).</p> <p>We apologise that the some of the questions in this section in the consultation implied that we would potentially bring sourcing of</p>	<p>You said that sourcing of housing and accommodation should be a collaborative approach and involve a number of providers.</p> <p>You said that this should be made up of a mixture of BCC in house teams and external providers collaborating. This was supported through survey responses and feedback collated from service users.</p> <p>You support the recommendation that we develop a framework of different providers to deliver the city’s accommodation needs to prevent and relieve rough sleeping.</p>	<p>Subject to longer term funding from MHCLG we will be setting up a Housing and Accommodation supply Framework which will consist of different external providers. As this a later phase of the recommissioning we are aiming for this framework to be in place between January-April 2022 (subject to longer term funding). Once in place this Framework will enable us to directly and quickly commission the right providers to deliver housing related services.</p> <p>We will ensure that any accommodation</p>

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<p>accommodation and housing options completely in house. This was a mistake and is not our position or intention.</p>	<p>Feedback from IF representative 18-01-21 Felt that shared communal areas are good, especially in lockdown. Appreciated the benefits of shared living but also understands anxieties around this from homeless people</p>	<p>services provided by the city council will dovetail with this framework.</p> <p>We are looking at shared accommodation options as this is often a more affordable option for people and can prevent isolation.</p>
<p>Linked Issues arising from the consultation</p>		
<p>We asked you for your thoughts and ideas on how we can increase our range and supply of accommodation for those who are rough sleeping or at risk of rough sleeping.</p>	<p>You fed back a wide range of ideas for us to explore, particularly concentrating on bringing empty properties and buildings back into use.</p>	<p>We have recently recruited to a new post in the commissioning team that will focus on increasing accommodation and move on options. This post holder is exploring the ideas that have come back through the consultation in further details, as well as putting a renewed focus on bringing empty homes and buildings back into use. This will not only look at council owned property and buildings, but will also expand to empty shops and private and commercially owned buildings in the city. The post holder has been instrumental in sourcing accommodation to house people during the COVID19 Pandemic and is implementing a Move on Project Strategy to increase move-on</p>

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		accommodation in the city.
Working Better Together		
<p>We asked you for your thoughts and ideas on how we can ensure the proposed services, with different lead providers will work together effectively always keeping the needs and wants of the client at the centre.</p>	<p>You said that system change is needed, to move away from specifying KPIs that can compete against each other and towards a more person centred approach to monitoring</p> <p>You suggested we could employ a partnerships coordinator to be able to focus on organisations working better together (linked to better communication of what is being done).</p>	<p>We explored this with providers and stakeholders at the final consultation event. More work is needed to finalise the arrangements. We are currently engaging with existing providers and this will be set out in the new service specifications.</p> <p>We have additional funding from the MHCLG for 20/21 to employ additional resource in the commissioning team for overseeing the coordination of all services that are supporting people that are rough sleeping in the city. Further development of effective and multi-agency working and interagency communication will sit within the remit of this role.</p> <p>The Chaplin to the Bishop of Bristol is also currently leading on a piece of work to improve collaboration between services that are</p>

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	<p>You suggested that we should impose contractual obligations around providers working together and get them to evidence it through monitoring.</p>	<p>supporting people that are rough sleeping in the city. This has been put on hold during the Pandemic but there is still an aim to progress this piece of work.</p> <p>We will be engaging with other local authorities to learn how they approach this. We will be exploring this further with our existing providers and clients.</p>
<p>Peer Support</p>		
<p>We asked you for your thoughts and ideas on how we can increase the number of peers in our services and opportunities for those wanting to become a peer.</p>	<p>You feedback a wide range of thoughts and ideas with four leading suggestions as below.</p> <ol style="list-style-type: none"> 1. Investing in leadership and coordination (either a co-located team or one organisation). 2. Make it a contractual commitment to have at least one staff member with lived experience. 3. Pay peers rather than only/mostly offered volunteering. 4. Develop a recognised qualification. 	<p>This is a longer term piece of work however, we will make this a key priority area of work within the contracts and commissioning team work plan. There is a clear need to identify resources to enable better peer support coordination.</p> <p>In response to point 2, we will also explore options around possible contract terms. There needs to be recognition that it is not always feasible for all team to have lived experience within the immediate team.</p> <p>We work with IF group members who have experience of using services to advise on service provision and are paid for this role.</p>

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		<p>With reference to points 4, we don't feel that the development of a recognised qualification is in the scope of this Commissioning Plan.</p>
<p>Person centred approach</p>		
<p>We want to ensure that this commissioning process has an inherent focus on the needs of the individual.</p>	<p>Providers said that they want this to be more client led (or a separate client plan or outcome star) and also to concentrate on distance travelled on wellbeing rather than measured through KPIs.</p>	<p>We recognise that the improved wellbeing is an integral element of recovery from trauma. Further work needs to be undertaken on this in relation to try to develop a tool that can move with the individual client through different services.</p>
<p>Trauma informed approach</p>		
<p>We want to ensure that this commissioning process embeds a Trauma Informed Care (TIC) approach within services.</p>	<p>Providers gave feedback for a need for a consistent framework across providers, linked to Psychologically Informed Approach (PIE) structures</p>	<p>Trauma Informed Care (TIC) needs to sit alongside a Psychologically Informed Approach (PIE). We recognise that organisations will have different policy and practices in relation to this so a basic framework for both needs to be developed within Commissioned services.</p>
<p>General Comments</p>		

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	<p>Providers said that Short term government funding (currently awarded annually) impacts on effectiveness of service and staff retention.</p>	<p>This is largely out of our control. We have feedback to the government on the need for longer term funding and it is hoped that a three year spending review will be linked to funding from 2022-23. We had sought to maximise contract lengths for the two main services by underwriting through reserves, with review clauses if there are changes to MHCLG funding (2.5 years, with options to extend annually for a further three years subject to MHCLG funding). However, following the COVID19 Pandemic the financial situation has changed at the city council and all the reserves are now spent so we are only able to commission the Longer term/returner service as this is from an internal budget.</p>
	<p>Clients gave additional feedback that providers should not be profit making.</p>	<p>We will ensure through any commissioning processes that we will only allow reasonable and proportionate on-costs for providers through emphasis on assessing bids on cost as well as quality.</p>