



Consultation Draft

Homelessness Prevention High Support Services

Date: October 2011

Claire Welch, Senior Commissioning Projects Officer
Tom Rhodes, Homelessness Policy Officer
Carmel Brogan, Commissioning and Performance Manager

Contents

		Page No:
1	Background	3
2	Methodology	7
3	Summary of Results	11
3.1	General Needs (Generic Services)	15
3.2	Drugs & Alcohol Needs	19
3.3	Women's Needs	23
3.4	Offender's Needs	26
3.5	Mental Health	30
3.6	Young People	33
3.7	Rough Sleepers Initiative (RSI) Accommodation	37
3.8	Feedback from the Workshop	39
3.9	Front Line Staff Feedback	41
4	Draft Commissioning Plan	43
4.1	The Purchasing Plan	43
5	Recommendations	48
5.1	Commissioning Recommendations...	48
5.1.1	...to be adopted throughout the high support process	48
5.1.2	...for General/Generic Services	50
5.1.3	...for Women's Services	51
5.1.4	...for Offender's Services	52
5.1.5	...for Mental Health/Complex Needs Services	53
5.1.6	...for Young People's Services	55
5.1.7	...for RSI Services	57
5.2	Recommendations for System/Process Change	59
6	References	62
Appendix 1	Accommodation Services included within HSR	63
Appendix 2	Commissioning Project Timetable	64
Appendix 3	List of available supporting documents	65

1. Background

Preventing Homelessness Strategy

The Preventing Homelessness Review (2007) and Strategy (2008) detailed how Bristol City Council (BCC) intended to re-focus homelessness systems in the city over 2008-2013. The review findings were set out under five priority headings:

- Homelessness Prevention
- Early Interventions
- Multi-Disciplinary Approaches
- Individual Solutions
- Value for Money

To meet these five priorities and provide a framework to drive forward the prevention (of homelessness) agenda, the main strategic outputs were identified as:

- Create a Future Commissioning Model
- Implement New Case Management Systems
- Create Sustainable Housing Routes
- Increasing Access to Information and Support
- Focus on Equalities
- Focus on Other Emerging Priorities

Key themes that emerged from the original review focused on the following:

- the need for a co-ordinated, multi-agency approach
- earlier interventions
- preventative and flexible solutions
- a focused solution tailored around the individual

Although work to date has been key in meeting government targets and measures it is clear that the key themes that were identified above still need to be addressed.

Enabling Commissioning Framework

The current preventing homelessness services funded originally through the Supporting People (SP) budget have been in place for some time. It was therefore necessary to carry out a full review and recommissioning process in line with the City Council's Enabling Commissioning Framework.

"This Commissioning Framework links the commissioning and procurement cycles, and is relevant across public service delivery such as health, education, social care and housing. It is based upon four key performance management elements - analyse, plan, do and review - and assumes that all of the four elements are sequential, cyclical and of equal importance."

'Analyse' - understanding the priorities, values and purpose, the needs they must address, and the environment in which they operate.

'Plan' - identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed within available resources.

'Do' - ensuring that the services needed are delivered as planned, to efficiently and effectively deliver the priorities, values and purpose set out in the commissioning strategy.

'Review' - reviewing the delivery of services and assessing the extent to which they have achieved the purpose intended.

Preventing Homelessness Commissioning

The Preventing Homelessness Board, one of four commissioning groups reporting to the Strategic Management Board, has responsibility for Preventing Homelessness Grant funded services and relevant services previously funded through the Supporting People (SP) programme. These include short-term accommodation-based services and floating support services allocated through the Housing Support Register. These are mainly 'inherited' services (not originally directly funded or commissioned by the city council) from before the SP programme began. The overall value of contracts covered by the Preventing Homelessness Board is £10.7 million for 2011/12.

For the purpose of the review and commissioning process, current services are split into two distinct groups: high support and lower level support / floating support.

The initial contracts included in the current high support review are set out in Appendix 1. A number of schemes were subsequently excluded from the review due to the configuration of the accommodation itself not matching the needs for high support services. The total contract value of the 19 support contracts remaining within the scope of this review is £5.26 million in 2011/12. The need to make savings is one of the key factors influencing the recommendations in this paper - new services will be commissioned within a funding envelope of £4.05 million.

Objectives from Project Initiation Document (PID)

Background and key factors influencing this review:

- The desire to move towards an outcome focused commissioning approach and to develop contract management systems that measure value for money and enable continuous improvement.
- The need to provide fairness and transparency in development of commissioning plans /processes and meet any legal/ EU requirements.
- The need to achieve value for money and make savings.
- A commitment to effective partnership working with providers to ensure that homeless prevention initiatives are well targeted, wide ranging and comprehensive with a focus on early intervention.
- The desire to provide more flexibility and choice for service users and to recognise and protect effective diversity of provision.
- A commitment to ensuring service user involvement in the review process.

The High Support Review originally included 521 bed spaces. All of the services that were included within this review receive funding through the former Supporting People (SP) programme. The majority (just under 300) are level one services on the Housing Support Register (HSR), but also included are some services currently classified as level two (move-on/medium support). These have been included in the review if they provide:

- Hostel-type accommodation; or
- Have “high” costs i.e. over five support hours (gross) per service user per week.

A certain proportion of the accommodation originally included in the review did not meet our criteria for the standard of accommodation required to enable the effective provision of a high support service. The landlords of these services have been informed, and these properties are now being considered alongside other lower level support accommodation and floating support services. This reduces the overall number of high support bed spaces considered within this review to 436.

Currently these bed spaces are focused around the following client areas:

	Total No of Beds	Percentage
Mental Health	85	20
General	204	47
Young People	76	17
Women Only	42	10
Offenders	10	2
RSI	19	4
TOTAL	436	100

Current Service Specifications and Key Performance Indicators

The services included in this review are all short-term accommodation-based services with referrals allocated through the Housing Support Register (HSR). Service contract details and outcome measures across the SP programme are fairly generic and performance measurements are linked into the national performance measurement/monitoring system set up by the Department of Communities & Local Government (DCLG). The services within this review all report under the Key Performance Indicator NI141.

NI141 (KPI2) – aims to measure the extent to which short term housing related support helps people to move on in a planned way to more independent living. Bristol’s target 09/10 = 74%

The definitions of planned and unplanned move-ons were set across the full range of SP funded services. Currently there are no performance targets or outcome measures focused specifically on Preventing Homelessness high support provision or addressing particular client groups/primary needs. In addition, there is no longer a national requirement to continue to report NI141. This presents an opportunity to agree revised performance measures/indicators that more accurately achieve and measure effective outcomes.

The Housing Support Register (HSR)

The HSR is the single point of access to a range of short term services including accommodation based homelessness and drugs and alcohol services, and housing related floating support. These providers are contracted to take all of their clients from the HSR.

Referrals are made to the HSR by strategic and provider agencies that assess clients for eligibility and suitability to these services and also prioritise them according to their individual circumstances. Each service on the HSR has its own waiting list which is ordered by priority status and date of application. Providers are expected to allocate their vacancies on the basis of the client's priority on the waiting list. In the case of emergency services, the BCC Single Point of Access Team (SPA) has responsibility for managing the waiting lists and will make nominations to the providers from these lists.

2 Methodology

The main objectives of this review were as follows:

- To find out if the current services are aligned with meeting people's needs.
- To ensure that services are commissioned through a fair and transparent process.
- To ensure that the services commissioned through Bristol City Council are fit for purpose and value for money.

It was also important to be mindful around keeping the review in proportion to the level of funding for these services and the level of resources that were available to carry out the review.

To ensure that a full overview of client needs were captured and to get a thorough understanding of what service provision should look like in the future a variety of methods were used in this review.

Housing Support Register Data

Data and reports from the HSR were used, in particular:

- Flow/Turnover of clients;
- Movement of clients through the system;
- Referrals by Primary /secondary need;
- Use of specific need accommodation i.e., mental health, women's and young people etc.;
- Planned & unplanned move on.

Comparison with other areas

Some benchmarking was carried out against the core cities.

The intention was to collect the following information:

- Population of the City
- Overall Homeless Population
- Number of high support beds/places
- Structure of the service (i.e. High Support Accommodation floating support etc)
- Spend, on high level services & preventing homelessness
- Whether they had carried out a review or any recommissioning exercises recently?
- If they have a Single Point of Access
- Do they feel the services/structure works well?

Outcomes Workshop

An initial outcomes workshop was organised in May 2010. This involved some training in Outcome Thinking from the The Centre for Public Innovation.

Provider Consultation

One of the first aspects of the analysis stage of the review to take place was an initial questionnaire for service providers, which was designed to look at the following areas:

- Their organisation's vision for the future
- The potential impact on their business of a move to commissioned services
- How Bristol City Council (BCC) could best support their organisation / sector to maximise its potential to promote and deliver cost effective services within a commissioning environment?

Service User Consultation

We wanted to consult with service users for several reasons:

- To ascertain their views on the quality of the accommodation and support that they are receiving.
- To find out from them what they perceived their needs to be when they moved in.
- To find out if they feel safe within the services.
- To see what they think is good/not so good about the services.
- To get their views on what could be improved.

We explored several methods to consult with service users but settled on using a structured questionnaire approach. We designed the questions for this in consultation with service users, service providers and having sought guidance from the equalities team at Bristol City Council. Rather than sending these out by post we felt that the response rate we be far better if the questionnaires were carried out in facilitated sessions. We decided against asking key workers to do this with their clients because we didn't want any bias answers and we wanted the service users to feel confident that they could say whatever they liked. It was agreed that it would be most appropriate to go out to each individual accommodation site and run a "drop in" session so that residents could come and complete the questionnaires; this also meant that if people had any trouble with literacy or understanding the questions then there was always someone there to assist them.

Front-Line Staff Feedback

As front-line staff are the people working with service users on a day to day basis we felt it was vitally important to get their opinions on whether they feel that the high support services are meeting SU needs.

We designed a questionnaire for front line staff and it was agreed at management level with each provider.

To make the questionnaire as easily accessible as possible we made them available as an online survey and the web-link and information about our review were sent out to all relevant staff.

Mental Health Referrers

There were several reasons we wanted to engage with people referring mental health clients into the high support housing units. Firstly, we wanted to gauge opinion as to whether the services currently commissioned are working well for Mental Health clients and what gaps there are in provision. We also wanted to check their understanding of where and how the referral system works.

We met with the Community Mental Health Team Managers and got their views on how best to engage with workers. It was agreed that we would produce a paper based questionnaire for circulation to the teams.

Probation Offender Managers

We were keen to consult with the Probation service as we had heard from several sources that this was an area of the system that was not working as smoothly as others and there were frequently people being referred outside of the HSR supported accommodation provision.

Children and Young People's Services (CYPS) Work

A joint commissioning group was set up with CYPS to focus on the needs of young people.

Drug & Alcohol Focus Group

It was agreed to look at drugs & alcohol as a separate issue because, although there were no specific services contained within this review, it featured highly in people's identified needs.

As there seemed to be a high proportion of drug/alcohol use within the high support accommodation it was agreed that it would be useful to look at the needs of this client group in relation to our review. A focus group was held with key stakeholders from the drug & alcohol treatment services, service users and commissioners.

Workshop / Focus Group

The workshop was designed to bring together key stakeholders, to look at some of the information that had been gathered already and to look at what gaps in provision there are currently.

The event was split into 3 focus groups;

Focus Group 1 – looked at case studies.

Focus Group 2 – The groups looked at individual client groups (women, young people, mental health, drugs & alcohol and offenders). The groups were asked to identify the specific needs of the particular client group, look at what is good/bad about living in generic high support accommodation for this group and what could be done to improve support for the client group.

Focus Group 3 – In the first part of this session the groups were asked to think about how the council could make the required 20% savings across the high support services. The second element for this group was to look at a couple of the future options that had arisen through the analysis work; more generic services and an assessment centre.

3 Summary of Results

This section looks at HSR data, benchmarking data, outcomes work and provider training/support needs identified in the initial questionnaires. The majority of the information arising from the review process is collated and reported under primary needs/client groups with key points summarised at the beginning of each section.

The review also looks at overlaps/gaps in services, the range of provision currently used by each client group and the issues around effectiveness of specialist (rather than generic) provision.

Housing Support Register data

Data from the HSR indicates that existing needs for high support/hostel services is around 1300 placements per year.

- Existing level of high support and hostel provision: 436 bedspaces
- Number of placements last year: 1295 placements

The table below shows the number of people resident in High Support services between the dated 1/4/2010 and 31/3/2011. This gives a measure of hostel 'usage'.

Service	Beds	Actual Usage (days)	Actual placements in year	Average stay (days)	Void fills (days)
1 Hillside Street	6	1729	10	173	1.8
Egerton Road	12	3989	17	235	1.5
Molitor House	9	3031	26	117	2.0
The Vale Move-On	6	1997	1	172	2.0
Toll House Court	20	6678	36	186	12.6
Kensington House	10	2979	19	157	12.2
27a Stonebridge Park	22	7321	73	100	5.4
MENTAL HEALTH	85	27724	182		
Jamaica Street	56	17740	160	111	2.7
Logos House	69	21943	311	71	1.7
Redwood House	38	13385	167	80	1.7
Shaftesbury House	15	2614	16	163	7.4
Longhills	26	8110	68	119	7.9
GENERIC HOSTEL	204	63792	722		
Bristol Foyer	51	16779	77	197	14.6
St George	25	8426	108	78	3.9
YOUNG PEOPLE	76	25205	185		
Dean Crescent	21	6470	78	84	7.1
Spring House	16	5652	62	91	6.2
The Well	5	1642	20	82	9.2
WOMEN ONLY	42	13764	160		

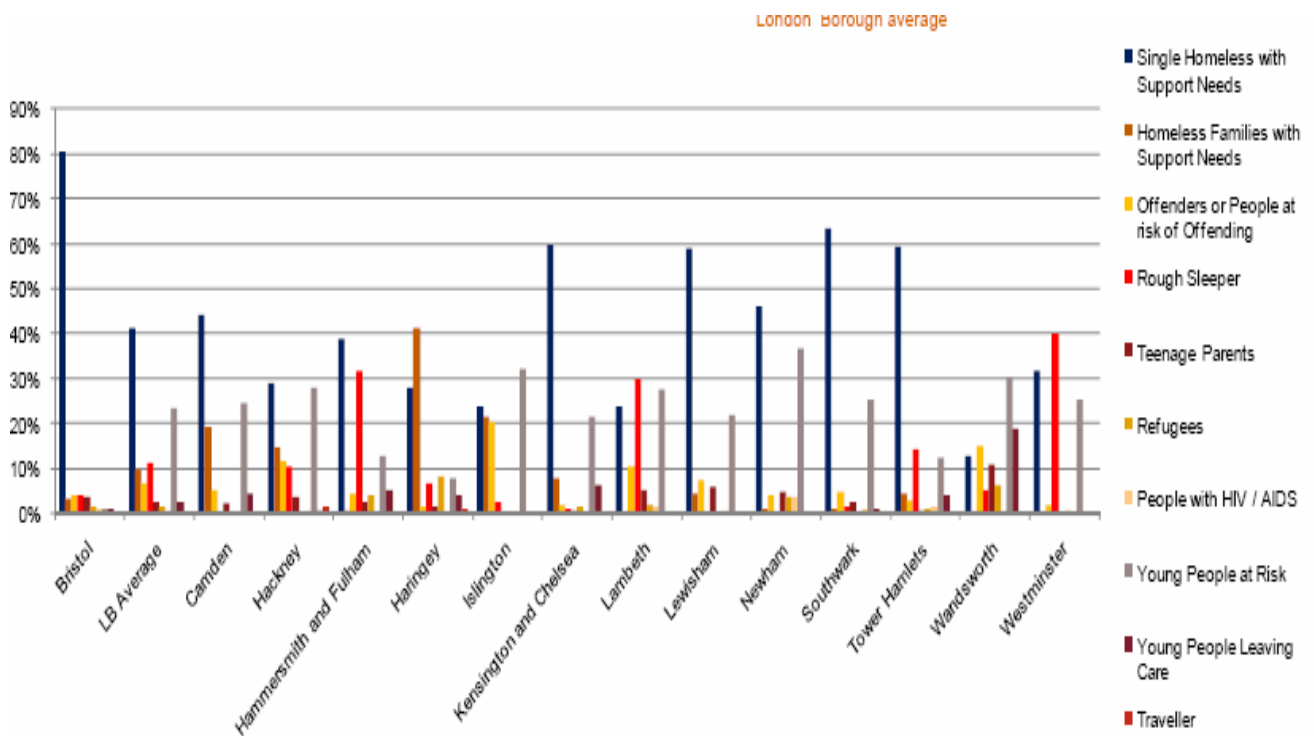
Lazarus House	10	3052	36	85	9.1
OFFENDER SERVICES	10	3052	36		
2nd Step RSI	19	6724	10	198	62.1
ROUGH SLEEPERS INITIATIVE	19	6724	10	198	62.1
TOTALS	436	140261	1295		

Comparison with other areas

7 core cities (Birmingham, Sheffield, Leeds, Liverpool, Manchester, Newcastle upon Tyne and Nottingham) were contacted to see if they could provide any information that could be used to benchmark against for the purposes of this review. Unfortunately it proved impossible to get any accurate data from any of the areas. This is partly because all of the cities that we contacted record their data and divide their services differently. Other areas were also reluctant to disclose any information about their Supporting People budget spends so this made it extremely difficult to look at.

As it was important for the review to look at benchmarking against core cities the most relevant source of information that was available was the recent report produced from the Price Waterhouse Cooper's Supporting People High Level Commissioning Strategy.

The table used by PWC seems to suggest that Bristol has the highest spend on Single-Homeless with Support Needs, however it is important to note that Bristol currently include the majority services meeting the needs of offenders, single people with mental health needs, rough sleepers and particularly single young people within the overall single homelessness badge. If the figures for young people at risk and single homelessness spend are combined then Bristol is at the same level as Kensington & Chelsea, Lewisham, Newham and Southwark.



Outcomes Workshop

The work carried out at the outcome workshop included identifying the clients that use homelessness services and producing some relevant outcomes for each group. Similar work was carried out at the High Support Workshop through the use of case studies. Identifying the right outcomes for commissioned services will form a large part of the consultation period.

Provider Consultation

Much of the information provided by providers has been fed into the analysis below on individual client areas. Information supplied about outcomes will go forward to help inform the local outcome planning following this review.

Providers also supplied a lot of information about their current working practice, examples of good practice and also identified the following support needs:

Consortia / Partnerships

“Support for setting up consortium bids”

Clear Commissioning Plan and Timescales

“Allowing realistic timescales to respond to tenders in an innovative and realistic manner especially when consortia arrangements are being considered”

“Outlining Bristol’s priorities”

“Outlining % of cuts”

Processes

“Training to give clear insight & understanding of required processes”

“Improved Communication”

“Develop a joint commissioning relationship”

Visits / Best Practice Sharing

“By visiting to see how best we might provide services to our sector”

“Publication of local / regional benchmarking information about costs/hours/etc. with specific services anonymised”.

Alternative Business Proposals

“Training for providers on working up alternative business proposals should SP funding be significantly reduced”

Demonstrating Preventative Value

“Training to help demonstrate a services impact on further BCC departments regarding, for example, drug misuse, health, offending etc”.

Service User Consultation

Of the 169 surveys that were returned, a generally positive picture of current provision emerged, both in terms of the quality of accommodation and support on offer. Service users also reported that they have a range of needs, with many people reporting that they were experiencing needs in several different areas at the time they moved in.

3.1 General Needs (Generic Services)

Key Points to take forward

The following table sets out the key points that arose from the analysis, as related specifically to the general needs accommodation. Each key point is then related to the ID of the recommendation in the plan (see p52) which will address that point.

Key point	Related Recommendation(s)
High numbers of vulnerable people being housed together is not a good model.	G1
There is a need to address the 'revolving door' problem.	T2, T3, T4 S1
Improvements are needed to move-on services and access to move-on.	S1, S3
Client expectations about onward housing need to be addressed as currently they are often unrealistic.	S2
There is a need to think about provision for those who have care needs rather than support needs.	S9, S13
There is a need to improve people's feelings of safety.	G1, T2
* There needs to be supported accommodation available for people to access in an emergency.	S12
* Peer support/mentoring is a good model to help people sustain accommodation and move on.	S4, T3
* There is currently insufficient emphasis on education, training and employment support.	S4, T3

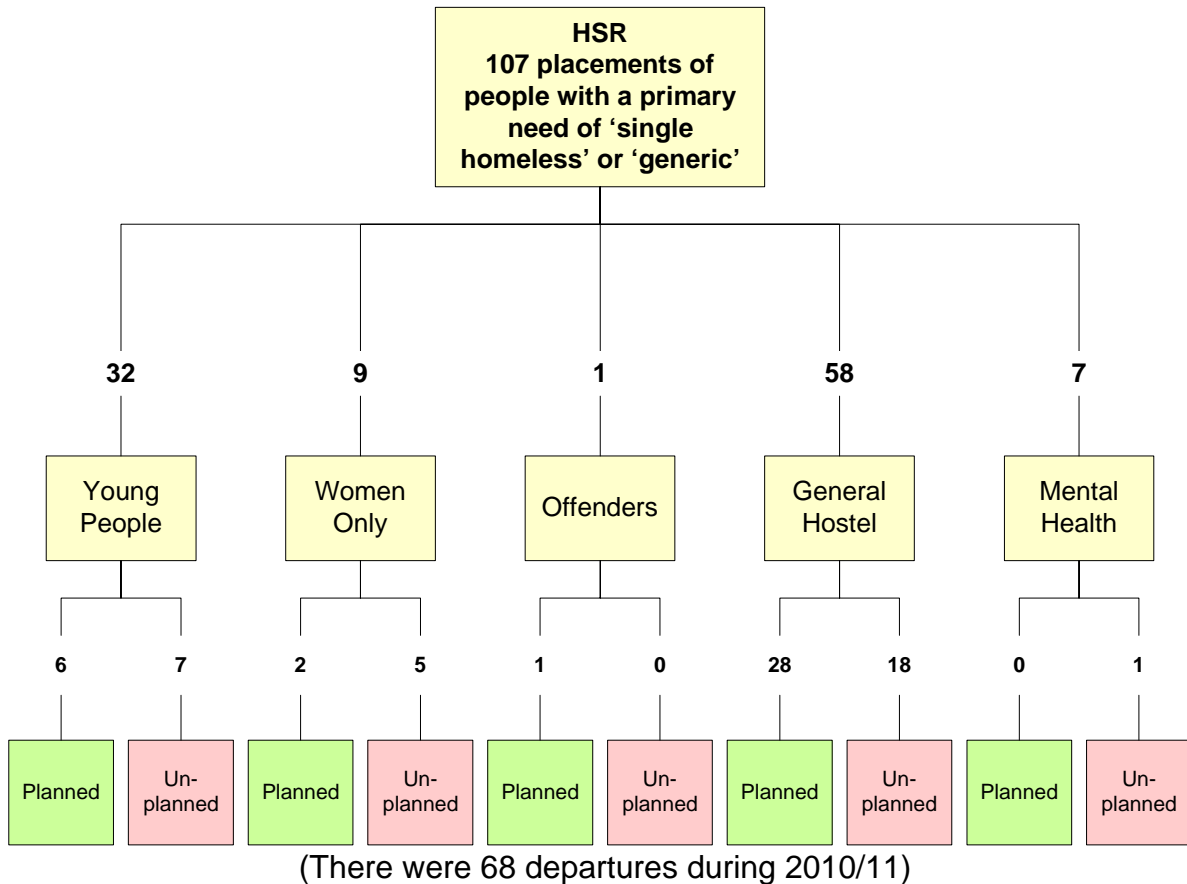
*** Key points reflected across all the sub-groups and not specific to the generic hostels.**

Analysis

The generic hostels group that we looked at for analysis were: Logos House, Redwood House, Jamaica Street, Shaftesbury House and Longhills.

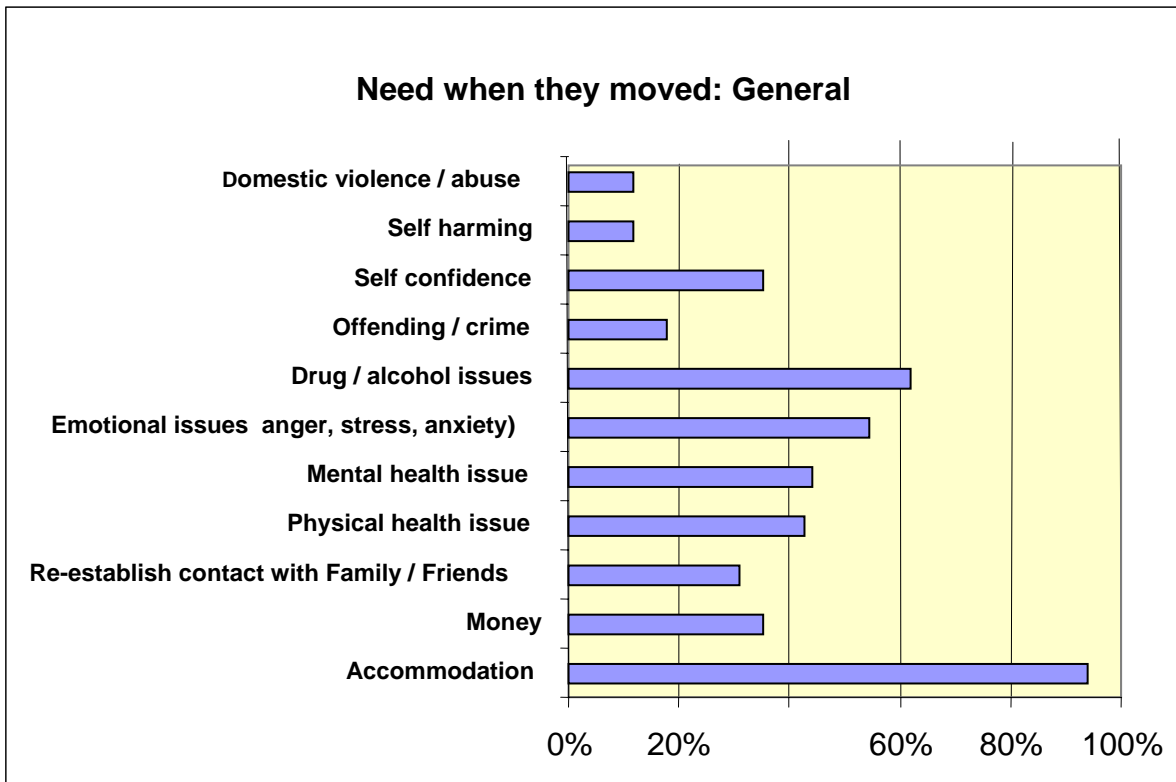
All of the services users who responded from Jamaica Street had lived in support housing before, which demonstrates that there are a lot of people who are repeat users of the high support accommodation. Across all of the generic services 62% of the clients responding said that they had lived in the current accommodation or another high support accommodation before. This has also been identified through the HSR data which showed a core of repeat homelessness of 30% (however it needs to be acknowledged that the HSR data only goes back over the last 2 years). In most cases these people abandoned, were evicted or were taken into custody before returning back to level 1 accommodation. This demonstrates the need to address the 'revolving door' issue and improve people's outcomes from the services that are commissioned by ensuring that unplanned exits and repeat cycles of high support accommodation are reduced.

HSR - SINGLE HOMELESS PLACEMENTS YEAR TO 30/3/2011



The HSR data showed that clients who were identified as having a single homeless or generic need ended up primarily in the general hostel accommodation or the young peoples services. Planned departures for those in the general hostels were 48% with 31% exiting in an unplanned way. 60% of those with single homelessness/general needs who were placed into the Young Peoples services were retained in these services so the data on numbers exiting in a planned/unplanned way is limited. Overall 64% of the numbers entering with this primary need moved through and out of high support accommodation during the year.

The generic accommodation had a higher proportion of service users who identified themselves as needing support around their drug & alcohol use (62%). Mental Health, emotional issues and physical health also featured highly as needs within the generic hostel population.



The generic hostels came out as the places that services users felt the least safe out of all the high support accommodation, in particular within the 3 large city centre hostels. Feelings of safety varied across these hostels. At one site only 50% of the clients said that they felt safe. Feeling unsafe was generally attributed to widespread use of drugs and alcohol and other client's violent behaviour.

"Some times people bang on door during night for drugs etc"

"Need to deal more strictly with people who have violent outburst before somebody gets seriously hurt"

"I do see bullies and I feel vulnerable people might need to be looked after"

No respondents identified needs around employment, education and training. This indicates some degree of departure from best practice around the provision of hostels, including (for example) the Homelessness Change/Places of Change programme.

See <http://www.communities.gov.uk/publications/housing/placeschange>

Concerns identified about this area of service provision included:

"Occasional intake of unsuitable clients i.e. clients that require intensive care rather than support"

"Unrealistic expectations of clients when they arrive - some demand self-contained accommodation as part of the move-on process.

Better information is required for clients at the outset of the process so expectations can be better managed".

"The size of some of the larger hostels is unwieldy and contributes to the institutionalisation of some clients".

"We need to target revolving door clients more carefully with better co-ordinated interdisciplinary teams"

“Often schemes are generic high support meaning that very vulnerable individuals are housed with very chaotic individuals. I believe this can increase the anxieties of some service users and can increase the chances of bullying and abuse”.

“Service users with varied needs being bunched together. For example, people with mental health/acute anxiety issues being housed alongside disruptive alcoholics etc”

Evidence suggests that large hostels are not the most ideal type of supported accommodation for clients with complex needs. Many references to this arose through the review:

“Too many with high support needs in one place” (comment from D&A Focus Group)

“Hostels too big” (comment from workshop “what’s not so good?”)

“Size” “Can keep your head below the radar if you want”. (comment from workshop “what’s not so good?”)

“Commission small services that are embedded in the community where clients can live without all the trappings of the larger services that are highly visible and stigmatising.” (front-line staff questionnaires)

“It is likely to be big – not necessarily suitable” (comment from workshop “what’s not so good?”)

This is also backed up by national guidance:

“there is a consensus around the need to reduce the size and configuration of hostels” (Hostels Capital Improvement Programme Policy Briefing 12, Sept 2005)

“...the need to reduce the size and configuration of hostels and to provide more space for hostel staff to engage effectively with residents”. (Homelessness Statistics March 2004 and Improving the Quality of Hostels and Other Forms of Temporary Accommodation – Policy Briefing 8)

There was an impression from the workshops that the high support generic bedspaces could be better used by ensuring that those people who do not need such services are placed in lower support accommodation.

“People who don’t have support needs or lower needs not being placed in high support” (comment from D&A Focus Group)

“Low support holding provision” (Comment from Workshop “How can we save 20%?”)

Improvements suggested by the service users were predominantly focused around cleanliness, issues with other residents and individual service rules.

Staff questionnaires provided some useful suggestions for improvements of the generic services:

“Have very high support services for those individuals which require a level of care but are out of the normal criteria for care homes”. (front line staff questionnaire)

“Have more, smaller sized hostels”

“More move-on services”

“Specialised people trained to deal with people who are Homeless with Mental Health, Drugs and Alcohol, and support workers should be able to make adequate acceptable referrals”

3.2 Drugs & Alcohol Needs

Key Points to take forward

Key point	Related Recommendation(s)
Drug and alcohol use is a major issue and communication between hostel providers and Drug & Alcohol treatment providers needs improvement.	M1, S14
It would be very useful to have a city-wide staff induction/training programme.	S14
There is a need to look at changing people's expectations (both staff and clients) of their long term housing options.	S2
There is a need to address the issue of clients who don't have needs, or who have lower level needs but are placed in high support accommodation	S11, S5, S7
The assessment process needs improvement.	S5, S6

Analysis

Data from the HSR identified that support around drugs and alcohol use were major needs throughout the high support services. Between October and December 2010 34% of all referrals on the HSR cited drug use as a primary or secondary need however only 19% of all of those referred were placed in drug specific accommodation. This means that the other 81% are likely to end up in the generic High Support accommodation included in this review.

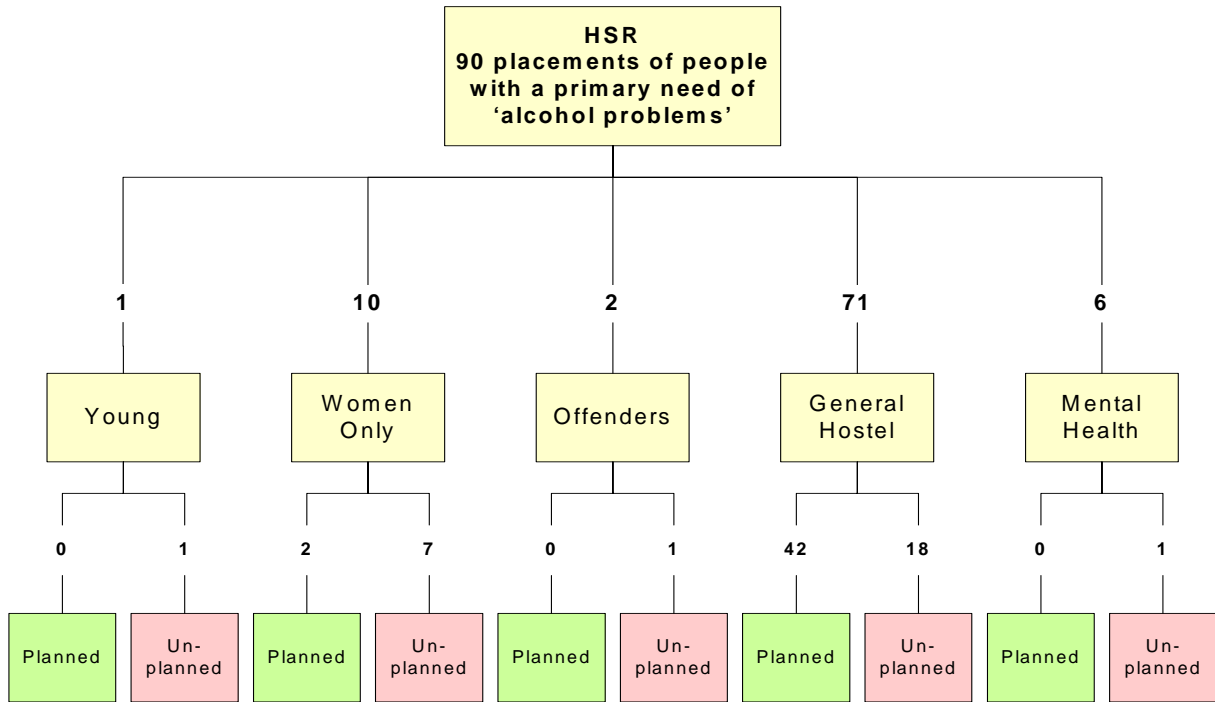
This was backed up by the results of the Homeless Health Needs Audit in which 67% of the people asked were using drugs and 78% alcohol.

Analysis of the flow of those identifying alcohol problems as their primary support need shows that the majority of these clients are going through the general hostels (see next page). 59% of those accessing the general hostel accommodation are exiting in a planned way which is much better than other client groups. In contrast, women accessing women only services with alcohol problems do not seem to have such positive outcomes with 70% exiting in an unplanned way. 80% of the numbers coming into the HSR also exited services during the year 2010/11.

73% of the people with drug issues coming through the HSR (not including those who went into drug specific accommodation) entered a general hostel (see next page). The outcomes for these clients were 50/50 and women in the women only services seemed to fare slightly better than those with alcohol problems. The numbers moving through services reflected the same figures as those with alcohol problems with 80% of the client numbers exiting services during the year 2010/11.

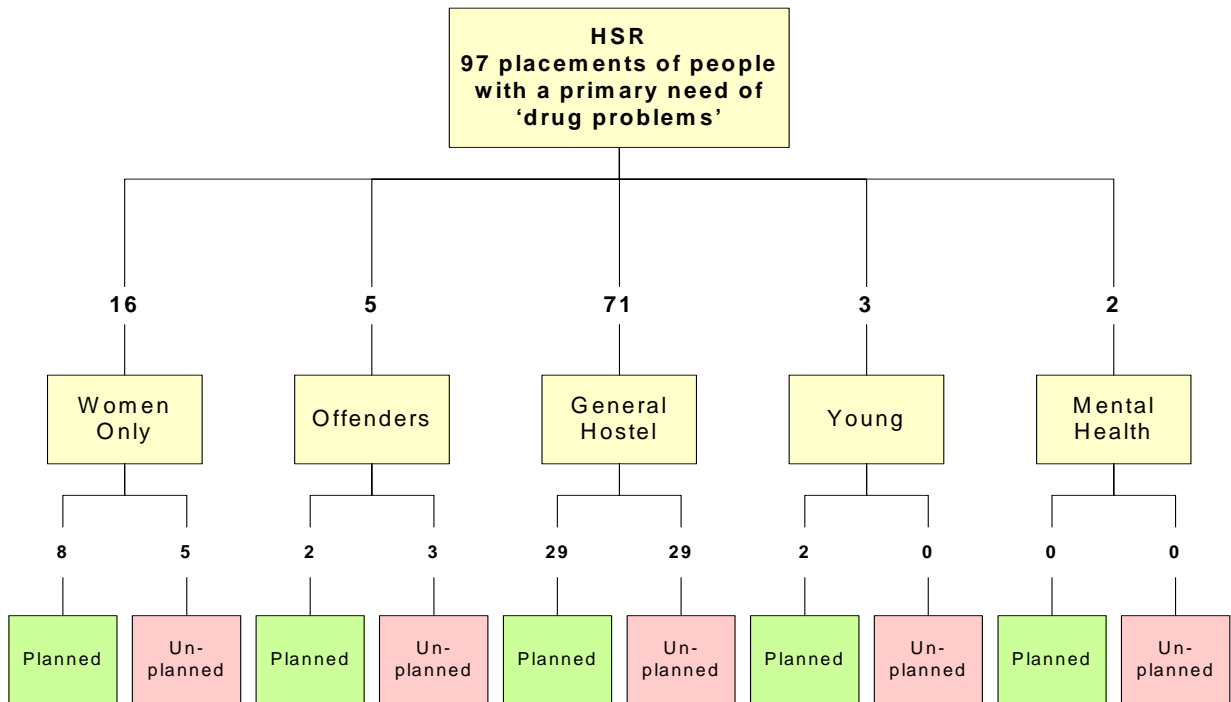
From the service user questionnaires 44% of those responding felt that they needed support around their drug and/or alcohol use.

**HSR - ALCOHOL PROBLEM PLACEMENTS
YEAR TO 30/3/2011**



(There were 72 departures during 2010/11)

**HSR - DRUG PROBLEM PLACEMENTS
YEAR TO 30/3/2011**



(There were 78 departures during 2010/11)

As part of the analyse stage a focus group was held with key stakeholders. A similar group was also held at the workshop. Both groups felt that Drug & Alcohol users could be identified by their different needs to other client groups because of the following main issues:

- Poorer physical health
- Dual Diagnosis
- Need for a flexible/imaginative approach to their needs
- Revolving Door
- Often have criminal justice involvement.
- Poor housing history

The groups looked at some of the statistical data around prevalence of drug use within high support services, what support was currently available, what was working well/not so well and what should be in place to better support this group of service users in the future.

What's Good?	What's Not so good?
<p>Housing / Shelter – it's better than sleeping rough</p> <p>Access is quick</p> <p>Treatment, healthcare, harm reduction services and signposting are available.</p> <p>24 Hour staffing</p> <p>Support to move on</p> <p>Location</p> <p>Peer relationships</p>	<p>Location</p> <p>Peer relationships</p> <p>Key working support is low level</p> <p>Inflexible pathway</p> <p>Different assessment procedures</p> <p>Limited access to recovery and treatment.</p> <p>Hostels are too big</p> <p>Too many people have complex needs in one place</p> <p>Staff training & turnover – inconsistent support.</p> <p>Lack of hope & incentive to change</p> <p>Bad reputation</p> <p>Move on is slow.</p>

Despite the longer list of negatives there were some really good suggestions for improvements:

Staff

- Staff cultural awareness
- Generic induction for support work for all staff across all providers so there is more consistency in knowledge
- Look at what training staff are given citywide.
- Staff being able to have more training / support to use HSR as lots of people use it infrequently.
- Staff having realistic expectations for their client re move-on.

Service Users

- Induction for service users
- Survival Handbook published and made more widely available
- People being held to account for what they sign up to (when entering a hostel) so that there are clear expectations
- Skilling clients up for independent living
- Community volunteering focus for SU's
- SU's involved in hostel board/planning.
- Peer Support

System Design

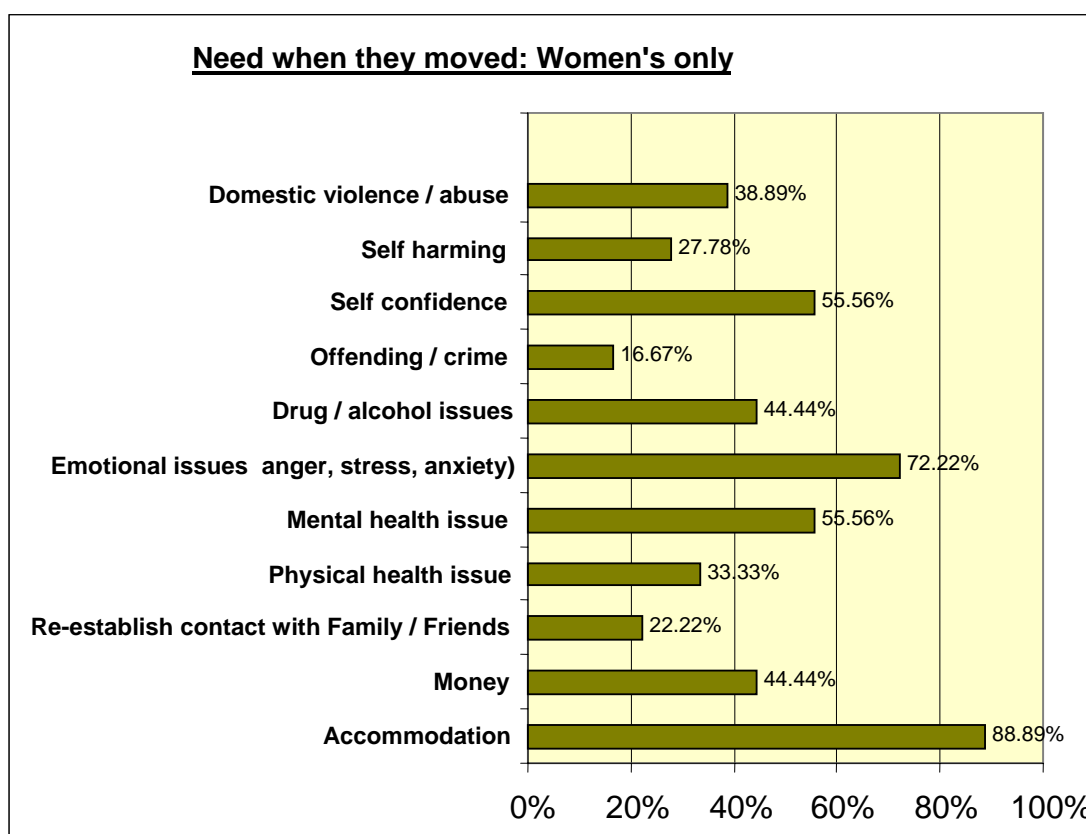
- Single assessment/interview process
- Housing pathway map of how all services linked together
- Lines of communication between hostel providers and D&A providers need improvement.
- If the expectation is that people will engage – needs to be somewhere for those who won't.
- Improving access to HSR so hostels can refer into D&A in treatment beds – link this into the training mentioned above.
- People who don't have needs or lower level needs not being placed in high support.
- Reducing length of stay in the hostel.
- More move-on opportunity, choice
- Re-branding and changing the perception of old hostel lifestyle so reflects the opportunity to move on.
- Need to change the culture that people expect that they have an entitlement to housing.

3.3 Women's Needs

Key Points to take forward

Key point	Related Recommendation(s)
Women have specific needs and it's not always appropriate for them to live in mixed accommodation.	W2
Move on needs to be improved	S1, S2, S3
A specific link worker within the Single Point of Access team would be really beneficial.	S6
Nightshelter/ emergency accommodation options need to be considered further.	S4, T3, W3
The needs of vulnerable young women should be specifically addressed.	Y1
There is a need to ensure that support around domestic abuse and sexual and physical abuse is readily available to this client group.	M1, W2, T4
There needs to be better outcomes and more positive move-on for women with alcohol problems.	S4, M1, T4

Analysis



34% of all of the respondents to the service user questionnaire were women, which is a good representative sample as it echoes the numbers coming through the HSR.

61% of the women had lived in supported housing before, which is more than the data suggests on the HSR but it does mirror the wider client groups included in the

service user questionnaire. All of the women who responded from The Well had been in supported accommodation before.

Safety has been identified as of key importance to women and this was also detailed in the women's mapping report and through the focus group at the workshop. 89% of the women responding to the questionnaire said that they felt safe. Of those who didn't feel safe the majority were within the larger generic hostels.

The Women's Mapping Study placed a lot of emphasis on developing a more integrated commissioning approach. This review will do this by linking with other relevant areas of the council and having a joint commissioning board.

See <http://www.bristol.ac.uk/sps/research/projects/completed/2010/rj5274/>

Following a meeting with the One 25 Project they felt that having emergency night shelter provision is a really important element of the system to meet women's needs. The provision that has been provided until recently by People Can (formerly Novas Scarman) would need improvement as it's not ideal. Any provision like this needs to be intrinsically linked into the overall system and women need to have a proper assessments and a really good support package so that they can secure more appropriate accommodation. The women's night shelter had been operated and funded by People Can, but had to close recently as the funding obtained was only short term. We are aware that the Wild Goose is exploring running a women's specific night shelter facility. It is important that the Council remain engaged with these services to ensure that there are clear routes/pathways into more permanent accommodation for women accessing these services.

One comment from the frontline staff questionnaire talked of their concern around the Single Point of Access (SPA):

"Revise the Single Point of Access system to allow a broader referral base thus ensuring that projects most accurately target and house appropriate people - and continue to revise the system till it is working at optimum efficiency!"

One25 Project also emphasised that having quick referral in to the system was really important for female clients and felt that sometimes this was difficult through the SPA. They went on to say that it would be really useful to have a link worker within the SPA team who was allocated to specific client groups so that they could build up a rapport, have a greater understanding of the service users needs and make the placement process better.

Women's Needs

The workshop group identified issues around domestic abuse, women's health needs and access to children as things that may be more likely to affect women.

Women responding from within the high support services cited emotional issues, self confidence and mental health issues as their most common needs, followed by drug/alcohol issues and money issues. Help around D&A issues is relatively high in responses from the women within these services (compared with clients placed elsewhere across the system). Clients in Spring House were more likely to need support with offending, whereas those at Dean Crescent highlighted managing money, self harm and physical health issues.

In the Novas Scarman Women's Mapping Study, the most common immediate needs amongst respondents were someone to talk to, self confidence, help with counselling, finance, drug/alcohol treatment and general health and wellbeing. These were closely followed by those needing a safe place to stay and support to live independently.

They also highlighted domestic violence, and help to leave sex work and issues around abuse, although the statistics showed less women identifying these needs than those already mentioned.

The increase in numbers of young women presenting as homeless has also been concerning:

"Commissioners need to look at the provision for younger women in particular. There was a lack of service for this group which could result in women remaining homeless for longer and thus contributing to the entrenching of problems."
(Women's Mapping Exec Summary).

This was also identified by the number of young women accessing the Women's night shelter and through information from the SPA team.

Improvements

There were some useful suggestions made by the women that completed the questionnaire:

Support with crime & drugs, support groups, more activities, mental health support classes, counselling for managing stress and depression although the majority focused on quicker move-ons;

"I want to move on but I am not getting the help with that or anything else"

"The move on process has been much slower than has been healthy for my anxiety issues"

"Sometimes difficult to find information about accommodation"

"The above (move on) should be discussed within two weeks for people who do not wish to be here for months"

3.4 Offender's Needs

Key Points to Take Forward

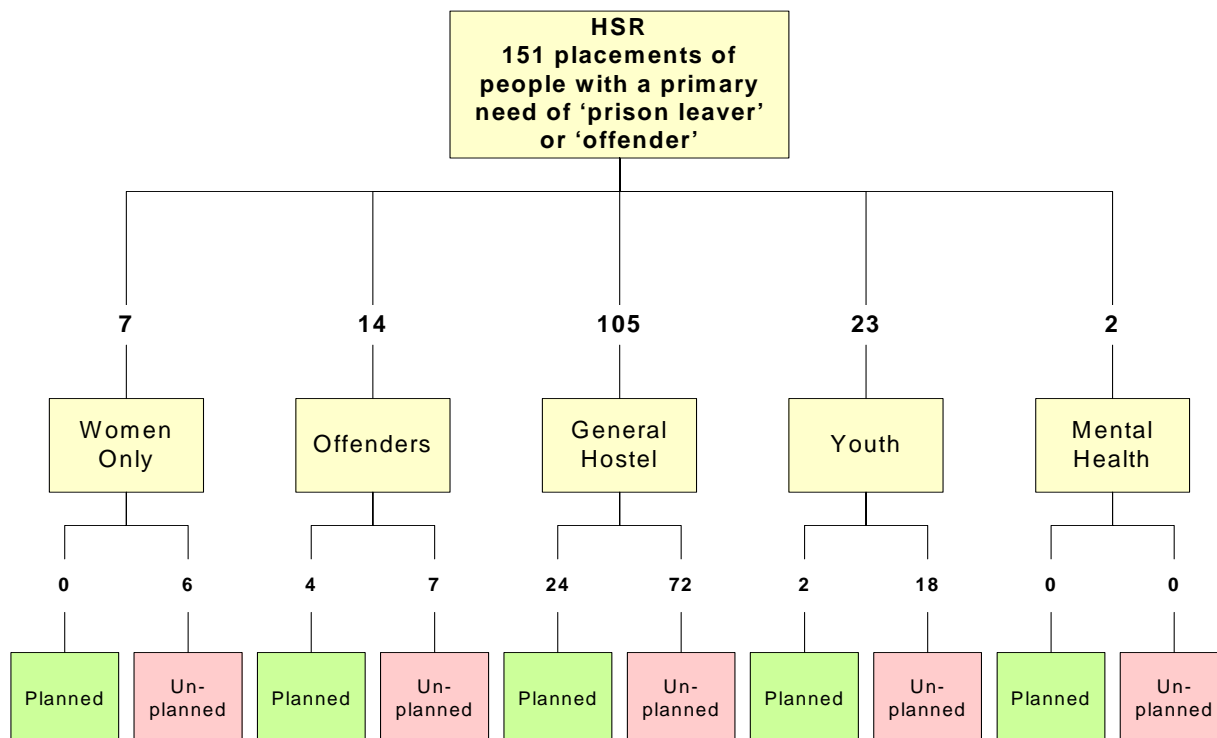
Key point	Related Recommendation(s)
There is a significant need to improve the proportion of planned move-ons amongst this group.	S4, T4, S1
There is a scarcity of low support accommodation that offenders can access.	S4
There is limited evidence of need for specialist offender provision.	O1, G3

Views have varied as to how to take this area forward. There appear to be few accommodation needs around offenders that are not equally present with some of the other sub-groups. Having said that, outcomes (in terms of planned departures) for this client group are the worst of all.

Analysis

The HSR data shows that 9% of the clients coming through the HSR (over the last 2 years) were offenders or at risk of offending.

HSR - PRISON LEAVER & OFFENDER PLACEMENTS YEAR TO 30/3/2011

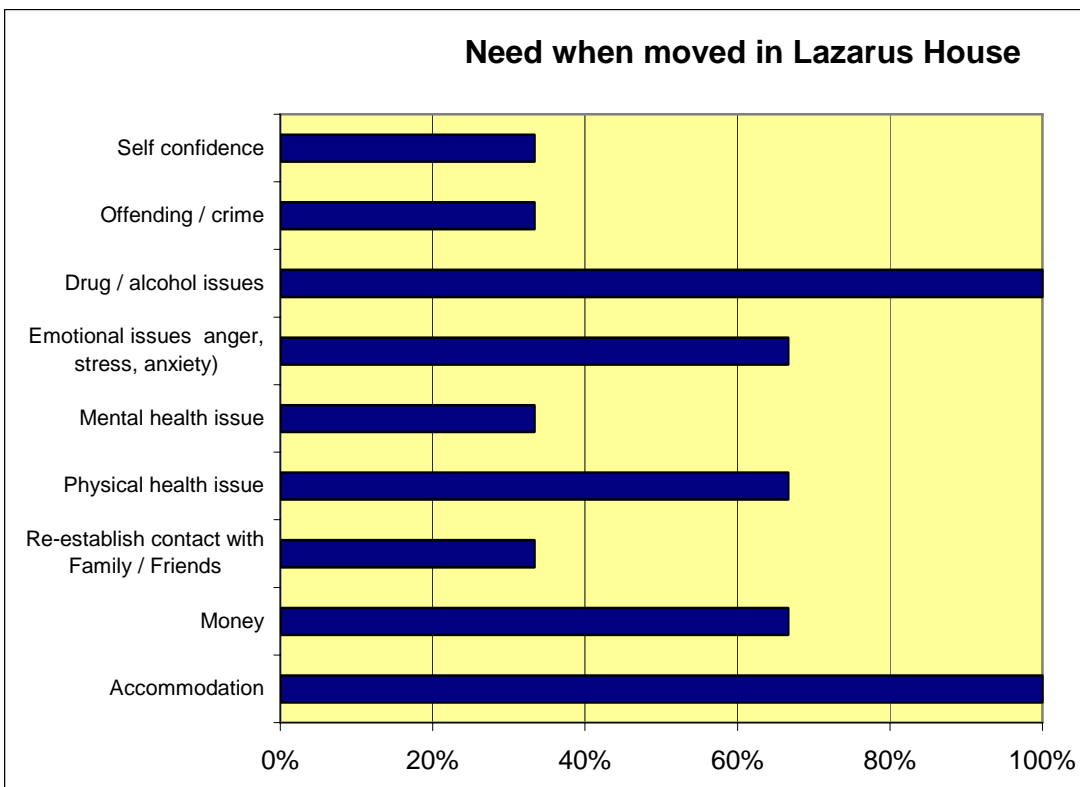


(There were 133 departures during 2010/11)

The diagram above shows the flow of clients coming through the HSR with a primary need of prison leaver or offender and where they were allocated within the system. By far the greatest number of these clients are ending up within the general hostels and the planned exits across all services are not good (at only 20%) with 68% unplanned (the remaining 12% still in services). From further analysis of the data the most common reason for unplanned exit was “taken into custody” (38%). The overall average for unplanned departures across all of the service areas is approximately 50% so this definitely represents much poorer outcomes for this client group. Only 9% of these clients were placed in Lazarus House, the only specifically commissioned offender accommodation.

88% of the clients moved into and out of the services during the year period that was analysed.

The response from service users within the Offender specific accommodation was poor with only 3 people who completed the service user questionnaire so results in this area were minimal. All of those responding said that they had been in high support before.

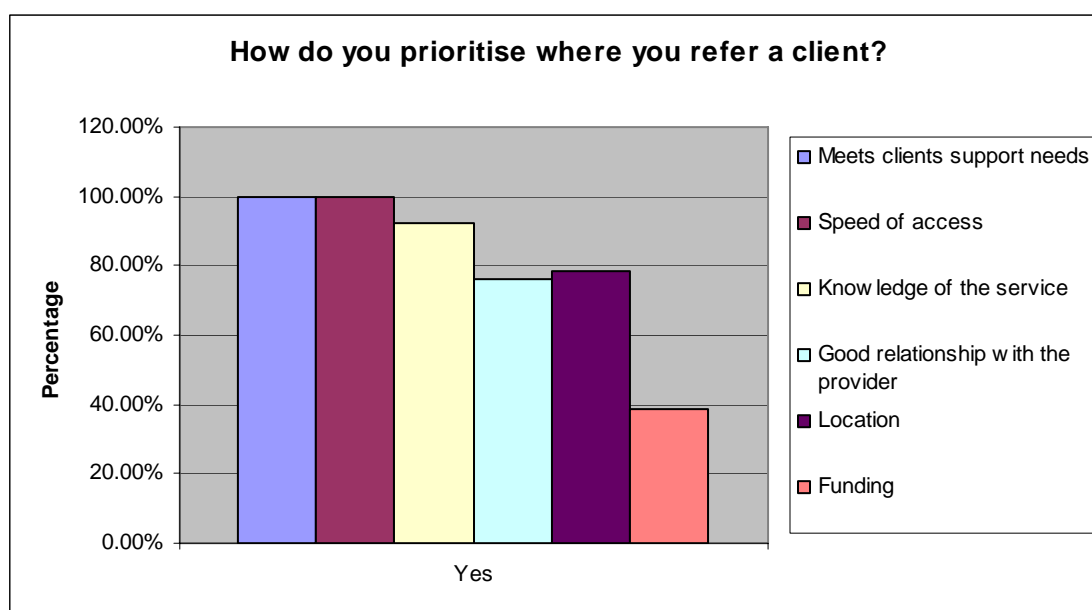


The respondents that did complete the questionnaire identified their main needs as accommodation and support with drugs &/or alcohol use. Only one of the three residents who answered the questionnaire said that they needed support around their offending but as it was such a small sample it is difficult to draw any conclusions from these results. In total across all of the service users who were involved in the questionnaire 19% (31 people) stated that they needed support with their offending.

Questionnaires were produced for the offender managers within probation, who are the most likely people to be referring offenders into housing.

38 Offender Managers completed the questionnaire from sites across the city. Workers reported that they had tried to refer approximately 82 people for supported accommodation in the last month and of those only 61 had gone through the housing advice workers linked to probation. The response to what they identified as their clients needs mirrored the responses of the service users with 100% of them citing accommodation and drug/alcohol support, closely followed by access to education, training and employment and help with offending behaviour. Emotional Issues, help with self confidence and help to manage money were also identified as common needs of this client group by the offender managers.

When asked how they prioritise where clients are referred the following answers were given;



55% of the Offender Managers stated that they do refer out of the supported housing system. Approved Premises (Bail Hostels) and private landlords made up part of these referrals but referrals are also being made to places that are not funded or monitored for quality.

"I refer to dry houses where I do not have to fill in referrals etc. Sometimes this is necessary when someone lapses and needs "dry" accommodation immediately".

"XXX - provide accommodation at v.short notice and allows for on-going monitoring/low level support - useful for risk management".

"Can refer direct when having problems with getting accommodation"

One of the recurring needs that the Offender Managers identified is not being met is the need for low supported accommodation for offenders;

"A lack of accommodation for those with urgent need but without significant support issues"

"Low level supported accommodation for offenders without drug/alcohol problems"

"Young single men with relatively low risk/needs".

Also, the more general lack of social housing available;

“A general lack of affordable social housing”.

“Not enough to meet demand”.

“I have found recently that people might need more help with where to source private accommodation through the private market”

Despite this 72% felt that clients had a choice in the supported accommodation that they went to.

Another concern was:

“The main trap is the cost of the rent which has a support function fostered within the rent. Housing benefit pay a large portion of this. It makes it extremely difficult for the offender to find work and live independently because they can't afford to stay”.

Indeed the participants at the workshop agreed with this talking about the *“benefit trap”*. This was also highlighted by the *“need for alternatives – positive activities”* for people.

The workshop also focused a lot on expectation. In particular having more *“realistic expectations”* and the need to *“have ambition”* for residents.

Peer support was again raised as a key area for improvement as was the need for a more rigorous initial assessment.

From general investigation there did not appear to be any drastic differences in the needs of offenders, when compared to other clients accessing the generic high support services. On occasions it is a requirement of people's bail conditions for them to live at a certain address. With 90% of those placed within the system over the last year not going to an offender specific accommodation though, it feels as if this can be managed within generic provision. Indeed only one of the respondents in the service user feedback identified that they needed support around their offending. With probation often being linked in to meet the support need around offending the main focus seemed to be drug and/or alcohol issues, which can also be seen as one of the main needs within other types of accommodation. There are also indications that offenders are often being placed outside of HSR accommodation. The main reasons for this being speed of access, less form filling and other accommodation being more appropriate for clients' lower level needs.

3.5 Mental Health

Key points to take forward

Key point	Related Recommendation(s)
Issues around mental ill health are one of the main needs for clients within all the high support services.	T4
Staff teams need more training and awareness of mental ill health.	T4, S9, S14
Amongst supported accommodation residents, mental health problems are rarely experienced without other indicators of exclusion.	M1, M2
Good assessments of people's needs are essential to ensure that the right people are placed within high support accommodation.	S6
Better links are needed with AWP and the mental health commissioning team.	S13, S9
Clear key working responsibilities and care planning is needed.	S6, M3

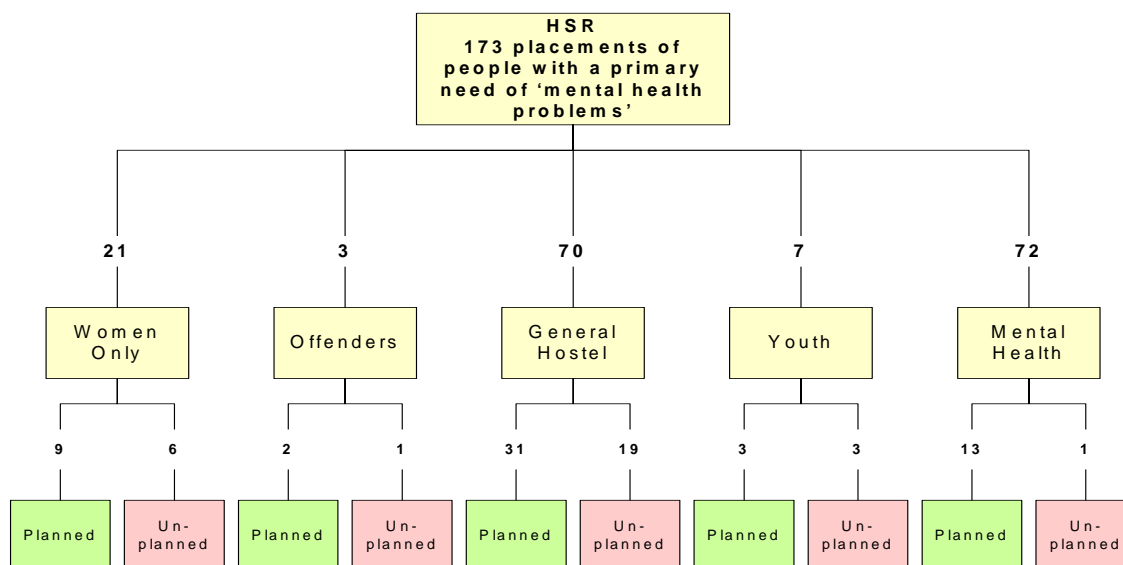
Analysis

76% of respondents to the Homeless Health Needs Audit reported one or more problem relating to mental health.

At present Mental Health focused High Support Accommodation makes up 32% of all the services included within this review.

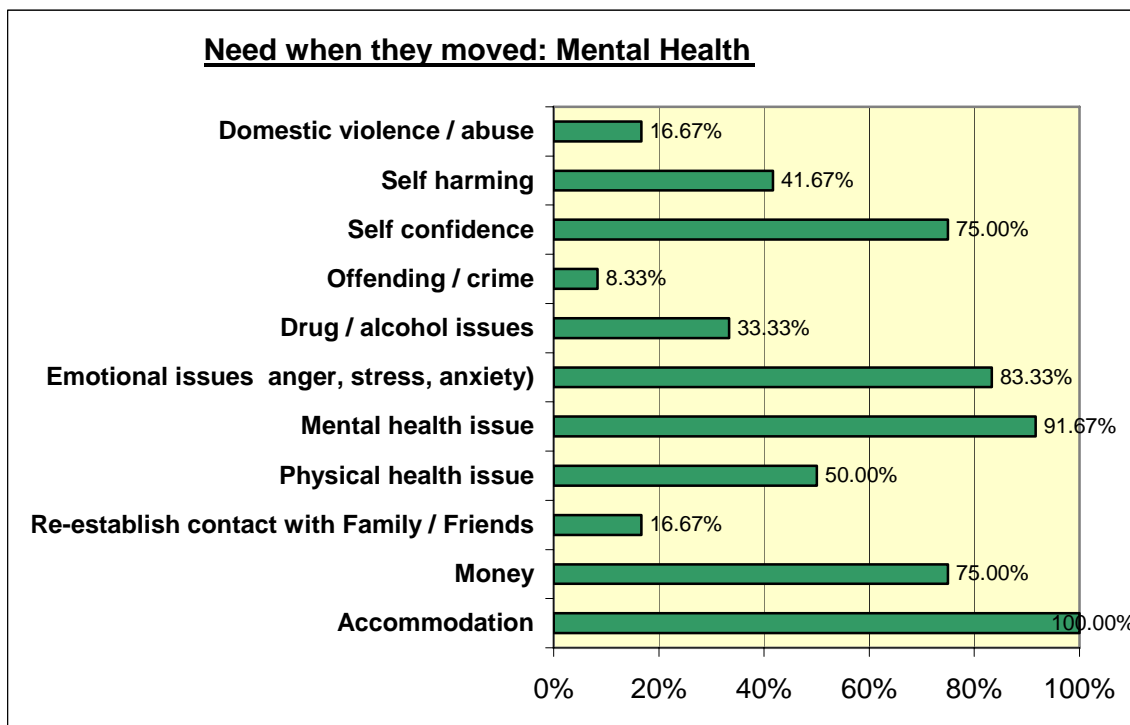
Information from the HSR shows that there is high demand for mental health accommodation and turnover seems to be quite slow and consequently waiting lists can be longer than with other client groups.

HSR - MENTAL HEALTH PLACEMENTS YEAR TO 30/3/2011



(There were 88 departures during 2010/11)

Over 50% of those living in mental health high support accommodation who responded to the service user questionnaire had been in supported housing before. Only 51% of the numbers going into the services exited during the year.



It was no surprise that mental health needs featured after accommodation followed by emotional support, self confidence and help to manage money.

This table presents a picture of people moving in to mental health accommodation (or termed as such for the purposes of this review) with a number of different needs. This is a picture that is reflected by recent research into Multiple Exclusion Homelessness:

“... homelessness is not just a housing issue but something that is inextricably linked with complex and chaotic life experiences. Mental health problems, drug and alcohol dependencies, street culture activities and institutional experiences (such as prison and the care system) are often closely linked with the more extreme experiences of homelessness.”

See

http://www.homeless.org.uk/sites/default/files/Tackling_homelessness_and_exclusion_understanding_complex_lives.pdf

At the workshop the main needs discussed were around the level of mental health need, specialist input and having a clinical governance structure.

The issue was also raised of beds being held open for weeks/months at a time when people are recalled or hospitalised.

The Mental Health referrers were concerned that:

“Needs around supporting with, and maintenance of, compliance with oral medication are often not able to be met.”

In addition to this front line staff identified this as a training need as well as several workers requesting a better understanding of the mental health issues in general and there were also more specific requests:

“Mental Health, Managing medication, medication awareness”

“An understanding of prescribed medication in opiate substitution and mental health”

Although 93% reported that they were satisfied with the support they were receiving some really varied comments were fed back:

“OK but not great – key worker – see them irregularly. Don’t feel I get enough benefit from the support.”

“The support is actually too much; I don’t think I need to be checked on as much.”

87% of mental health clients reported that they felt safe in the accommodation, however there were several properties where responses were less positive. Most of the people who reported feeling unsafe cited other residents as the cause.

Some useful improvements were suggested by the service users. Training in life skills (which had also been identified through the Drug & Alcohol Focus Group), training in assertiveness, counselling available so that people can work on issues such as trauma, self confidence and for those who are victims of crime. More group activities were also requested by those within MH accommodation and this was also raised by other client groups.

The workshop group felt that “good assessment of peoples needs” were key. Service user comments echoed this stating “improve assessment procedures – high risk tenants in medium housing an issue.” The workshop group also discussed having a “quality ‘standard’ of hostel support providers to assess and refer on” and also “specialist floating support to help with transition.”

Front line staff commented: *“improve mental health provision”*

Following discussions with the mental health commissioning team it is apparent that the recommissioning of the mental health services provided by AWP will have a critical impact on the success of any changes made within this commissioning plan and on the services that clients experience. It was therefore agreed that it is vital that better working links are established between AWP and the High Support Accommodation Services and closer joint working internally between the commissioning teams within Bristol City Council.

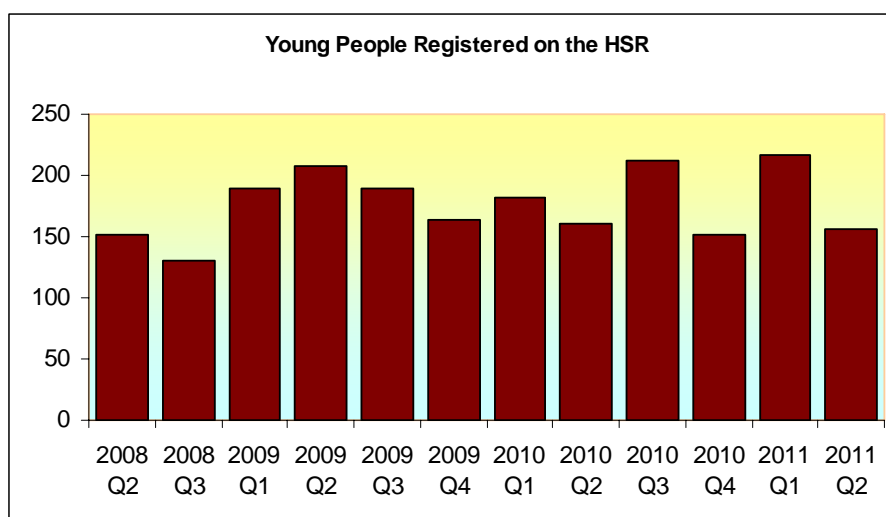
3.6 Young People

Key points to take forward

Key point	Related Recommendation(s)
Young people's needs are sufficiently different from the general population to make specific provision for this client group essential.	Y1, Y3, Y4
There needs to be good mediation options available to help with reunification at the initial stages of homelessness, where this is an appropriate option.	Y5, S4
It would be good to have an identified link within the SPA team.	S6
There is a need to focus on young people's psychological wellbeing.	Y2, Y3, T4

Analysis

This chart shows the numbers of young people (aged 16-25) coming into the HSR over the last couple of years. Numbers have not risen or fallen significantly and have stayed at around 150 – 220 per quarter.



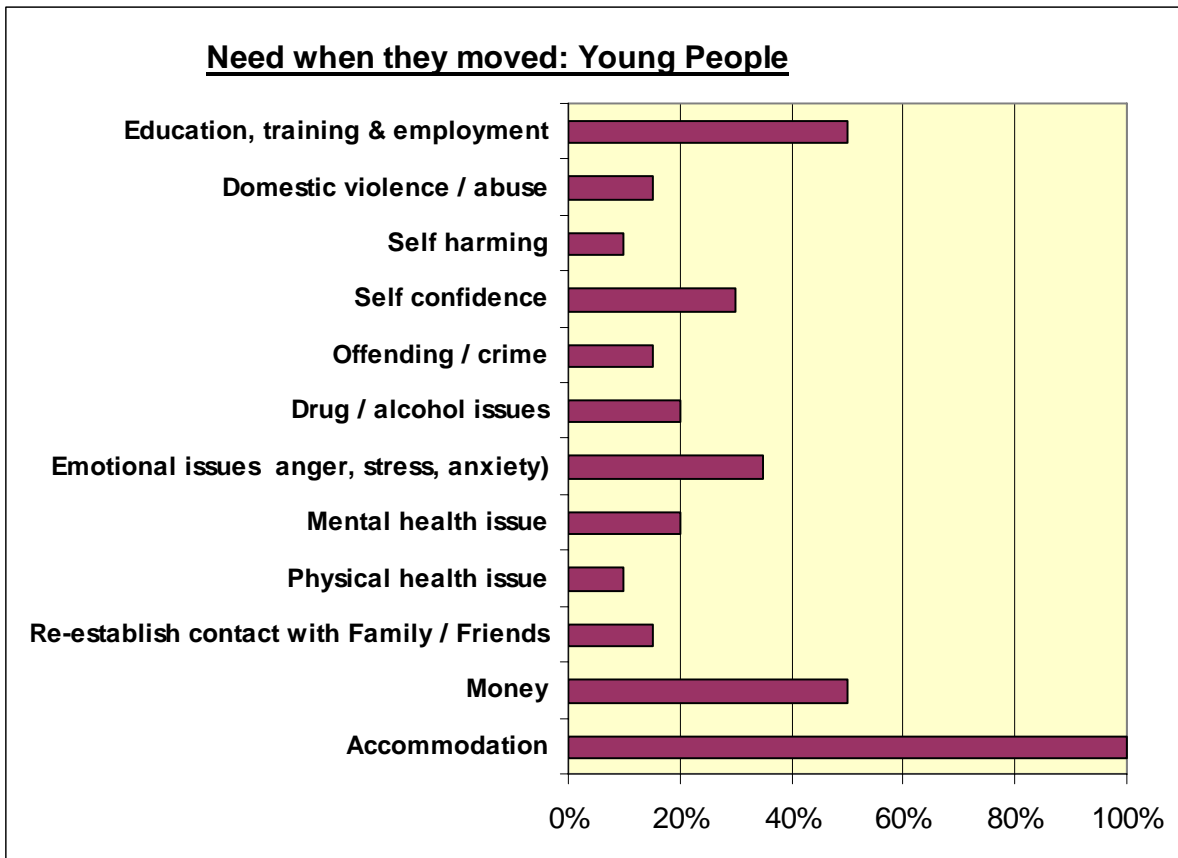
From all of the consultation work that was carried out one of the most evident differences between young people and other client groups is their needs.

As demonstrated in the table over the page, the most common needs for this client group are Accommodation, help to access training, education & employment and help to manage money. This was echoed in the responses from the focus group at the workshop. Factors of psychological wellbeing – self-confidence, emotional issues and mental health issues – all affected significant numbers of respondents. The group also suggested that young people have a need to realise that life can be different – positivity, opportunity, choice, emotional wellbeing.

“Additional learning needs”

“Education, training, employment”

“Broadening horizons – being invested in, targeted positive activities.”



The service user questionnaires showed that there were slightly higher levels of need amongst the clients in St Georges House than for those in the Foyer. Only 35% of young people responding to the questionnaire had lived in supported housing before, which is lower than other client groups (as you would expect).

The levels of satisfaction with both the accommodation and support offered were high and the only complaints were around poor cleanliness of the shared kitchens and bathrooms.

All of the young people who responded to the questionnaire reported that they felt safe within St Georges House/The Foyer.

“Better than at B&B where lots of drug use”.

“Very Secure”

“Lots of security”

82% of the young people asked said that they were satisfied or very satisfied with the support they were receiving:

“Key worker has been good and tries her hardest to keep me on straight and narrow”

“Key worker really good and helps me with everything”

There were however 12% (2 people) who were dissatisfied/very dissatisfied with their support and they gave reasons around staff not understanding or putting themselves in their shoes and staff needing to change their attitude towards tenants.

One issue that was raised by the young people, but is also relevant to all of those living in supported accommodation, was finding a job and moving on;

“Problem with working & being able to afford accommodation. I have now got a job and need to move out as I can’t afford to stay at the Foyer”

When asked if there was anything that could be improved most of the answers seemed to be in relation to rules namely, curfews, people being allowed to stay over and visiting hours. There was also suggestion that it would be good to have more organised activities or days out.

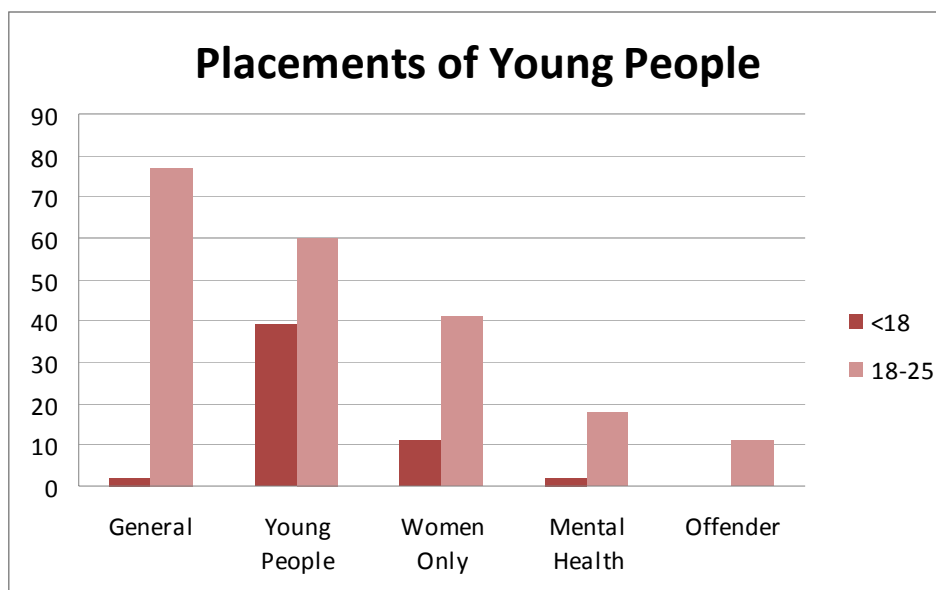
The feedback from the workshop focus group around improvement identified some more system wide changes:

“Better to have specific provision for YP, particularly for 16-18 year olds”

“Mediation – ‘think family’ – load resources at front end of homelessness to effect reunification”.

“A named member of staff for YP, so can confidently understand and link YP with specific services”.

The data on placements detailed in the chart below shows numbers of individual young people going into each type of service. Most young people aged 16-18 years are going into the specifically commissioned young people’s provision but those aged between 18-25 are more commonly placed in the generic provision. There has been much discussion about the most appropriate age for young people’s services in Bristol and this is one of the options that views will be gathered on during the consultation period.



Another key area of concern that has been raised through the review process is the need for some emergency provision for vulnerable young women. The single point of access team report an increasing number of vulnerable young women that need emergency accommodation and this is also evident from the information of those using the Women’s Night service. Worryingly 47% of those accessing this service between January and March 2011 were aged between 16 – 25 years of age.

The Preventing Youth Homelessness Group has commenced a piece of joint work with Children and Young Peoples Service’s to analyse need and review accommodation and support services to vulnerable young people and children

leaving care, with particular focus on 16/17 year olds, care leavers and teenage parents). Work is underway to look at the analyse need; map pathways and cost, including identifying the funding streams finance it. This is with a view to developing an integrated commissioning plan that will ensure services are in place to more effectively meet the needs of young people.

3.7 Rough Sleepers Initiative (RSI) Accommodation

Rough Sleepers Initiative accommodation was initially devised in response to the high numbers of rough sleepers in the mid-1990s, and pre-dates the Supporting People (SP) programme. There is quite a lot of RSI accommodation city-wide, most of it self-contained. For the purposes of this review, the RSI accommodation has been split. Only the schemes that meet the criteria for high support were included. These are Wayland Court and Homefield Court.

Key Points to Take Forward

Key point	Related Recommendation(s)
The needs of former rough sleepers are often complex, including many indicators of exclusion.	M1, R1, T4
There is a need to conduct a review to ensure that the designation of the remaining provision as RSI is the optimal usage.	S4
Former rough sleepers have often lived in non-RSI accommodation before moving into RSI accommodation.	R1, R2

Analysis

42% of the clients living within the RSI accommodation included in the High Support Review completed the service user questionnaire.

75% of the clients that responded had lived in high support accommodation before (either the RSI accommodation itself or other).

Clients entering the RSI services highlighted accommodation as their most common need. This was closely followed by mental health, and support around drug/alcohol use, self confidence and links with family/friends.

Front-line staff were asked to identify and rank needs in order. Drug/alcohol use was the most common support need followed by mental health. Although these featured highly for all respondents "other needs" were also identified in the lower level rankings and these featured things such as:

"personality disorder/antisocial behaviour"

"traumatic life experiences"

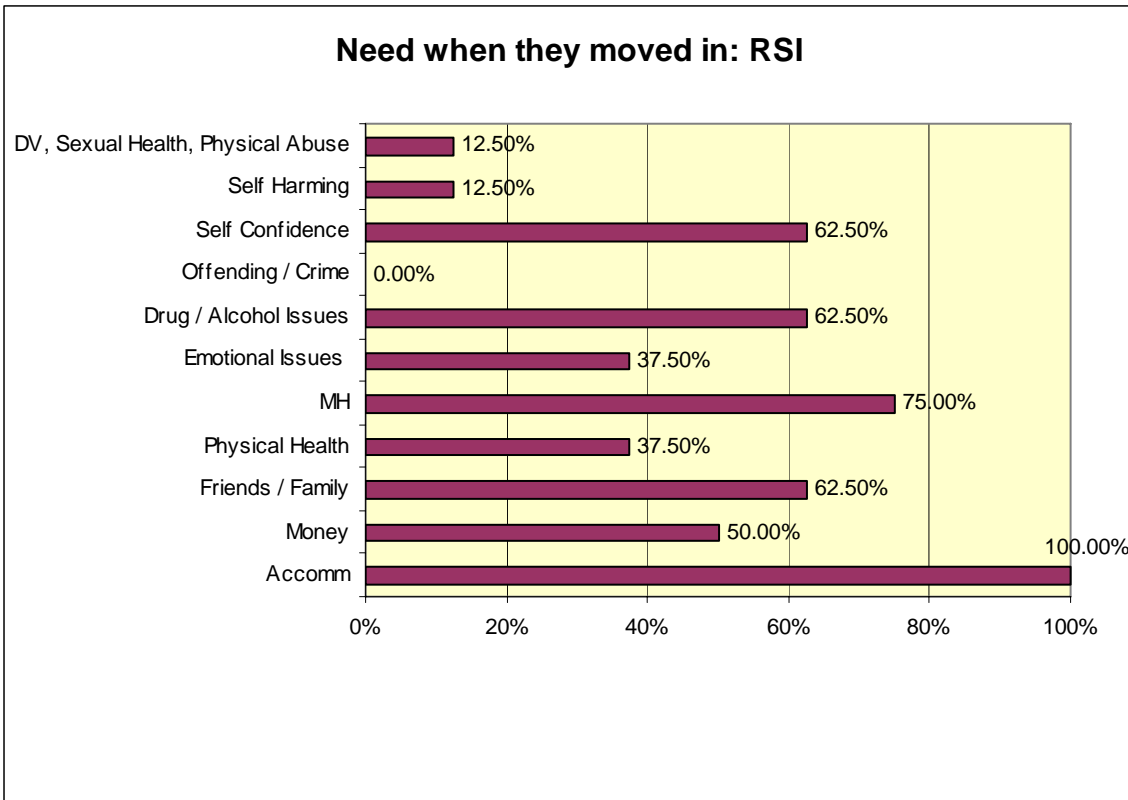
"Support to engage in meaningful activities to improve self-esteem"

All of the 8 respondents to the service user questionnaire stated that they were satisfied/very satisfied with the level of support that they received.

All stated that they felt safe at the RSI services, although there were a couple of issues raised around security:

"Sometimes I feel visitors have been a problem causing antisocial behaviour at the project"

"there should be cameras recording when staff leave at night that's when my stuff + other people's stuff go missing"



One resident also reported having been attacked at the service but felt that this had been well managed and they had received good support since the incident.

3.8 Feedback from the Workshop

As well as the analysis of specific client sub-groups, a workshop was held, attended by stakeholders across the sector, including service users. Delegates were asked to consider two specific ideas (an assessment centre and more generic services), and also to consider how savings should be made.

Key points to take forward

Key point	Related Recommendation(s)
The assessment process needs improvement	S5, S8
Having a named key worker could be really beneficial for clients	S6
More mediation/reunification for young people.	S4, Y5
Better and more consistent staff training is required	S14
Peer support/mentoring is a good model to help people sustain accommodation and move on.	S4, T3

Analysis

The Council needs to save 20% (minimum) across the High Support Services. How can this be achieved?

Improvements were suggested in the following areas:

- Commissioning;
- Staffing;
- Process;
- Partnership Working;
- Housing Pathways;
- Service Design.

These recommendations will inform the next stage of this process – the procurement of services via competitive tender.

The pros and cons of the following 2 options were discussed by the workshop focus groups and the conclusions were as follows:

Should Bristol have an assessment centre service in place?

In conclusion it was felt that the idea of a separate assessment centre was not a particularly valuable use of funds. The general consensus seemed to be that it was not so much an assessment centre that was needed but an improved assessment process. People cited that the current process could be improved and that the HSR had already been implemented so this acted as a gateway and should ensure that people are referred into appropriate accommodation. There was also concern that people who would not be eligible could end up in the assessment service.

Other local authorities have moved to more generic supported accommodation with specialist support floated in. Given the range of complex needs within the current services in Bristol, should we adopt a similar system?

The conclusion from this discussion was that by making all of the services generic we would not be meeting the needs of any client group well as staff knowledge bases would need to be too broad, that said staff training was highlighted as a key need. It was also difficult to determine whether this would actually lead to any financial savings.

3.9 Front Line Staff Feedback

What do you think is not so good about the high support accommodation services in Bristol?

Staff turnover and a lack of continuity

Impact the cut in funding will have on support clients need

It can be difficult to know how to approach the complex needs are the non move-on (High Support) as some clients are unable to do things for themselves due to being institutionalised and it is a very different approach that is needed as recovery in some situations seem impossible.

Unrealistic expectations of clients when they arrive - some demand self-contained accommodation as part of the move-on process. Better information is required for clients at the outset of the process so expectations can be better managed.

Some people say they want the support in order to get the accommodation

I feel that despite all of the choices there is not enough options for people with substance/alcohol support issues.

Clients often state that they are being asked to discuss move-on just when they are starting to feel settled - which for some is the first time in years - if ever.

If there was one thing that we could do to improve Bristol's High Support Accommodation services what would it be?

To understand the complex needs and situations of clients to better understand the support needed to support them towards a better quality of life

Commission small services that are embedded in the community where clients can live without all the trappings of the larger services that are highly visible and stigmatising. Places where clients are just part of the community and can be anonymous.

Not be moving people on before they are ready for independent living – providing some kind of inbetween supported accommodation.

A more Recovery focussed outlook, with a greater emphasis put on meaningful occupation

More funding to maintain the standards that exist at present.

Communication & accurate assessments

Improved communication between services

4 Draft Commissioning Plan

4.1 The Purchasing Plan

Principles for Commissioning

Strategic commissioning is the process by which Bristol City Council identifies strategic outcomes and priorities in relation to assessed user needs, and designs and secures appropriate services to deliver these outcomes. In order to guide and standardise strategic commissioning practice, BCC has developed the Enabling Commissioning framework. The framework includes a comprehensive set of guidance, templates and checklists for use in all commissioning processes which will support public, private and VCSE organisations to better engage in commissioning processes and secure contracts.

The framework incorporates Bristol Compact principles and guidance as well as the recommendations for the recent Select Committee on Third Sector Commissioning.

See <http://www.bristolcompact.org.uk/node/8772>

Assessment of Commissioning Options

The Preventing Homelessness Board, guided by Bristol's Enabling Commissioning Framework, is seeking more effective models of service delivery focused on achieving sustainable move-on.

The initial appraisal process looked at a wide range of commissioning options (which will be available through Consultation Finder) including an option where the accommodation and the support service is procured as a single package and an option to split the housing management and support functions.

In the light of legal and procurement advice it was determined that Bristol City Council's *commissioning* responsibilities (in terms of Supporting People funded services) are around the support provision – with partnership working at all levels key to delivering a secure, affordable *accommodation* supply.

It was therefore determined that an accommodation approval process would be undertaken to select the accommodation supply (this process will not be assessing the quality or level of the current support or housing management provision) – with a separate procurement option appraisal focused on the housing management and support contracts. The selection of support providers taking place after the accommodation supply has been agreed.

Accommodation Approval Process

The desire is to achieve agreements with landlords that include transparency on rent, service charges and agreed protocol with support providers and to secure a sustainable supply of affordable high support accommodation in suitable locations, making best use of public funding already invested in these capital assets/resources.

The 'approved accommodation' status is based on meeting the following criteria:

- Good quality accommodation (meets Bristol's Private Sector Accreditation Scheme standards and meets high support service users needs);
- Suitable location – attractive to service users and well located in terms of other services;
- Affordability and transparency:
 - on rent and service charge settings;
 - on financial and legal agreements/protocols with the support provider;
- Landlord willingness to work within this approach and fully sign up to Bristol's Housing Support Register referral process and principles.

Quality of the accommodation

Through recent discussions with landlords of high support accommodation, and from the overall review process, the following key elements emerged as barriers to the delivery of quality high support accommodation:

- Lack of any separate private space (other than bedrooms) for interviews, support meetings etc.;
- Lack of communal lounge/kitchen facility;
- Lack of basic communal facilities for staff use on site;
- Limited size of rooms;
- High level of shared WC/washing facilities.

Landlords of accommodation initially included within this review but clearly not meeting these criteria have already been contacted to advise them that the accommodation concerned will be withdrawn from this commissioning plan process and considered for either medium or low supported accommodation (as appropriate) and reviewed alongside those services in due course. This has led to a reduction in the accommodation progressing through the approval process from 521 to around 436 bed spaces; the majority of those withdrawn are mental health needs accommodation.

The overall level of 'approved accommodation' required for the high support accommodation supply will inevitably be influenced by the limitations imposed by the reduced future funding envelope available to cover support contracts (which will involve a reduction from the current level).

Option Appraisal for Support Contracts

The option appraisal of the procurement options relating specifically to the provision of housing management & support contracts are summarised below:

Option	Procurement Model	Risks	Recommendations
A. Negotiate with existing support providers – No tender process (<i>standstill</i>)	No tender processes – renegotiate contracts and contract values with current providers to deliver desired outcomes. Existing one-year contracts end April 2011.	Limits our ability to achieve significant changes in contract values or outputs/outcomes. Risk of legal challenge for not opening the services up to market competition.	Not recommended (limits exposure to TUPE issues but also limits ability to make significant changes)
B. Negotiate with landlords who are also the support providers but tender out remaining contracts (<i>partial change</i>)	Tender out any contracts where landlord and support provider are already split (but allow renegotiated contracts where support provider owns the accommodation).	As above. Also open to challenge that it offers unfair advantage to those support providers who own their accommodation.	Not recommended
C. Spot purchase of support packages (<i>complete change</i>)	Local authority purchases places when required – relies on landlord /support provider funding staffing structure at their own risk	High risk – local authority has little control over service provision (more like model of current bed and breakfast placements)	Not recommended (Unlikely that any registered providers willing to engage in this business model)
D. Service users purchase of support packages (<i>complete change</i>)	Local authority allocates funds to service users to 'buy' their own services	High risk- untested approach. Financial procedures not in place to progress this delivery model	Not recommended. (This approach has not been tested for this area of work)

<p>E. Tender contracts but with potential for exemption waivers in exceptional circumstances for current providers (<i>partial / complete change</i>)</p>	<p>Majority/all contracts out to tender (but exemption/waiver process identified where landlord can evidence significant added value). Two stage (PQQ/invitation to tender) process.</p>	<p>Could still face risks identified in option B above, if any waivers granted – minimised if significant added value (value not achievable through tender process) must be demonstrated. Also see risks of tendering services – see below</p>	<p>Recommended – but a robust business case showing strategic relevance and evidencing significant and sustainable added value (that could not be achieved through a tender process) will be required before a waiver can be considered</p>
<p>F. Tender all high support contracts (<i>complete change</i>)</p>	<p>Tender all housing management and support contracts for all approved accommodation aligned with one of the needs assessment proposals set out in this commissioning plan</p>	<p>Potential risk of TUPE implications inflating tender submissions. Risk that costs /resources associated with tender process outweigh any cost benefits.</p>	<p>Not recommended because does not give any flexibility for waivers, even in exceptional circumstances. If option E is taken, but then no waivers are granted due to a lack of evidence of significant added value, then it will effectively become option F.</p>

Preferred Commissioning Option

The preferred option is:

Option E – Tender majority/all contracts (Two stage - PQQ/invitation to tender process) but with potential for exemption /waiver in exceptional circumstances. The letters to landlords identified that;

“the potential option for landlords to be treated as exempt cases in exceptional circumstances – i.e. obtain waiver to also remain the support provider - will be addressed within the Commissioning Plan (and will be considered as part of the consultation process). The recommendation will be that a robust business case showing strategic relevance and evidencing significant and sustainable added value (that could not be achieved through a tender process) will be required before a waiver can be considered.

The recommendation is based on the process set out in Bristol’s Commissioning Framework to retain the services of a current provider if they meet an agreed standard of performance/ value for money and a waiver can be achieved and where:

- Strategically relevant;
- Meets required quality standards;
- Service performs well in terms of KPIs and contractual obligations;
- Service provides best value for money;
- Provider is accredited.

Where a robust business case and justification is provided and a waiver/an exemption is approved, it is imperative that a contract is set up in-line with the Commissioning Plan and subsequent Contractual Arrangements for the delivery of all High Level Support Service, incorporating all of the outcomes, requirements, terms and conditions and performance measures and procedures.”

The deadline for submission of any requests for consideration for an exemption/waiver is the 30th November 2011.

Transfer of Undertakings (Protection of Employment) (TUPE) Regulations

Ongoing support and advice is being sought from Bristol City Council legal & procurement departments and the Bristol Compact Liaison Officer around the implications of TUPE. (All existing providers are currently being contacted to complete a TUPE template.) TUPE needs to be factored into the timescales and form part of the tender proposals.

Legal/procurement advice is that TUPE is unlikely to affect VfM gains to be made from opening the services to market competition. However, it is important that existing providers and potential providers are aware of Transfer of Undertakings (Protection of Employment) Regulations (TUPE) as they may have staff who are put at risk in this process, or be required to transfer staff from other organisations. It is recommended that all organisations seek their own legal advice.

Specific Commissioning Intentions for housing management and support contracts are set out in 5.1.

5 Recommendations

The recommendations in this section are divided into the client sub-groups, with an initial section which recommends changes to be adopted across the board. Following these commissioning recommendations is a section with recommendations for system/process change that sit outside of the commissioning process.

There is some information about potential risks in the recommendations, but for a more detailed consideration, please see the separate risk log. There is also an ongoing consideration of the impact of these recommendations on equalities groups. Please see the equalities impact assessments, which are working documents.

The goal is to procure a range of high support short term accommodation which will enable vulnerable people to make sustainable progress towards achieving independent living. Accommodation will:

- be targeted to those in need of high support services (and focus on achieving timely move-on to lower support accommodation);
- have support structures, partnership agreements and robust referral processes in place to ensure that people are supported to manage any physical health, mental wellbeing, substance misuse and offending needs;
- provide high quality and flexible services – promoting a realistic range of longer term housing options;
- be focused on reducing the level of repeat homelessness (help people move towards social inclusion so that they are able to maintain independence once it is achieved);
- take a positive attitude towards risk, aiming to risk assess people ‘in’ rather than ‘out’ wherever possible.

There is an expectation that contract providers will deliver improved efficiencies (see 5.2), but the recommendations here entail a reduction in the total number of high support bedspaces from 436 to 349 - 353

5.1 Commissioning Recommendations

5.1.1 Recommendations to be adopted throughout the High Support commissioning process

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
T1	Competitively re-tender all the remaining support contracts. Contracts will be for three years from September 2012, with an option to extend contracts for a further two.	Disruption to services if there is a change of support provider. TUPE and resource implications negate the	Allow landlord organisations to apply for an exemption waiver if they can demonstrate that the separation of accommodation from the	Potentially opening the market to new providers. Increased competition leading to improved quality and value for money.

		benefits of this approach.	support contract would significantly jeopardise the pursuit of value for money.	
T2	<p>Design contracts for the high support services which are based on achieving outcomes and a strategic view of meeting local need.</p> <p>Contracts will be outcome focused as far as possible, but will contain some specific service requirements.</p> <p>Increased efficiencies will be achieved through reduced void times and length of stay.</p>	Organisation's own ability to innovate is fettered.	<p>Establish and maintain good working links with all providers of high support services.</p> <p>Allow for flexibility in service requirements and regularly review outcomes.</p>	<p>Successful providers are clearer around what they should be delivering, and services are more focused on local needs.</p> <p>Better outcomes for people accessing high-support services</p> <p>Reduced bed and breakfast use.</p>
T3	<p>The scoring criteria would reflect a commitment to some emergency access options, an emphasis on engagement, education, employment and training and peer mentoring.</p> <p>There will be better dovetailing with Preventing Homelessness Grant funded services.</p>	Requires a change of working practice for some current providers.	<p>Tender open to all bodies, including consortia.</p> <p>Some flexibility in service delivery over the length of the contract.</p>	<p>Better outcomes for people accessing high-support services.</p> <p>Re-presentations are reduced.</p>
T4	Ensure that there is a psychological approach embedded throughout the high support services based on local and national best practice.	Could exclude some organisations unwilling or ill-equipped to work in this way.	Tender process open to all bodies, including consortia or partnerships.	<p>Re-presentations to high support services are reduced.</p> <p>Positive move-on rates are improved.</p>

5.1.2 Recommendations for General/Generic Services

As detailed in the analysis section, large hostel provision is seen as a model with significant drawbacks. A high proportion of the bed spaces in Bristol’s high support accommodation are within large hostels, so it would not be practical to close all of these, but it would be preferable to reduce the numbers of people in large hostels. Given the funding constraints, it is too costly to commission purely small accommodation services, but the intention is that the large hostels will deliver equivalent outcomes to the smaller services by providing cluster style models and improving feelings of safety, planned discharge and reducing repeat use of the level one services.

Proposed total bed spaces in generic services – 125 (a reduction from 178)

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
G1	<p>Commission support services at Logos House and Jamaica Street, promoting cluster style models. Do not commission services at Redwood House.</p> <p>Selection of hostel for closure based on quality of accommodation, proximity of other high support accommodation, limiting risk to linked services and limiting the overall loss of bed spaces.</p>	<p>Reduced number of bed spaces leads to an increase in rough sleeping, homelessness presentations and bed and breakfast usage.</p> <p>Increased pressure on other services.</p> <p>Adverse publicity.</p>	<p>Improve/reduce void times, reduce the average length of stay within this type of accommodation and improve move-on.</p> <p>Additional funds released through this action will be used to provide more flexible support services and mitigate against negative effects.</p> <p>Maintain a commitment to the crash-pad model through future commissioning.</p>	<p>Release funds to achieve the range of improvements highlighted within this review on a reduced overall budget.</p> <p>The proposal aligns with the feedback received and national guidance on the limitations of large hostels in delivering good outcomes.</p>
G2	<p>Do not commission support services at one hostel not aligned with referral priorities and the HSR (Shaftesbury House).</p>	<p>Potential loss of well regarded charitable service if unable to make financially self-sufficient.</p>	<p>Work with the landlord to help look at how to achieve a self-funding model (their expressed goal).</p>	<p>Maximises funding available to services directly aligned to delivering agreed</p>

				outcomes for high support service users.
G3	The hostels ensure that the support they provide fully addresses the needs of offenders.			Improved outcomes for offenders despite the loss of specialist provision.
Please see the complex needs section below for proposals for some of the smaller generic services.				

5.1.3 Recommendations for Women's Services

It is clear that there needs to be separate provision for women as it is not always appropriate for them to go into mixed accommodation. At present there are three separate women's units in the review. The recommendation is to reduce this to two accommodation services provided under one contract

Proposed total bed spaces specifically for women – 37 (a reduction from 42)

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
W1	Do not commission support services at the smallest service (the Well). The provision to be incorporated into the two remaining women's services.	Decrease in the total number of bed spaces specifically for women. Loss of specialist provision People may feel less safe/secure in larger schemes.	Greater focus on creating safe and supportive environments in the remaining provision Support the landlord of the Well with options appraisal for alternative use or funding streams	The smaller service is currently very expensive (with limited evidence of enhanced outcomes for the client group). This approach makes significant savings
W2	Tender the support services for the two remaining services under one contract, with some savings achieved (e.g. through the remodelling of night provision).	Potential loss of specialist skills/knowledge if the number of contracts is restricted. Increased risk to residents if the staffing model at night changes at one service.	Tender process open to all bodies, including consortia. Local knowledge and specialist skills would be included in the selection criteria.	Would offer a more holistic service. Could improve efficiency and value for money. Reduced contract management requirements.

			<p>Allow creative bids to address the problems around risk.</p> <p>Consider making some capital funds available to reduce risk.</p>	
W3	<p>Three bed spaces in the women's services could remain open so that they can be accessed directly by women in an emergency on a night by night basis.</p> <p>Revenue lost from HB would be found through Preventing Homelessness Grant.</p>	<p>Fewer bed spaces to be accessed via the HSR.</p> <p>Possible waste of resources paying for unused provision.</p> <p>Women preferring this type of accommodation, with less support to move away from homelessness.</p>	<p>Ensure that the bed spaces are well managed and contain a requirement for good support planning.</p> <p>Review the arrangements annually.</p>	<p>Some provision for women who are not able to engage with more structured forms of support.</p>

5.1.4 Recommendations for Offender's Services

At present there is one provider offering offender-specific accommodation (ten beds split over two houses). This means that the majority of offenders go into other accommodation services. The service user consultation suggested that few of those living in the offender-specific accommodation regarded offending as their main need.

Proposed total bed spaces specifically for offenders – 0 (a reduction from 10)

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
O1	<p>Incorporate offender accommodation into the wider generic service and do not commission specific accommodation for this group (see recommendation G3).</p> <p>No support contract commissioned at Lazarus House.</p>	<p>There is a loss of specialist knowledge relating to offenders.</p> <p>Reduction in bed spaces for this group.</p> <p>Possible increase in homelessness applications and bed and breakfast use.</p>	<p>Ensure that offender's needs, links with other services (e.g. probation) are embedded within all services.</p>	<p>Could improve the services to offenders who currently mainly access other accommodation.</p> <p>Savings made.</p>

5.1.5 Recommendations for Mental Health Services/Complex Needs

A key recommendation in this area is to reconfigure the mental health services so that they are more focused on the complex needs of homeless people, rather than solely mental health. Analysis and research suggests that symptoms of mental ill health are rarely experienced by homeless people in isolation from other factors of exclusion, such as substance use, poor physical health and offending. Research also suggests that much exclusion stems from childhood experiences. To optimise success with this client group services must be equipped to deal with the full range of factors of exclusion, including, but not limited to, mental ill health.

For more on this issue, see:

<http://www.jrf.org.uk/publications/tackling-homelessness-and-exclusion>

<http://www.nmhd.org.uk/complextrauma>

Changing this configuration means that Longhills is included in this sub-group.

Comments from mental health referrers, front line staff and service users have suggested that for some clients it is not appropriate for them to move on after the two year limit, and they would benefit from a longer stay before move-on to lower support accommodation

“Not be moving people on before they are ready for independent living – providing some kind of in between supported accommodation” (Comment from Front Line Staff Questionnaire)

Following consultation with the Mental Health commissioning team however, it was agreed that it is not appropriate to change this practice to allow for a longer stay. These services are part of the Preventing Homelessness Supporting People commissioning group and are specifically intended to meet short term needs and be focused on move-on. Should someone require a longer term placement, they should be formally assessed and placed by mental health services.

At present Mental Health provision makes up 32% of the high support provision. Recently concerns have been raised that some service users with complex needs, including mental ill health, are being considered too complex to enter the commissioned mental health provision and are instead ending up/stuck in generic services.

The Avon and Wiltshire Mental Health Partnership NHS Trust intend to take back Molitor House for other usage or sale. The current level of hospital move-on provision needs to be retained, but this review recommends that it be provided across the complex needs provision.

Proposed total bed spaces for Complex Needs – 111-115 (from 111, the actual figure depends on the outcome of M3) – this takes into account reductions in this service group alongside units transferred from RSI.

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
M1	Reconfigure service requirements so that services become increasingly equipped to deal with the range of factors of exclusion rather than solely mental health. Tender the contracts under the heading 'complex needs'.	Loss of specialist provision. Some confusion over the exact use of terms and expectations leads to reduced performance.	Tender process open to all bodies, including consortia. Ensure that service requirements and selection criteria are right, seeking specialist input where appropriate.	Services are more aligned with local demand. Fewer exclusions from services because of criteria around mental health.
M2	Look to deliver the current hospital discharge service (9 beds) across/within existing supply of complex needs accommodation. No specific hospital discharge accommodation (currently Molitor House)	No specific hospital discharge accommodation could lead to poorer outcomes for the client group. Lower total bed spaces in the sub-group. Increased homelessness applications and bed and breakfast use	Ensure that all services in this group are well-equipped to deal with people upon discharge from hospital.	Savings made. The principles for successful work with this client group are embedded across the services.
M3	Not commission the support contract at one of the smaller schemes, but consider its longer term future as part of the planning process for future services within the wider lower level/floating support review (due to be published spring 2012).	Loss of up to 10 bedspaces in the High Support provision for the client group.	Refocus current services to ensure that move-on is timely, thereby increasing the total number of placements on offer.	Increased emphasis on the short term preventing homelessness aspect of commissioned services. Provides possibility that any scheme not commissioned for high support

	Judgement to be made based on the quality of accommodation, location, ability to deliver effective high support services and any issues around the landlord/linked services.			may be included within the lower support provision.
M4	Tender the support contract at Toll House Court (20 bed unit) at a lower value than the current contract.	Possible reduction in quality at the scheme. Reduction in overall contract value makes the scheme untenable.	Ensure that the tendering process is flexible and robust enough to ensure that the successful tender will maintain quality.	Savings made More consistency with regard to contract value across services.
M5	Tender the services in this group under two/three contracts.	Loss of specialist providers in this area. Lack of future market competition.	Tender open to all bodies, including consortia.	Efficiency savings through shared management. Best practice followed in outcomes for residents, void times, average length of stay etc.
M6	Include support contracts at Wayland Court and Homefield Court within this group (see R1), with some savings made on current contract values.	Less accommodation for rough sleepers. Possible increase in rough sleeping.	Retention of ringfenced provision for rough sleepers within the generic hostels – Extra Support Beds (ESBs). Continued prioritisation of rough sleepers on the HSR.	Increase of supply and variety of accommodation for this client group.

5.1.6 Recommendations for Young People's Services

The analysis shows that young people have significantly different needs from those elsewhere in the high support system. It is clear that services for young people should remain distinct from the rest of the high support provision. Data from the

Housing Support Register demonstrates that there has been a consistent flow of referrals over the last three years into supported accommodation.

The Preventing Youth Homelessness Group has commenced a piece of joint work with Children and Young People’s Services to analyse need. This is with a view to developing an integrated commissioning plan that will ensure services are in place to more effectively meet the needs of young people.

Proposed total bed spaces specifically for Young People – 76 (no reduction)

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
Y1	Maintain the total number of bed spaces for young people, and ensure that there is sufficient accommodation specifically for young women (at least 30%, or 23 bed spaces).	Accommodation not being most effectively used to meet priority need.	n/a	Acknowledges the significantly different needs of young homeless people.
Y2	<p>Tender the support services at the Foyer and St George’s House under one contract rather than two, with savings made.</p> <p>Look for a greater focus on attracting external additional funding or sponsorship from education/ training providers or businesses in the Foyer – an increased emphasis on education, training and employment.</p>	<p>Potential loss of specialist skills/knowledge if the number of contracts is restricted.</p> <p>An inability to attract funding contract value makes one scheme untenable.</p>	<p>Tender process open to all bodies, including consortia.</p> <p>Look to include local knowledge/ specialist skills within selection criteria.</p>	<p>Would improve value for money and increase efficiency</p> <p>Reduced contract management requirements.</p> <p>Could improve young people’s outcomes relating to education, employment and training.</p> <p>More consistent and standardised model of support for young people.</p>
Y3	Potential to include within the contract provision of up to 5 dispersed units of accommodation to	Could increase pressure on staff team if staff called out to several of the dispersed	Funding for the dispersed accommodation and floating support	Creates an accommodation model that offers greater flexibility and maintains

	which high support can be provided flexibly (for children in care/care leavers with high support needs – which cannot be met within shared accommodation).	accommodation units at one time. Accommodation supply for the dispersed units not yet identified.	provision to come from CYPS.	young people within recognised accommodation pathways.
Y4	Restrict the upper age limit for access to young people's services to 21.	Reduction in bed spaces available for those aged 22-25, including young people who have been in care. Increased pressure on other services, leading to increased rough sleeping, homelessness applications and bed and breakfast use. Risk to young people placed in generic services.	Subject recommendation to review. Ensure providers at generic hostels are able to meet young people's needs.	Increased bed spaces for those aged 16-21, including people owed homelessness or leaving care duty by BCC. Focuses specialisation on the younger age group.
Y5	Focus on mediation and support for young people to return home (where appropriate) by embedding the principle in contracts. Continue with a commitment to the assessment centre pilot.	Possible pressure on young people to return home where it is not appropriate.	Good assessment processes to reduce risk.	Reconnection with family and support networks for young people. Increased access to bed spaces in high support accommodation. Reduced bed and breakfast usage.

5.1.7 Recommendations for RSI Services

The only two Rough Sleepers Initiative (RSI) services included in the scope of this review were Wayland Court and Homefield Court. The remaining provision was not considered appropriate for high support accommodation and will be reviewed in the forthcoming medium/low and floating support review process.

Proposed total bed spaces specifically for RSI – 0 (these are being transferred across to Mental Health/Complex Needs)

ID	Recommendations for Commissioning	Potential Risks of Change	Mitigating Actions	Benefits of Change
R1	Incorporate the RSI provision in the scope of this review into the complex needs high support provision (see M6).	Reduced specific routes for rough sleepers into accommodation leading to increased rough sleeping.	Retention of ringfenced provision for rough sleepers within the generic hostels – Extra Support Beds (ESBs).	<p>Allows more flexible and cost effective use of a wider range of accommodation suitable for meeting high support needs.</p> <p>Includes some self-contained accommodation within high support services.</p>

5.2 Recommendations for System/Process Change

In order to minimise the impact of reduced provision, it is essential that there is excellent performance amongst providers of the new support contracts. So that the number of placements is maximised, contracts will include an expectation that:

- void times are improved (to 2 day average – already being achieved in some of the hostels);
- the average length of stay is reduced to 90 days in all but the specialist complex needs services (where a higher average stay may be required).
- targets agreed for reducing repeat cycles of homelessness

Data from the Housing Support Register (HSR) shows that around one third of those people currently in services covered by this review are recurrent users of high support services. Service user feedback showed that 60% of respondents had used high support services before. Related to this is the high numbers of unplanned departures from services (an average of 50% across all services, but higher for offenders).

It is intended that some of these problems will be addressed by the commissioning and tendering process, but some system or process changes are also required. The following recommendations do not require cabinet approval, but are essential to the successful delivery of the commissioning plan and for achieving outcomes for individuals. They are included here for consultation and will determine the priorities of the Preventing Homelessness Board.

The recommendations focus on the following areas:

- Improving outcomes;
- Accessibility and assessment;
- Flexibility;
- Meeting longer term needs;
- Staff training.

ID	Proposed Changes	Next step/ Lead
	Improving outcomes	
S1	Improved care planning, clear expectations for clients, improved move on options and better target setting and monitoring.	Initially through detailing of the Outcome measures for new contracts
S2	Ensure clients have realistic expectations. This will involve a change of culture and will be a big task. Initially there will need to be greater availability of alternative move-on accommodation and advertising of these, staff training and perhaps use of peer support workers to transmit this message	Take to provider forums and PHB for discussion. Key element within move on strategy
S3	High support service to look at ways to help their service users build up/access deposits and/or RSL's to link with private landlords/private move – on options.	Take forward within forthcoming Move-on Strategy

S4	Ensure that the key points raised in this review inform the forthcoming medium/low/floating support review and Preventing Homelessness Grant commissioning.	Specific points that have not been comprehensively resolved in this review can be addressed in the forthcoming review (see key point's boxes).
Accessibility and Assessment		
S5	Improvement of the quality and consistency of the initial assessment process to be explored more fully with the HSR / Housing advice team and service providers.	Discuss during consultation period – initial milestone within Outcome measures
S6	Look at having specific workers identified within the SPA team to act as a link for specific client groups i.e. women, young people, offenders & mental health.	Discuss during consultation period. Lead: Single Point of Access team
S7	Ensure that only those with high support needs can be referred in to high support accommodation on the HSR and those who are referred to high support needs can ONLY be referred into this level of support (not level 2 or 3).	Discuss during consultation period. Lead: Single Point of Access team
S8	Clarify eligibility criteria for high support accommodation, to include referral to specialist complex needs accommodation.	Discuss during consultation period. Lead: Single Point of Access team
S9	Liaise with mental health commissioners to ensure care pathways between homelessness and mental health provision are fluid	Discuss during consultation period. Lead: PHB
Flexibility		
S10	Increased emphasis on risk assessing people into services and away from refusals – with potential for more flexibility around individualised support packages.	Clarified in tender documentation. On-going discussion with SPA team / SP team
S11	Provision for those with low support needs	Carried forward into the medium/low level support services review and included within the preventing homelessness strategy.

S12	Ensure that short-term emergency access to accommodation is still an option (e.g. crash pads) to avoid/minimise potential use of B&B to meet statutory requirements.	Detail in tender documentation
	Meeting longer term needs	
S13	A piece of work needs to be carried out looking at how we deal with those with longer term (care) needs and entrenched rough sleepers. Also need to know where commissioning responsibility for these people lies (joint scoping exercise needed with HSC and PCT).	(Joint scoping exercise needed with HSC and PCT).
	Staff training	
S14	<p>It was suggested that having a standard core set of staff training requirements would be useful, including the list of training needs highlighted above.</p> <p>It is also proposed that a system-wide induction training session for staff is implemented.</p> <p><i>“Generic induction for support work for all staff (and Service Users) across all providers – so there is more consistency in knowledge & support”.</i> (Comment from D&A Focus Group)</p>	<p>Criteria around provider commitment to staff training within bidding process.</p> <p>Also look at potential source of funds/ resources to set up service wide induction training</p>

6 References:

- Women's Mapping Report*, University of Bristol, 2010 - <http://www.bristol.ac.uk/sps/research/projects/completed/2010/rj5274/>
- Bristol City Council Supporting People High Level Commissioning Strategy May 2011 Draft version 1.0*, Price Waterhouse Cooper, 2011
- Homeless Health Needs Audit*, Homeless Link, 2010
- Report from Pathways Move on Project*, Bristol City Council, 2010
- Enabling Commissioning Framework*, Bristol City Council, 2011 - <http://www.bristol.gov.uk/page/enabling-commissioning>
- Select Committee on Third Sector Commissioning*, Bristol Compact, 2011 - <http://www.bristolcompact.org.uk/>
- Bristol's Supporting People Commissioning Framework*, Bristol City Council, 2010
- Accreditation Scheme for Private Rented Housing*, Bristol City Council Private Housing & Adaptations service, 2011 - <http://www.bristol.gov.uk/page/accreditation-scheme>
- Non-Statutory Guidance on Dealing with Complex Trauma*, DCLG, 2010 - <http://www.nmhdu.org.uk/complextrauma>
- Places of Change*, DCLG, 2006 - <http://www.communities.gov.uk/publications/housing/placeschange>
- Tackling Homelessness and Exclusion: Understanding Complex Lives*, JRF, 2011 - <http://www.jrf.org.uk/publications/tackling-homelessness-and-exclusion>

APPENDIX 1 – ACCOMMODATION SERVICES INCLUDED WITHIN HIGH SUPPROT REVIEW

SERVICE PROVIDER	SERVICE NAME
1625 Independent People	St Georges House
Alabare Christian Care	Lazarus House
	The Well
Carr Gomm	Kensington House
Emmaus Bristol	Shaftesbury House
English Churches Housing Group	Jamaica Street Hostel
	Longhills
Home Group Limited	Egerton Road
	Morley Square (does not meet high support accommodation criteria)
Knightstone Housing Association	Bristol Foyer, 2A Victoria Street
Missing Link	Missing Link Mental Health Services (do not meet high support accommodation criteria)
People Can	Spring House
	27A Stonebridge Park
	Dean Crescent
Places for People	Redwood House
Rethink	Rethink Severn View Support Housing Service (does not meet high support accommodation criteria)
	The Vale Short Term Accommodation Service
Salvation Army	Logos House
Second Step Housing Association	1 Hillside Street
	Hospital Move On Scheme
	Toll House Court
	Supported Housing Temporary (does not meet high support accommodation criteria)
	RSI (High Support) Accommodation (Two of the four schemes do not meet high support accommodation criteria)

APPENDIX 2 – COMMISSIONING PROJECT TIMETABLE

TIMESCALES	DATE
<u>Approved Accommodation Supply</u>	<u>July 2011</u>
Confirm Approval/accreditation process and invite to apply	July 2011
<u>Consultation on Commissioning Plan</u>	<u>October –January 2012</u>
Commissioning Plan / Options Appraisal produced for consultation	October – January 2011
<u>If Tendering Process required for Support Contracts</u>	<u>February – September 2012</u>
Review Timetable for Agreed Options	February 2012
Provider Training for BePS replacement - PTB	January - February 2012
Final Cabinet Approval Gained	March 2012
Tender Documents for PTB	April 2012
Advertise for Expressions of Interest	April 2012
PTQ	May – June 2012
Tender Process	June– August 2012
Implementation Process (to include decommissioning where required)	August – October 2012
New Services Commence	October 2012

APPENDIX 3 – LIST OF AVAILABLE SUPPORTING DOCUMENTS

The following documents support the conclusions and recommendations in this report. They are available to interested parties upon request, but are not included here because of their combined length.

For a copy of any of the documents, please contact the Commissioning and Performance team:

commissioning.performance@bristol.gov.uk

0117 3526752

Commissioning and Performance
Bristol City Council
Amelia Court
Pipe Lane
Bristol
BS1 5AA

- Equalities Impact Assessment (working document);
- Commissioning Options Appraisal;
- Service User feedback summary;
- Mental health referrers feedback summary;
- Workshop feedback summary;
- Offender Managers feedback summary;
- Front Line staff feedback summary;
- Drug and alcohol focus group summary;
- Project Initiation Document and Project Plan – Accommodation provision for 16 and 17 year olds.