



Department for
Communities and
Local Government

Entrenched Rough Sleeping Social Impact Bond Funding

Offering personalised support to
individuals entrenched within the
homelessness system

Funding Bid Application Form

Application Form

This document should be read in conjunction with the Rough Sleeping Programme Bidding Prospectus - available on the GOV.UK website.

We are inviting funding bids from local areas interested in commissioning a Social Impact Bond programme to drive innovative approaches to tackling entrenched rough sleeping. Up to £2 million will be available to each bidder to improve outcomes for entrenched rough sleepers who have spent a lengthy spell in the homelessness system, which may include recurring periods of bouncing between the streets and un-sustained accommodation.

Prospective commissioners will be required to demonstrate that they:

- Can identify need for the Social Impact Bond in their local area.
- Can outline how they will deliver a cohesive programme. ;
- Can show a proposed approach to procuring and monitoring the service through the funding model.
- May be able commit additional funding or resourcing, and have considered the sustainability of the delivery model..

Applications **must be put forward by a lead Local Authority**, but this Local Authority can be a representative of a wider coalition. This coalition could include anybody responsible for commissioning public services, with a duty towards homelessness, and preference will be given to bids which consider co-commissioning.

Where multiple applications cover the same geographic area then only one will be able to be successful. We therefore recommend that authorities work in partnership wherever possible.

Applications will be evaluated as set out in the specification, with those successful notified in December 2016.

Name (each Funding Bid needs a lead, named contact):
Sue Forrest
Local Authority:
Brighton & Hove City Council
Job title, address & contact details (including e-mail address):
<p>Commissioning and Performance Manager Adult Social Care Hove Town Hall Norton Road, Hove BN3 3BQ</p> <p>Sue.forrest@brighton-hove.gov.uk</p>
Are you representing a coalition of commissioners or partners? If yes, list all organisations below:
<p><i>Bidders are reminded to note that we are particularly interested in proposals from across multi-agency partnerships and local authority boundaries, to recognise the importance other local partners play in helping people access the services they need to get back on their feet.</i></p> <p><i>Hastings Borough Council, Eastbourne Borough Council, Arun District Council, Adur and Worthing Council, Brighton and Hove City Council</i></p> <p>The responsible lead officers of the following partners and services have confirmed in writing their support for this bid:</p> <p>Sussex Police Sussex & Kent Probation Service Brighton & Hove City Council:</p> <ul style="list-style-type: none"> • Public Health(Substance Misuse Services and Health Promotion) • Adult Social Care (Single Homeless Services and Assessment) <p>Brighton & Hove Clinical Commissioning Group (Mental Health services) East Sussex County Council (Mental Health & Substance Misuse Commissioners) CGL Sussex (Substance Misuse) Fulfilling Lives, Brighton Housing Trust (BHT) Worthing Churches Homelessness Projects St. Mungo's Stonepillow Adur & Worthing Council</p>
Amount of funding requested, and, where possible, an indicative profile over the four financial years:

A draft outcome rates card is attached to the Bidding Prospectus as Annex A.

Calculations are based on 150 clients x £9 000 median PBR ambitiously assuming the following success rates.

Total funding will be in the region of £1m.

Year 1 60 clients (60% success in accommodation for year 1 payment) £324000 plus BHCC Costs £18215 **TOTAL £342,215**

Year 2 60 clients (50% success in accommodation) £270,000 plus BHCC Costs £3859 **TOTAL £273,859**

Year 3 45 clients (50% success in accommodation) £202,500 plus BHCC Costs £3859 **TOTAL £206,359**

Year 4 35 clients (50% success in accommodation) £157,500 plus BHCC Costs £3859 **TOTAL £161,359**

In the first year of the bid BHCC will require support as the lead partner to implement and establish all processes. To be fulfilled by 0.3 FTE Commissioning Officer Scale M11, 11 hours a week **TOTAL £11,474**

Procurement costs are estimated at **£3,150** (90 hours)

Legal Costs are estimated at **£2,886** (37 hours)

For years 2, 3 and 4 contract management costs of 0.1FTE are requested. 3.5 hours a week **TOTAL £3,859**

Bidders are reminded to note that we are particularly interest in bids from across geographical local authority boundaries, recognising the transient nature of the rough sleeping population and the need to identify a cohort of over 100 individuals.

The partners for this bid are Brighton & Hove City Council, Hastings Council, Eastbourne Council, Adur & Worthing Council and Arun District Council.

Whilst Substance Misuse Services and Mental Health are not joint bidders they have both been consulted and have formally supported this bid. (See attached letters.) The geographical area covered will be within Sussex. The total SIB cohort will be 150 people.

This bid builds on the cross authority work developed through the SHORE (Sussex Homeless Outreach Reconnections and Engagement) partnership originally set up through the DCLG funding, tackling rough sleeping across Sussex and exploring opportunities to expand existing rough sleeper pathways.

SHORE has developed Sussex wide responses in recognition of the transient nature of rough sleepers and the significant numbers who move around within Sussex. This bid is from authorities who have a track record in joint working to tackle homelessness through Sussex wide approaches and are

committed to expanding joint working across a wider range of partners.

Governance and commissioning arrangements for this programme will be managed by BHCC as the lead Local Authority with individual areas setting up or using existing multi agency steering groups. The 4 authorities will formally meet 4 times a year from October 2017 as part of a multi-agency cross authority SIB programme board.

Criteria A – Need for the Social Impact Bond

This section will be scored out of 5, with 5 points awarded for strong proposals with very good evidence of how the proposal meets the criteria; 3 points for good evidence of how the proposal meets the criteria; and 1 point for very limited or no evidence provided on how the proposal meets the criteria.

Outline the size and demographic of the cohort you intend to work with, and explain how this has been calculated, including any evidence which supports the numbers.

You should also identify the need for this intervention in your local area. This should include how the needs of this group of individuals are not being met by existing service provision. [500 words]

- You should demonstrate the current scale of long-term rough sleeping in your application area, and the need that a Social Impact Bond will respond to.
- You should provide supporting evidence of how the needs of this group of individuals are not being met within existing service provision, including health and other services.

Numbers of rough sleepers in Sussex has increased over the last few years. SHORE has identified a cohort of entrenched rough sleepers.

In Brighton & Hove from the estimates in years 2014-16, 26 people were identified as rough sleeping in at least 2 of the last 3 years.

In hostels, there are 60 individuals who are unable to move through the pathway or who are 'revolving door'. There are approximately 45 people in BHCC funded emergency accommodation dispersed across Sussex who are 'revolving door' or entrenched. All of these are known to services for 3 years plus.

There are 5-10 rough sleepers who will not access accommodation.

There are increasing numbers of rough sleepers with complex health and mobility issues who are difficult to accommodate in traditional hostels or are rapidly evicted.

The city has an above average female and LGBT rough sleeping population. Data is captured in CAIERS (a multi-agency list of rough sleepers in the city).

Data is available from; the Primary Care Homeless GP Hub which has over 1000 registered homeless patients, hospital data from the Pathway Project, which sees 300 entrenched Rough Sleepers p.a., Mental Health Homeless services, who are experiencing a month on month rise on referrals of 15%, Substance Misuse Street Outreach Teams, who worked with 27 rough sleepers from November 2015-16.

Local Authority	Rough Sleeper Estimate November 2016	2015/6 Outreach contacts with rough sleepers	2015/6 Streetlink Referrals
Adur & Worthing	25	30	24
Arun	19	17	22
Brighton & Hove	144	1200 (approx. as change of service provider affected data quality)	Change of service provider so incomplete data as not utilised until Sept 2015
Eastbourne	19	83	94
Hastings	26	137	41

In Sussex, outreach services report a significant cohort of entrenched rough sleepers. There are multi-agency Homeless Hubs (Hastings and Eastbourne) which want to improve the service offer to individuals with multiple and complex needs.

Services acknowledge the need to be flexible to the needs of individuals; however they demand that individuals change their behaviour to access services and accommodation. People's needs are not being met at all due to lack of meaningful engagement, or their needs are being partially met by a range of services and lack clear case coordination.

Work in Brighton and Hove looking at rough sleepers who have died (Safeguarding Adults Board) found that 90% were engaged with 5 or more services. Access to SMS and Mental Health Services was hard to maintain for this cohort.

In Arun, entrenched rough sleepers are flagged at the monthly Arun Street Community MARAC and the data is maintained by Arun Community Safety. In Adur and Worthing, they are identified at MARAC and other multiagency meetings.

Work to date with the small Housing First service in Brighton and Hove has shown that a robust case management function delivered via a partnership approach and structured through a multi-agency steering group is effective in engaging ASC, Health, Community Safety and Housing. We will utilise this approach, but also map and pool accommodation and resources boosting the support on offer to engage, prepare and stabilise people before accessing services and accommodation.

Describe the robust method by which individuals will be identified and referred into a SIB cohort, including the roles of any partners. [500 words]

- Information on how you intend to refer individuals should be as detailed as possible, and should identify all partners who will be involved, as well as a detailed timeline.

Referrals

The referral criteria will be refined for this project but is based on the existing Housing First criteria used in Brighton and Hove.

This uses the Resolving Chaos matrix plus the Housing First eligibility criteria. Existing Panels that allocate accommodation or resources/services for single homeless people use eligibility criteria which exclude many of this cohort. We will set up a new steering group for this process.

In each local authority area, partners will identify people who met the criteria using; ECINS, OPAL, Pathways, Mental Health and Substance Misuse Services, MARAC, Safeguarding Boards and High Impact Casework Forums. The lead officer will work with Fulfilling Lives Service User Groups and other services in each area to develop a robust criteria and referral form for this programme to be used all the agencies making referrals, ensuring a comprehensive list. Local connection criteria will not apply.

The Panels will build on pre-existing multi-agency relationships and working arrangements e.g. Brighton & Hove's will have representatives from Housing, Third Sector, Primary Care (Homeless Integrated Health Hub), Mental Health Services, Rough Sleepers Outreach Service, Substance Misuse Services, Community Safety, the Police, Probation, DWP, Pathway Plus (hospital discharge). In other areas partners will reflect the local environment. No partner will be excluded.

Verification

We have Sussex wide rough sleeper data from St Mungo's and similar services to cross reference with referrals. We can also cross reference the list with Revenue and Benefits, DWP and MARAC.

Partners and the DCLG will agree the verification criteria once referrals have been received. Particular effort will be made to include people who are invisible to services, women and LGBT rough sleepers.

A clear shared protocol using a multi-agency approach will be drafted to ensure each authority finalises their list by May 2017. All services will contribute to the list. The data will include accommodation, work and learning status, engagement with existing services e.g. substance misuse, GP and mental health services.

A snapshot of current needs will be logged through the Outcomes Star or another

measure as agreed with the Steering Group and Service Users.

There will be a cross authority steering group with a strategic remit once the cohort has been identified, to ensure services are being responsive to the programme's needs.

Each local authority area will have a local steering group building joint working with representation from Health, Adult Social Care, Community Safety, the Third sector and others.

Criteria B – Strategic Fit and Partnership Working

This will be scored out of 5, with 5 points awarded for strong proposals with very good evidence of how the proposal meets the criteria; 3 points for good evidence of how the proposal meets the criteria; and 1 point for very limited or no evidence provided on how the proposal meets the criteria.

Briefly outline how your proposed approach for the SIB will meet the objectives of this programme, as outlined in the Bidding Prospectus, and how you would work in collaboration with other local authorities and relevant sector partners (e.g. across health and social care) to achieve these goals.

[500 words]

- You should demonstrate how you will provide a multi-agency response through the SIB, to ensure holistic and targeted support is in place to improve outcomes for long-term rough sleepers. Preference will be given to bids from across local partners and / or local authority boundaries.
- You should outline any preferred service delivery approach, for example, Housing First. We are particularly interested in seeing new and innovative models of delivery to improve outcomes for this group.

Our proposal will build partnerships and integrated working within and between local authorities. This will be achieved through a navigator model, increased multi-agency planning, sharing data, and improving the delivery and integration of services. Brighton and Hove will extend the rough sleeper ICT system to all partners. Local groups in each area and the Steering Group will include representatives from Adult Social Care, Health, - including mental health and substance misuse services, and the Third Sector. Proposed invitees have all supported this bid and indicated their willingness to engage with the programme.

The ethos of the service delivery will be based on PIE (led by Brighton and Hove) and MEAM (Adur and Worthing) delivering innovation in strengths based work. We

will build a collaborative partnership across all sectors to tackle the accommodation and support needs of this cohort through locally focused steering groups and the cross authority SIB programme board.

Collaboration will include increased flexibility around emergency or temporary accommodation through Housing Options plus access to hostel beds, and will align with the current commissioning of assessment centres and 'safe places' short term emergency beds. We will make effective use of all forms of accommodation, including via statutory Homelessness and the Care Act, whilst ensuring a good match for the individual.

We will commit to the fullest Housing First model possible and find creative ways to address the lack of supply of accommodation. We will explore where this is the best fit for any individual client.

Practical provision of the model will be explored in each area and on a personalised basis. Supported accommodation pathways and other forms of accommodation will be pooled and utilised to ensure this cohort stabilises in accommodation. Local connection criteria will be suspended to ensure the best outcomes. This is supported by Public Health, Health, Safeguarding Boards and Substance Misuse Services who identify local connection as a risk issue for clients attempting to access services. The Drug Related Death Meeting for BHCC have identified two deaths where better cross agency working and the suspension of local connection criteria for housing may have changed the outcome.

Wrap around support offering a Housing First style fidelity model will aim to reduce rough sleeping activity and ensuring access to local services – health(street triage), mental health (street based assessments). Pre-referral activity will ensure appropriate referrals to services.

We will expand the role of the Hubs and day centres, and street outreach. Service blockages will be fed back to the local and cross authority steering groups.

We are discussing how mental health services can work across Sussex with a mobile homeless population focusing on transitioning people from one service area to another. We have scope to develop and extend cross authority working, sharing practice, evaluating the use of PIE and MEAM.

Outline how you will meet your overall ambition to reduce rough sleeping in your local area. [500 words]

- You should show how the support procured through the SIB will align with other initiatives within the application area, and wider commissioning of services for this group.
- Where you are also bidding into the new £10 million rough sleeping grant funding, or the £20 million Prevention Trailblazer funding, you should highlight this here.

The SIB aligns with the commitment across partners to reduce rough sleeping and the BHCC Rough Sleeper Strategy. The governance of the delivery of this strategy will be used to monitor all our strategic rough sleeper initiatives, including DCLG investments. In response to increasing numbers of rough sleepers, we are trialling the use of 'Safe Places' where rough sleepers can be accommodated on a short term basis for assessment and interventions.

In East and West Sussex, county homelessness strategies are being developed by a wide range of partners to tackle rough sleeping more effectively.

A reduction in entrenched rough sleepers will enable services to focus on moving people new to rough sleeping quickly off the streets and if the Rough Sleeper grant applications are successful in Brighton and Hove and Sussex, harnessing services on a Sussex wide level, mapping and developing the charitable sector in order to increase access to support and community resources. Data shows that rough sleepers move around Sussex (particularly the most entrenched).

Partners will develop joint assessments and Accommodation Plans available to all related services through BThink. Stabilising the 'revolving door' cohort will release resources, enabling services to work in a planned way.

BHCC is aligning commissioning across Health and Social Care and integrating services for homeless people through a newly NHS England commissioned Homeless Health Hub which will host a number of agencies. We are currently commissioning the city's first assessment centre and will pilot the use of assessment beds across the city.

BHCC, East and West Sussex are applying for funding through the Rough Sleeping Grant to use navigators to ensure a clear accommodation offer is made quickly and the Trailblazer bid to enhance the prevention work of Housing Options to respond to people rough sleeping and those at risk of rough sleeping. Joint work with ASC and Health will ensure Care Act and health interventions are responsive and are a key element of Housing Action Plans.

The Eastbourne and Hastings Community Hubs allow for multiple services in health, social care, housing and related voluntary sector services to provide holistic assessment and support planning in a trauma informed environment and are linked to outreach services.

We have used Homeless Link guidance to draft a city wide Accommodation Loss Protocol which we will roll out across the partnership to reduce evictions from hostels and emergency accommodation. This links well with PIE and MEAM and develops innovative practice.

BHCC have developed a Rough Sleeper ICT system for use by all partners who work with rough sleepers (BThink) in the city that will be used for this programme. This provides a greater level of intelligence and collaboration between services and avoids duplication.

This work aligns with the Brighton and Hove Homeless Better Care Programme which is integrating homeless services, and ESBT which is expanding the sharing of information, aligning systems and targeting MDT working around people with high use of A&E, discharges from hospital of homeless people and those with health issues which are not being addressed.

Outline existing knowledge of the service provider market, including prior experience with the market. [200 words]

You will also need to attach evidence showing that at least one service provider is willing to support your bid for funding

We have an extensive provider market in Brighton and Hove and are in close proximity to London. We currently commission over 60 service contracts with 16 different Third Sector providers in the city. Some are local providers others are national providers. We also contract manage contracts on behalf of the Clinical Commissioning Group.

Local providers from the Third Sector, including RSL's are actively involved in local working groups relating to work and learning, reviewing deaths, day and street services, operational integration of services and planned hospital discharges, substance misuse, high impact casework forum, MARAC, Community Safety Forum.

Commissioners across Brighton and Hove, Eastbourne and Hastings have close working relationships with the Fulfilling Lives project and their Service User groups, which has been invaluable in joint working e.g. embedding asset based referrals into supported accommodation services in Brighton and Hove and developing a specialist service for women with multiple and complex needs.

We are undergoing a comprehensive tender of single homeless support and accommodation services, plus young peoples and mental health services. We have good engagement with providers. We consult about service models, service changes.

Hastings and Eastbourne have Hubs with co-location of services, with established working relationships with a wide range of homeless organisations.

Key Third Sector providers for this bid are BHT, St Mungo's, Worthing Churches, Seaview, CGL, Pavilions, Equinox. St Mungo's has the street outreach contracts in Brighton and Hove and East and West Sussex and the Housing First contract in Brighton and Hove. (See attached letters for support for the bid.)

Criteria C – Readiness and Capability

Throughout this section you should outline where additional support may be

required, either in the commissioning or delivering of the SIB. This will be agreed locally once funding decisions have been made.

This will be scored out of 5, with 5 points awarded for strong proposals with very good evidence of how the proposal meets the criteria; 3 points for good evidence of how the proposal meets the criteria; and 1 point for very limited or no evidence provided on how the proposal meets the criteria.

Outline the intended approach for procuring services as part of a Social Impact Bond, including any aspirations towards co-commissioning. Applicants are reminded that all SIBs must start delivery by October 2017 at the latest.

[500 words]

- At this stage you do not need to carry out any procurement activity. However, you should demonstrate how you intend to approach the procurement of the Social Impact Bond locally. This may include indicative timelines and proposed procurement routes, and should also outline any intentions towards co-commissioning.
- We are keen that change and innovation to support this group doesn't wait until the launch of the SIB, and applicants should set out what activity could be provided in the meantime, including any bridging costs that may be required.

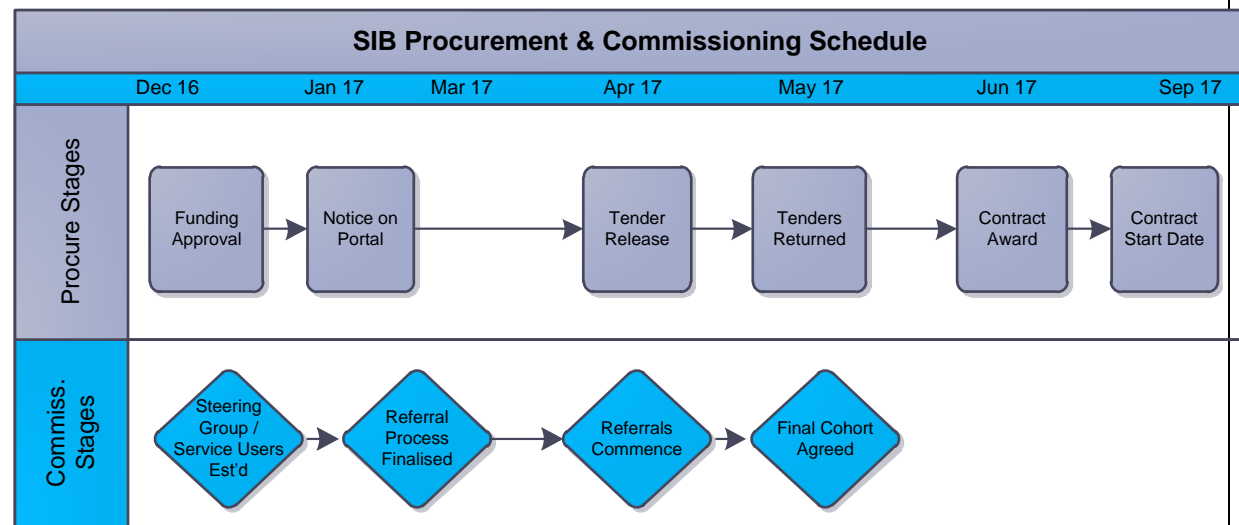
The procurement process would be run in accordance with the Light Touch Regime of the Public Contracts Regulations 2015. A single-stage process will be undertaken, based on the "open" tender model in order to reduce the burden on organisations applying to provide the service. This process will also help expedite the timeline, ensuring the SIB can begin in September 2017. Following DCLG announcement of successful bids in December 2016, an "Early Opportunity" notice will be posted to Contracts Finder in January 2017 to give providers notice to seek investors in preparation for their bids.

A contract notice will be published on Contracts Finder and OJEU (dependant on the value of the funding) in March 2017, with a deadline for response of 28th April 2017. Bidders will be assessed on their previous experience of delivering successful interventions to people in a repeat cycle of homelessness and will be required to provide detail on their plans to implement the service promptly following contract award. Bidders will also be required to provide detail on their proposed investors, to ensure the financial stability of the project going forward. Additional social value will also be assessed, based on the Brighton and Hove Social Value Framework, to ensure all benefits to the local area are captured within the procurement process.

Bids will be assessed by Commissioners from the ASC Housing Related Support team, Housing, Public Health and the CCG. Following evaluation, contracts will be awarded in mid-June, to allow successful providers time to mobilise their service effectively, including any required recruitment. A voluntary standstill period will be observed and Contract Award notices published.

Activity prior to October 2017 will be undertaken by the existing service providers and outreach teams will be to stabilise the very high risk rough sleepers, work with the 'revolving door' clients for preparation to move to more secure accommodation from emergency or supported accommodation. Expand the Multi-Disciplinary Team working around the people with chronic health needs who will be included in the SIB programme with clear health action plans.

Additional support would be welcome in drafting the outputs so they are tight and clearly verifiable with the addition of example draft contracts.



Outline any relevant experience in procuring Payment by Results contracts or Social Impact Bonds. [250 words]

The BHCC procurement team has one PBR contracts in place and are exploring more. The ASC Head of Commissioning has experience of procuring and managing PBR contracts.

As part of integrated working arrangements, the BHCC ASC Commissioner for Single Homeless People has experience of working with the Brighton & Hove Clinical Commissioning Group on drafting and monitoring CQuins in the mental health contracts relating to improving access of primary care services for people in hostels and the use of information sharing ICT across homeless services.

BHCC has procured and manages over 60 contracts for homeless services so has extensive experience in developing and managing outcomes focused service contracts. Verifiable hard outcomes measures are key for PBR and we are exploring how we can develop this.

Our experience of Social Impact Bonds is limited to working with partners in Sussex

who deliver the London Homelessness SIB (St Mungo's) and have local partners who applied to the Fair Chance Fund and have shared their experiences (YMCA Downs Link).

Outline the intended approach for engaging with DCLG and monitoring the Social Impact Bond during the lifetime of the programme. [250 words]

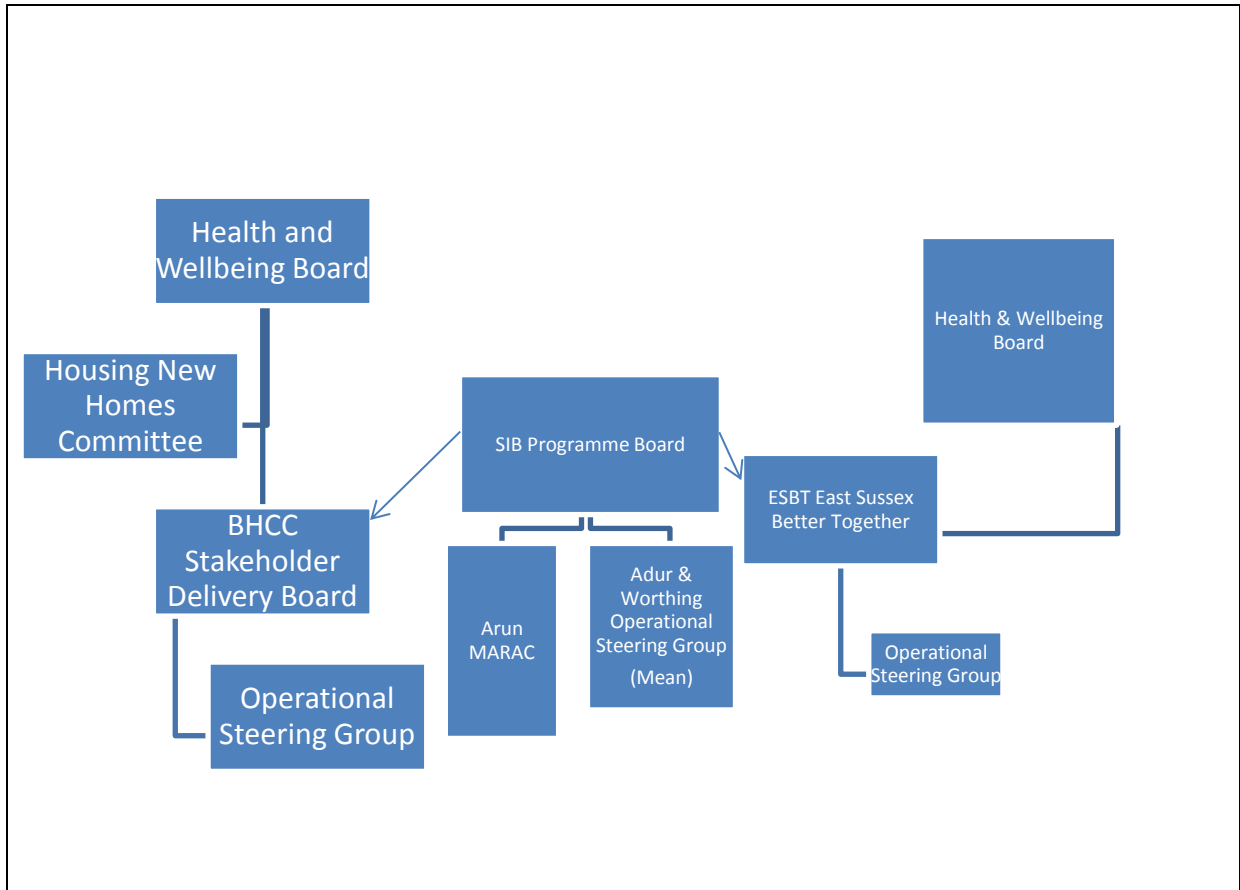
- This could include an indicative governance structure or a project plan.

Commissioners in BHCC will lead and adapt our existing contract management systems, to set up qualitative and quantitative outcomes reporting in line with the DCLG requirements. The programme will use the new rough sleeper ICT system based on CHAIN, but adapted for the partners and this programme.

We will consider co-commissioning opportunities during the development phase with local authorities' partners and other commissioners across Sussex. The bidding partners will agree acceptable verification methodology, agree the monitoring and reporting structure, load agreed cohort onto BThink, agree roll out and scaling up across authorities, and the ongoing monitoring and measuring outcomes and system changes. We will improve and develop more robust data collection and collate effective interventions.

The Sussex wide SHORE group is due to end in April 2017. The authorities involved in the Trailblazer Bid, Rough Sleeper and SIB bids will continue to meet and reconstitute the meeting to meet the grant criteria, share monitoring and have strategic oversight as part of a Programme Board aligned with other Sussex wide initiative to reduce rough sleeping. A key element of this work will be to collate all available data sources and share intelligence to ensure services are all working towards reducing rough sleeping.

Full cost recovery in relation to the set up and contract management costs will be for a 0.3 FTE Commissioning Officer for year 1 of the programme at grade M11 and 0.1 FTE for years 2-4. Plus costs in year 1 relating to legal and procurement resources.



Criteria D – Funding or resourcing for sustainability. [optional]

This will be scored out of 5, with 5 points awarded for strong proposals with very good evidence of how the proposal meets the criteria; 3 points for good evidence of how the proposal meets the criteria; and 1 point for very limited or no evidence provided on how the proposal meets the criteria.

Identify any additional funding to support or extend the Social Impact Bond. [optional - 250 words]

- Any available match funding should be outlined here.
- You should also outline any opportunities for additional local funding to sustain delivery of outcomes longer-term beyond 2020/21, or extend the service to a wider cohort.
- Any funding cited should not include funding for delivering existing statutory services, or any bid into the new £10 million rough sleeping programme. It could however, including pooling of funding with other local authorities or local commissioners such as Clinical & Commissioning Groups.

Local funding to sustain the delivery of outcome beyond 2020/21

East Sussex Better Together and Brighton and Hove Better Care and Single Transformation Plan drives change in services commissioning and delivery. By 2020 this integration will be embedded, positively impacting on outcomes for homeless people.

In East Sussex, strategic governance will sit with the Health and Housing sub group of the East Sussex Better Together (ESBT) & Connecting For You (CFY). Partners within ESBT & CFY are comprised of three clinical commissioning groups.

Adur and Worthing are rolling out MEAM and BHCC are rolling out training and support to develop PIE. This provides resources and learning for all partners.

Brighton & Hove will provide;

- trained Peer Mentors
- Access to Work services
- Floating Support Services
- BThink ICT system
- Contract Management

Fulfilling Lives, across Brighton and Hove, Hastings and Eastbourne works with people with multiple and complex needs. They are an invaluable partner ensuring robust delivery and commissioning of services. They are exploring establishing a Housing First project in East Sussex. We are aligned with their remit and system change agenda. We have excellent engagement with their Service User panels, this supports the work of this programme.

Learning and evaluation will provide information to shape how we commission services for this cohort going forward. This will apply to each partner in this bid and ensure we continue to build a Sussex wide approach to accommodating entrenched rough sleepers.

Provide an initial assessment of how you will consider longer-term sustainability of the programme. [250 words]

- This could include a demonstration of how it will drive a change in how services for rough sleepers are commissioned in that local area.

We will drive change through shared identification of eligible clients, extending joint working/assessment, making service responses more flexible, personalised and responsive.

The integration of Health, Housing and Adult Social Care moves forward in Brighton and Hove and East Sussex and will continue with integrated commissioning with CCG, Adult Social Care, Public Health, Housing with the Single Transformation Plan.

The reduction of rough sleeper numbers is central to the ESBT agenda, recognising the negative impact on health, SMS, community safety, tourism, mental health,

employment and wellbeing.

In Brighton and Hove, this is an opportunity to build on integration developments to date.

Both areas are establishing commissioning structures designed to deliver whole systems change through co-commissioning and co-location of services in East Sussex.

We are aligning our actions as closely as possible with services funded by mainstream, longer term budgets so that evidence of success can be sustained. We are finding that all partners are keen to try out new approaches, especially with entrenched rough sleepers with the highest level of vulnerability and of greatest cost to public services. Strategic alignment will embed sustainability.

Piloting of innovative approaches will demonstrate improved ways of working. We will engage partners and clients in all aspects of service design and delivery, learn from best practice, what works and embed effective Service User involvement.

Integrated commissioning arrangements will address any gaps in service provision highlighted through this programme with learning from MEAM and PIE.

Section E – Additional

The following question will not be assessed as part of the Expressions of Interest phase, but will help shape the final design of the programme.

We anticipate that there might be some flexibility in outcome payment rates based on market engagement during the bidding process. Do you have any comments on the draft rates card?

- A preliminary rates card is attached to the specification as Annex A.

Feedback from Service Providers is that the entering accommodation payment of £600 is too low. Extra resource may be needed to support with personal budgets and tenancy set up etc. and this payment does not reflect this. There is lack of explanation of what accommodation type would be acceptable at this stage, so if any type or accommodation is eligible, the payment could be sufficient.

Nothing in the rates card addresses the lack of supply of accommodation.

Completed forms to be submitted by 5pm 28th November 2016 to:
roughsleeping@communities.gsi.gov.uk

