



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):
Chris Keppie
Local Authority:
Gloucester City Council
Job title, address & contact details (including e-mail address):
County Homelessness Coordinator, Gloucestershire Gloucester City Council, Herbert Warehouse, The Docks, Gloucester, GL1 2EQ chris.keppie@cotswold.gov.uk (I work for the Gloucestershire grouping of councils, and happen to have a Cotswold email address) 01452 396569
Are you representing a coalition of commissioners or partners? If yes, list all organisations below:
This bid is submitted on behalf of a multi-agency partnership working together to commission provision for Rough Sleepers and entrenched homelessness across Gloucestershire. The partnership includes: <ol style="list-style-type: none"> 1. Gloucester City Council (Lead Authority) 2. Cheltenham Borough Council 3. Cotswold District Council 4. Forest of Dean District Council 5. Stroud District Council 6. Tewkesbury Borough Council 7. Gloucestershire County Council 8. NHS Gloucestershire Clinical Commissioning Group
Amount of funding requested, and, where possible, an indicative profile over the four financial years:
Amount requested: £990,000 This is based on an estimated cohort of 110 clients, at an average total payment of £9000 / client. This budget has been based on current cohort, below, and calculated in response to recent GLA SIB evaluation interim reports. We need to do more research on the profile, but based on comparable SIBs locally, we anticipate a steady increase from Y1Q1 to Y1Q3 as people enter and secure accommodation for 3 months. As below, we expect the provider will have a lot of the cohort pre-referred from Day 1, and for accommodation

options to be identified in advance.

Thereafter, we expect it to plateau (as initial employment/volunteering rates are relatively low) and there are (currently) no 6 month accommodation rates. By mid Y2, we then anticipate an increase as significant numbers hit 12 months in sustainable accommodation, with the profile then tapering down in Y3/4.

As greater detail is specified in the rates card about sustainment of services, and we consult with social investment specialists as well as yourselves, we will be able to provide a more detailed projection.

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

Geographic area to be covered:

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.

This SIB service would cover the whole of Gloucestershire, which is made up of 6 second-tier district authorities listed above. These include both urban centres (Gloucester and Cheltenham, which both have significant numbers of entrenched rough sleepers and high numbers of people trapped in a cycle of homelessness routinely entering homelessness services), as well as large, rural districts with (such as the Forest of Dean and Cotswold) where the pattern of homelessness is widely dispersed and at risk of being 'hidden'.

Whilst Gloucester in particular features highly in indices of multiple deprivation, other towns such as Cheltenham and Cirencester (Cotswold district) are generally affluent, yet still have significant levels of entrenched rough sleeping partly associated with high begging income to enable drug and alcohol use.

We recognise the transient nature of homelessness and rough sleeping both nationally, regionally and within the respective district boundaries of the County. We have developed a strong public sector partnership to address this transient issue of rough sleeping and repeat homelessness to commission and coproduce county wide responses and services. This SIB has been developed to further complement this existing pathway to plug a recognised gap for the most complex and vulnerable client group.

We also think it would be a useful pilot as a fairly typical 'shire' county, with its mix of city, towns and rural expanse; of wealth and services and poverty; and with a sizeable population of rough sleepers both visible and hidden.

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]

Cohort: Our *current identified cohort* who fit the prospectus criteria is 122 single homeless people, of whom:

- 92x male / 30x female
- 55x 21-34 / 63x 35-64 / 4x 65+ years old
- 75x repeat rough sleepers (criterion 1), 98x long-term use of homeless services (many in both categories)

Please see [Appendix A](#) (anonymised).

From now until contract start, there will be some movement (see referral methodology below), however we believe the *stated SIB cohort of 110* will reflect current levels as they are recognised long term rough sleepers and those who repeatedly cycle between services and the streets. We want to be conservative rather than over-stating, hence the reduction to 110.

Current data has been provided by our countywide rough sleepers assertive outreach team (St Mungo's since April 2015). Using their OPAL database (similar to CHAIN), they identified clients verified as rough sleeping 6+ times. The needs of these individuals were then cross-checked to ensure only those meeting the criteria of age/2+ complex needs were included.

To achieve current identified cohort, County Council commissioners collated information from accommodation based services (ABS) to identify current clients known to have been accessing homelessness services for 3+ years but whose needs were not adequately or effectively being met through current provision. Individuals with the same age and multiple need as per the criteria were identified and cross checked by the commissioners with the countywide homelessness assessment centre provider, P3.

Our official 2016 Streetcount estimate, across the six Gloucestershire districts was 42, compared with 21 in 2015. This 100% increase is partly explained by better intelligence of hotspots/increased referrals but also, in line with national trends,

increased new rough sleepers with complex needs, or returners following eviction from ABS.

Current Provision: The rough sleeper outreach team has had good outcomes getting people off the street into ABS, or making national/international reconnections. There remains however a cohort of long term entrenched rough sleepers and those trapped in a long term repeat cycle of accessing services and the street. The team are overstretched trying to hit NSNO targets for new rough sleepers; whilst working with ABS and substance misuse/mental health partners to prevent eviction/repeat homelessness; and trying to find solutions for people with the most complex needs unwilling to access ABS options they know don't work for them, or unable to access services who can't accept their level of substance-misuse and/or mental health-related behaviour and risk. (See [Appendix B](#) for letters of support expressing these challenges.)

Across the partnership, provision to address the challenges of homeless people with complex needs includes:

- rough sleeper outreach team,
- assessment centres,
- clear ABS pathways,
- Homeless Healthcare Team, and
- hospital discharge team (see Criteria B).

Regular partnership meetings with others including mental health, substance misuse, police & community safety teams, have evidenced gaps in service and capacity: lack of 'dual diagnosis' provision, disempowering evictions & repeat 'bedblocking' of ABS. It is recognised that this cohort require a wraparound personalised response which we are confident that the model, stated below, will achieve.

(500 words)

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

1. Continued review and revision of baseline spreadsheet of eligible clients meeting DCLG criteria, collated for funding application in November 2016 (see section above)
2. On award of funding in December, County Homelessness Coordinator (CHC) to arrange SIB Referral Meeting in January 2017 with stakeholders including:
 - Countywide rough sleepers outreach team
 - County council commissioners for Accommodation Based and Community Based Support services (ABS & CBS)
 - All relevant ABS and CBS managers across the county
 - Managers of specialist mental health ABS (run by 2gether Trust and Rethink)
 - Homeless Healthcare Team Manager
 - Representatives from:

- 'Time To Heal' hospital discharge service
 - Probation / 'ATLAS' offender team
 - Police / community safety teams
 - Chairs of weekly 'START'¹ panels and representatives from each LA housing options team
- a) to ensure consistent and shared understating of SIB criteria and purpose
 - b) to agree referral process and identify points of contacts from referral agencies. Referrals will be by partners including:
 - i. Manager of current ABS / mental health provider if currently accommodated
 - ii. Time To Heal representative if currently in hospital
 - iii. Probation representative if currently in prison
 - iv. Outreach team if currently street homeless
3. Adoption of Referral form to include:
 - a) Age
 - b) Homelessness status and reason
 - c) Number of times seen rough sleeping, over what period; or numbers of ABS stays, over what period
 - d) Needs: number, summary, agency contact for each (if any)
 - e) Risk Assessment
 - f) Contact details of Client and Referrer.
 - g) Date
 4. Referrals will be emailed securely to County Homelessness Coordinator in the month following the meeting
 5. The CHC will check referrals for full completion, and hold them pending the letting of the contract to the provider (see procurement timetable below).
 6. On contract start, the CHC will pass all existing referrals to the provider, who will commence work with each individual
 7. The provider will come to future Referral Meetings
 8. Referral Meetings will continue on a monthly basis, before and after letting of contract: until either:
 - The total cohort number agreed with DCLG is reached*, or
 - 12 months have elapsed from start of contract
 (* clients referred but not found by the SIB provider 1 month after referral received will be discounted and excluded from the cohort)
 9. Between monthly meetings, referrals may also be made directly to the SIB team by the Outreach team for rough sleepers, or by ABS managers for clients at risk of eviction

Emphasis has been given on referring individuals into the cohort as early as possible, so that the new provider will be given referrals from Day 1. This will enable very vulnerable clients to be supported as soon as possible, maximise the chance of the referrer receiving payment for 2 year outcomes, and reduce rough sleeping and repeat service access as soon as possible. This will in turn allow early commissioning needs analysis and inform plans for service sustainment.

(480 words)

¹ START: Weekly referral meetings into Accommodation Based Support pathway of referrers and providers

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.*

Support procured through the SIB will align with, and complement, existing homelessness pathways co-commissioned through Gloucestershire's established partnership structures.

The model will develop over time, the successful provider adding innovation and detail to our core model. It will evolve in response to specific challenges / ideas, and sharing ideas with the provider's social investor(s), other SIBs, and organisations such as Policy Lab, Homeless Link, and DCLG. The essential components proposed include:

- 1. Link workers (Navigators)** working with relatively small caseloads throughout: each individual supported to navigate their journey away from homelessness to positive, sustainable outcomes through:
 - Building relationships proactively and tenaciously: allowing client trust and openness, and worker understanding of needs, barriers, and aspirations, to increase over time.
 - Providing flexible, person-led, strengths-based and goal-focused support to achieve community integration / reduced risk of harm.
 - Being a 'constant' throughout clients' contact with, and transitions of, services, providing advocacy and reinforcing messages of support to enable continued engagement / appropriate interventions.
 - Working innovatively and autonomously to achieve PbR results:

exemplified in the London SIB, '*Street Impact*' (<http://www.mungos.org/documents/6257/6257.pdf>): waiting hours on known bus route until disengaged client is spotted; dedicating months to achieving m/h assessments/rehab etc.

2. Increased partnership working

- The Navigator approach/culture will release capacity within existing services and be promoted by all LAs, including reinforcement in Referral Meetings (see above). Acting as 'care coordinator', Navigators will feed into ABS/CBS support plans, attending support sessions etc.
- Several cross-sector strategic and operational partnerships have been created in Gloucestershire; Navigators will attend/lead relevant meetings to share information and contribute to joint plans/actions.

3. Specialisms

- Navigators will have both generic caseloads and nominated leads for sharing specific areas of expertise with colleagues/associated partnerships.
- Specialisms will include both needs and goals; substance misuse, mental/physical health, offending, domestic abuse, homeless legislation, education/volunteering/employment, and two important subsets of the model identified below.

4. Housing First (HF)

- Commissioners, and identified potential providers, are keen to integrate Homeless Link's Principles of HF as a key subset of the model. (<http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>). Incorporating Navigators' activity and the sourcing/supporting of sustainable accommodation, the HF sub-cohort will bypass traditional ABS and be assisted directly into dispersed tenancies.
- The approach perfectly fits the cohort, and international research shows its efficacy. Specialist HF workers will be assigned clients with no other accommodation options (e.g. excluded from ABS services or with dual diagnosis), or those chronically unwilling/unable to access the existing pathway (e.g. fear when near other vulnerable individuals/too challenging for addiction recovery)
- The consortium will apply for DCLG capital funding next year to acquire HF stock. Regardless of that outcome, the provider will meanwhile source suitable tenancies through the private rented sector and the countywide social housing partnership, and provide intensive HF support.

5. Reconnection

- A significant number of long-term roughsleepers are European: 7/23 of Gloucester's 2016 Streetcount are Polish males who are hard to locate/engage. Building on Home Office and international contacts developed by the Outreach Team, the reconnection Navigator(s) will collaborate with support/enforcement agencies to achieve accommodation, reconnection and/or employment outcomes for this sub-cohort.

(500 words)

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 proposed support procured through the SIB will align with, and complement, the existing range of provision and pathways co-produced and co-commissioned through established county partnership structures.

Existing Provision

- The co-commissioned countywide assertive outreach service enables us to seek, find and facilitate new, repeat and entrenched rough sleepers into appropriate services away from the streets. Referrals are received via Streetlink, operating to NSNO targets
- Two urban-based assessment centres (P3) and associated drop-ins provide the gateway for homeless people with complex needs and chaotic lifestyles, providing safe places to undertake holistic needs assessments and develop independent living pathways
- A network of Accommodation Based Support (ABS) provides intensive, goal-focussed support to move people onto independent living.
- Community Based Support (CBS) is available to reach in to prepare clients for leaving ABS and subsequent community resettlement
- Dedicated health provision is commissioned through the Homeless Healthcare Team and homeless hospital discharge (*Time To Heal - TTH*) service
- Specialist services for people with drug / alcohol issues wrap around ABS / CBS, and includes assertive outreach

Co-ordination and alignment

- *START* referral meetings to access all pathway components are held weekly with referrers including Outreach, P3, LA's, Probation, TTH, and ABS providers, including specialist services operating within the pathway e.g. Mental Health and Ex-Offender. The Navigators and Housing First provision will be linked into this arrangement in order to both make to, and receive referrals from, the provision within the pathway.
- The jointly-funded County Homelessness Coordinator develops communication and relationships between all key stakeholders including Faith/VCS groups to identify issues and harness capacity
- County Homelessness Implementation Group (CHIG): Strategic and Commissioning Managers from the 6 district councils, County Council, CCG, and PCC will meet quarterly to monitor the outreach team, the SIB project, and bring together intelligence from their respective elements of the wider pathway to evaluate performance on a system-wide basis and inform further

opportunities for co-commissioning

- The homeless outreach team and CHC have supported monthly working groups to coordinate actions for small cohorts of the most challenging joint clients, including with:
 - Mental Health accommodation and crisis providers (as part of the national and county *Crisis Concordat* initiative)
 - Police and community safety teams to tackle street drinking and begging
 - Drug & alcohol provider to coordinate street outreach and engagement
- The CHC will access Homeless Link's *Making Every Adult Matter (MEAM)* facilitation in 2017 to consolidate further these very effective partnership working groups

Through SIB funding, we are confident and excited that this small cohort of 'famous faces' common to most of these agencies will succeed in sustaining accommodation and achieve many other outcomes. We anticipate that this will release capacity for the outreach team to work more effectively with new and preventable rough sleepers; will decrease demand on ABS and CBS providers, as well as health and other services; and will thus allow commissioners scope to reallocate resources to sustain the navigator approach beyond Year 4.

(484 words)

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*

The two charities who have already expressed interest have strong previous experience of applying for / delivering SIBs:

1. St Mungo's are current provider of the Gloucestershire Outreach contract. They deliver the DCLG backed rough sleepers SIB across Greater London with 400+ clients. See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414787/Qualitative_evaluation_of_the_London_homelessness_SIB.pdf for latest summary and evaluation. We have had extensive conversations with them about their experience delivering that service. They also provide rough sleeper services in neighbouring authorities of Bristol and Oxford
2. P3 currently deliver a homeless young people's SIB across Gloucestershire (in conjunction with CCP, another local charity), with 150 clients. See <http://www.bigsocietycapital.com/sites/default/files/AspireGloucestershire.pdf>. This was through DCLG's *Fair Chance Fund*, with social investment from Triodos Bank – a direct application with lead support from Gloucestershire County Council. P3 currently also provide homeless assessment centres and Community Based Support services in

Gloucestershire. They have also been awarded the contract to deliver the Outreach service from January 2017.

Please see P3's supporting letter in Appendix B. St Mungo's expressed strong support by phone/email, but the relevant Director was unfortunately unavailable at time of application.

As outlined below, we will put this to competitive tender on OJEU, and have market testing and market clarification events for potential providers.

(200 words)

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.*

Gloucestershire already has a commissioning partnership group established for provision of services for rough sleepers and entrenched homelessness:

- The 6 District Councils commissioned / monitor the existing countywide NSNO assertive outreach team (funded via DCLG grant 2015-16), and co-employ a County Homelessness Coordinator (CHC). They have also co-commissioned other countywide initiatives (eg, Domestic Abuse, CBL and

EDT contracts). This group works closely with the County Council Lead Commissioner (Supporting People), meeting monthly.

- These 7 local authorities committed to contribute funding to continue this service for a further 2 years (minimum); then approached the CCG and PCC who also committed funding.
- Representatives from this wider consortium (listed in first section) were all involved in the recent reprourement process of the assertive outreach service, and will provide regular monitoring and governance.
- The SIB application has been agreed by all partners, with Lead Authority agreed.
- We already have excellent and effective working relationships, with experience co-commissioning for this client group across borders of geography and remit; and fully expect the procurement plan below to be rolled out to timescales indicated.

Nov 2016 (completed)	Coalition grouping (p2 above) confirmed support for SIB application. Lead Authority for bid, procurement, legal, and finance expertise agreed: to be supported by partnership steering group and CHC
Dec 2016	Notification from DCLG
Dec 2016 – Jan 2017	<ul style="list-style-type: none"> • Request template Invitation To Tender (ITT) and Contract (based on previous SIB models) from DCLG • Request bridging grant for any specialist PbR legal advice required for Contract • Draft ITT and Contract
Jan 2017	Partnership steering group sign off ITT and Contract, and meet to confirm governance and decision making processes
Feb 2017	Market testing event for potential providers
Feb – March 2017	Publish ITT on OJEU and local procurement portals
March 2017	Market clarification event
April 2017	Assess bids, notify outcome to bidders
March – May 2017	Bidders identify / negotiate with potential social investor(s) (with support from DCLG and Big Society Capital, if necessary)
April – May 2017	Contract signed
May – June 2017	Provider confirms social investor(s)
June 2017	Start of SIB project across Gloucestershire
June – October 2017	<ul style="list-style-type: none"> • Period for recruitment, office mobilisation, publicity & implementation of referral pathway to enable significant referrals into project at start of Y1 • Period also to allow for any slippage of stages above
October 2017	Deadline for start of delivery

The outreach team and ABS providers have already identified the cohort. They will all continue to work with these people to build trust and rapport; and

facilitate access to, or sustainment of, accommodation and support. They will also identify new clients in the interim months who might also be referred in. The new outreach provider (starting in January) has committed to pilot 2 Housing First placements (providing their own flats as well as intensive support).

Therefore, neither co-commissioning, nor support of identified clients, nor innovative practice will be happening from a standing start! We are already running well, and are confident that this SIB approach will significantly boost our journey towards ending rough sleeping in Gloucestershire.

(498 words)

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

The commissioning coalition is able to draw upon the learning and expertise within its own workforce and local providers, including:

- Gloucestershire County Council (a key partner in the consortium) has staff in its Commercial Services team who have experience of procuring multi-million pound PbR contracts relating to Highways, 'Troubled Families', and Education 'back office' (through Capita)
- Gloucestershire County Council undertook soft market testing to inform a successful bid for development funding for a SIB from *Big Lottery Fund* in 2015. This involved scoping the functions and level of requirements necessary to engage, develop and manage a payment by result SIB.
- *Active Gloucestershire* received Big Lottery funding for a 9 month SIB feasibility study regarding a potential physical exercise intervention SIB. They employed *Bell Braithwaite Bell LLP* to provide legal and implementation advice and commissioners from the CCG and County Council have been involved in the process.
- Gloucester City Council & the Police and Crime Commissioner are currently also working with BWB LLP to develop a vulnerable women's SIB in Gloucester, with an award of £600k of outcomes top ups from *Commissioning Better Outcomes*. This is in partnership with a parallel service model in Newcastle & Gateshead. The SIB model has been designed; they are currently at procurement stage.
- The County Homelessness Coordinator attended a 2 day Homeless Link conference on Social Investment earlier this year, and has since had ongoing communication with *Big Society Capital*, who have indicated willingness to support implementation.

(242 words)

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.*

Engagement with DCLG will include:

- Initial request for previous SIB contract templates, and bridge funding for any complex legal work to create provider contract – by Lead Authority
- Potential liaison to assist top applicant source social investor (unlikely to be necessary) – by County Homelessness Coordinator (CHC)
- Quarterly declaration of provider’s outcomes quarterly receipt of PbR payments (to pay to provider) – by GCC
- Potential ad hoc communication regarding any problems with provider, social investor, or finances – by CHC
- Application for 2017 Capital Grant funding to bolster Housing First model – by CHC
- End of project summary report and evaluation, to contribute to learning for future DCLG commissioning – by CHC (via Provider / Social Investor, Steering Group)

Monitoring of provider’s outcomes and governance will include:

- Monthly meeting - CHC and provider
- Quarterly exception reports to 1) consortium steering group meeting, 2) Strategic Housing Partnership meetings (Director level). Provider and social investor to be invited twice a year, or as necessary
- The commissioning coalition will, through the steering group, collate and analyse performance information from the SIB model and evaluate it in the context of intelligence and data collated via the activities of the wider services pathway. The aim is to undertake a ‘whole systems’ evaluation and create a verified single database of clients and their personal ‘customer journeys’ and outcomes.

The above arrangements already exist, with legal participation agreements and Terms of Reference. No extra costs will be sought from DCLG for these resources, other than (possibly) costs of writing the initial PbR contract.

(250 words)

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.*

1. We cannot add match funding to the SIB per se; however, the consortium has committed £156,000 pa for a minimum of 2 years from January 2017, to fund the NSNO rough sleepers outreach service, county homelessness coordinator (CHC), and SWEP budget. This includes significant contributions from the CCG and PCC.
2. In addition, Gloucestershire County Council continues to invest in both accommodation based support in a range of high-support 'hostels', and community based support to prevent homelessness, sustain tenancies, and improve health and economic outcomes, etc. The level of investment of services available within the homeless pathway currently exceeds £5M.
3. We will freely provide the services of the CHC to liaise with the provider and to monitor outcomes; and the governance of senior managers / commissioners in quarterly steering group meetings
4. Homelessness services (including the outreach team and CHC) have already established regular cohort meetings with key partners, including the countywide drug & alcohol provider, NHS mental health service, and urban councils' community safety teams tackling street begging / drinking. The time and collaboration of these and other agencies will be available to the SIB project
5. We work closely and proactively with faith groups, including churches / mosques, local charities and national organisations like Emmaus. The CHC co-chairs the quarterly Faith/VCS homelessness forum where initiatives are discussed; Streetlink is promoted and increasingly used as a reporting mechanism; representatives are consulted for Streetcount estimates; and members have recently offered spaces, bedding and transport for SWEP crashpads.

(249 words)

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.

1. The new SIB team will achieve significant success with *entrenched/repeat* rough sleepers, through the model above, greatly reducing this cohort number
2. The existing Outreach team will be able to focus on *new* rough sleepers with increased speed and length of support: thereby decimating the proportion of that cohort becoming entrenched or repeat-homeless
3. We will bid for capital funding in 2017 to bolster the housing element of Housing First
4. The consortium's steering group will monitor SIB outcomes, partly to inform future commissioning – whilst also monitoring the outreach team's outcomes. If numbers of both entrenched/repeat and new clients decrease as anticipated, options for transferring investment in existing service capacity across the pathway would be considered in order to sustain the service
5. As the SIB team develops expertise and efficacy, we will enable ABS/CBS and SIB workers to shadow each other to disseminate best practice, and embed the methodology and principles
6. We hope that outcomes will be so pronounced by Y2 (as evidenced in the latest GLA SIB evaluation, above), that senior commissioners of supported housing, drug & alcohol, physical / mental health, police etc (ie our consortium and beyond) will be persuaded of the cost benefits of partnering to replicate the current role of DCLG in making payments. We would work with DCLG, Big Society Capital, social investor partners, etc, to monetise outcomes at local rates, so that by project end, we could roll out a local SIB (on a smaller scale, given decreased cohort).

(248 words)

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.*

Following discussions with our current potential providers (both with homeless SIB experience), we think that the rate levels seem right, but additional increments, outcomes and tools would be beneficial.

- Accommodation :

- Due to the nature of the cohort and funding mechanism, an addition of a 6 month sustainability rate would be encouraged. Otherwise, there would be a gap of 9 months in these payments, which would increase the amount of social investment required by the provider
- Inclusion of 'Returning home' and 'Reconnection' outcomes is suggested: key outcomes for many within this cohort (unless specified in more detail under Accommodation rate definitions)
- Wellbeing assessment:
 - An industry standard assessment tool would be useful across all providers – eg Homelessness Outcomes Star or Edinburgh/Warwick Scale
 - Guidance on time scales between the 2 assessments desired
- Mental Health:
 - The payment for sustained engagement with Mental Health services seems low relative to that for Drug & Alcohol. Mental health is a growing issue in the UK and clearly a significant problem with the identified cohort. A large percentage of rough sleepers show signs of undiagnosed mental health problems including self-reported symptoms and inability/resistance to access MH services. Lack of resources in mental health services add to the problem of engagement especially for the most entrenched
- Drugs / Alcohol:
 - An interim sustainment payment would be preferred due to nature of client group, and reasons given above for accommodation
- Employment:
 - Flexibility in the guidance for employment sustainment would be welcomed, taking into account seasonal work and zero hours contracts
 - A consideration of how zero hour contracts are treated as informal probationary routes into the workplace and agency work could be factored into the outcomes.
- Education:
 - A focus on vocational training courses / work ready courses moving the client closer to the labour marker (eg fork lift truck licence, CSCS card) would be preferred
 - Basic numeracy / literacy courses rather than high level accredited courses, with large amount of guided learning hours.
 - To count 'compliance with the DWP work programme' as achieving this outcome

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