Date: 18 June 2019

Subject: Investment in Homeless Healthcare and ‘A Bed Every Night’

Report of: Dr Ruth Bromley, Clinical Chair, Manchester Health and Care Commissioning
Dr Cath Briggs, Clinical Chair, Stockport CCG

PURPOSE OF REPORT:

This paper has been prepared as requested by GM JCB at their meeting on 19th March 2019. It sets out a proposal in support of short term financial investment into rough sleeper provision, ‘A Bed Every Night’ (ABEN) and an aspiration for longer term commitment to better support the health needs of people experiencing homelessness.

KEY ISSUES TO BE DISCUSSED:

The paper contains a specific ask for JCB to consider an investment into ABEN Phase 2 for a 12 month period, 1st July 2019 to 30th June 2020. It details revisions to the current provision that will bring together a more formalised model that better meets the needs of those who access it. For JCB, the purpose of this second 12 month phase will be to support this iterative improvement process, amass understanding of current practice and use this to develop a longer term plan.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Approve an investment proposition for funding of £1m, from CCG Strategic Levy to support the implementation of Phase 2 of ABEN and the associated model of care.
- Agree continuation of support and leadership to longer term work on homeless healthcare.
- Provide three nominated officers for membership on GM Homelessness Programme Board.

CONTACT OFFICERS:

Helen Simpson, Strategic Relationship Manager (Housing), GMHSCP
helen.simpson11@nhs.net
1.0 INTRODUCTION

1.1. This paper has been prepared as requested by GM Joint Commissioning Board at their meeting on 19th March 2019. It sets out an aspiration for long term commitment to better support the health needs of people experiencing homelessness and also a proposal of short term financial support for rough sleeper provision, ‘A Bed Every Night’ (ABEN). The paper details revisions to the current scheme that will bring together a more formalised model of provision that better meets the needs of those who access it.

2.0 CONTEXT

2.1. Rough sleeping is a dangerous and isolating experience. There is a considerable impact on a person’s physical and mental health caused by homelessness and rough sleeping. In many cases, people experiencing homelessness are already facing multiple complexities, which are compounded further by spending even one night sleeping on the street. Too many people are living with damaging long term consequences of not having a place to live and the support they desperately need. The longer people experience this disadvantage, the more help they will need to move on from homelessness and rebuild their lives.

2.2. The increase in people experiencing homelessness and the decrease in support services are reflective of the substantial reductions in funding, service provision and the wider system failure of existing homelessness programmes. This has left a significant group of people without access to accommodation and related services resulting in the crisis we now see on our streets, not just in GM, but nationally. However, street homelessness is only one small but visible part of the problem. Our conurbation has high levels of deprivation and health inequalities, the consequences of which can, in part, be seen in the increasing number of people who are homeless or precariously housed.

2.3. There is a moral imperative, encumbent upon those of us working in healthcare, to redress harm and inequality faced by those we serve. People experiencing homelessness will have been let down by multiple services but we all need to take responsibility & ownership for the parts of the system that we can influence. Responding to the immediate crisis of street sleeping means that in the longer term we can create a more resilient and responsive system across GM to prevent homelessness where possible or to make it rare, short and ensure that it is not repeated where it can be prevented.
2.4. The opportunities available to us through devolution in Greater Manchester mean that we can make a bigger difference to our most vulnerable citizens. Our model of public service integration gives us the ability to jointly decide to align our efforts where they are needed most and respond to cross-cutting challenges collectively. We have an ability to take different approaches to elsewhere in the country, and with that an opportunity to influence the national agenda on homelessness and health.

2.5. ABEN has provided a response to the issue of street sleeping over the winter period and, although we acknowledge this is not a perfect solution, the provision has evolved and improved over this time and provided a practical alternative to spending a night outside. A second 12 month phase of ABEN would allow for further evolution of the model and for the GM system to mobilise around ABEN and the people who choose to use it, taking us much closer to the system changes and collaboration required to respond holistically to the needs of our rough sleeper population. It will also allow us to plan for a more preventative programme of health related support in the longer term.

2.6. However, although a second phase will take us further towards an improved offer, for some this is the start of who require a much longer term commitment and investment than 12 months. For this reason, expecting reduction in demand and cost over the short term may be unrealistic because of the intensive support required, but improvements in people’s lives and their health and wellbeing can be achieved.

3.0 BRIEF OVERVIEW OF ABEN

3.1. The focus of the ABEN programme is the provision of basic immediate-access, entry-level accommodation. Its aim is to provide an immediate ‘pick-up’ of vulnerable people from the streets and to prevent the need for rough sleeping. The programme has been run from November 18 – May 19 and has demonstrated high level of a need for this type of ‘crisis response’ and triage for rough sleepers, to provide immediate shelter and referrals into move on services.

3.2. Over this period, ‘ABEN’ has ensured provision of over 300 beds across GM and accommodated almost 1600 individuals. The scheme has also facilitated move on to alternative accommodation for over 540 of these people.

3.3. A short period of review, including input from GM Homelessness Action Network, practitioners, and a review conducted by Dame Louise Casey, recommended improvements could be made in a number of areas including: security of funding and resources, standardisation of provision and access where appropriate, and
developing specific approaches and pathways for those with more complex needs. Importantly, all responses highlighted that ABEN needs to be better connected to the wider GM homelessness system and to be more on focused preventative activity.

3.4. A Cost Benefit Analysis of ‘ABEN’ Phase 1 was also undertaken by Greater Manchester Combined Authority (GMCA) Research Team, to demonstrate the fiscal benefits of the scheme to GM public services over the winter period. This demonstrated a potential saving to GM of £1.35 for every £1 spent, and a potential saving to the Health and Social Care system of £1.59.

<table>
<thead>
<tr>
<th>Stage 1 CBA return</th>
<th>Overall GM return (excluding DWP spend)(^1)</th>
<th>1.35</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local authority excluding local authority social care</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>Health and social care system</td>
<td>1.59</td>
</tr>
</tbody>
</table>

4.0 ABEN PHASE 2

4.1. A phase 2 ABEN model will be based on a number of key areas identified for improvement during Phase 1 and in consultation with a range of partners. This includes:

- Implementation of a commissioning framework
- Agreement of new service standards and specification (to be finalised with local authorities)
- Development of specific approaches and pathways for different cohorts
- Increased focus on improving health outcomes
- Increased focus on awareness of health and care risks
- A clear plan to ensure the provision is embedded into the wider homelessness system
- Commissioning of an independent evaluation, supported by the Kings Fund

4.2. From a health and care perspective, the purpose of this second 12 month phase will be to support improvement of the existing provision and use our ongoing learning to support an iterative process of improvement. We will also amass our

\(^1\) Whole system ROI if external housing benefit costs falling to DWP are incorporated: 0.64
understanding of current practice and use this to develop a longer term plan which better responds to the health needs of people experiencing homelessness.

4.3. To deliver this we will:

4.3.1. Improve our understanding of the current health services available to people experiencing homelessness and their health needs. There is excellent practice already within the GM system that we believe could be better shared, joined up and replicated across the conurbation. We will use this knowledge to describe what the ‘best’ offer of health and care looks like.

4.3.2. Identify opportunities for better collaboration with existing health services and the homelessness system. There is scope to align support with core primary care services, chronic disease management, substance misuse and preventative health care, alongside more specialist support such as Psychologically Informed Environments and managing Adult Safeguarding concerns, with specific attention to better understanding of all forms of exploitation and how this might be prevented.

4.3.3. We should also make best use of existing GM programmes where appropriate, for example, development of specific pathways into the Resilience Hub and GM Hep C eradication programme.

4.3.4. Ensure that provision of accommodation in Phase 2 is safe and not detrimental to health. We will coproduce the service standards to ensure that the environment minimises risk.

4.3.5. Raise awareness and where appropriate, offer training, to front line ABEN staff and volunteers to improve their knowledge of specific risk factors such as safeguarding, substance misuse and public health safety.

4.3.6. Improve signposting, screening and assessment from ABEN to relevant health services. As ABEN evolves and the need for this type of crisis accommodation reduces, on-site delivery of services should not be encouraged, rather better health-screening and signposting should become inherent in ABEN and services developed elsewhere within the system. We will also ensure that people accessing ABEN will not receive a standard of care any different to any other member of our population and, most importantly, will not be subject to experimentation.

4.3.7. Agree realistic health related outputs and outcomes. This could potentially include delivery of GP practice training, GP registration and effective discharge from A&E into ABEN. Delivery of care could also be monitored amongst the plethora of health
care monitoring already in the system e.g. screening and immunisations and review of long-term conditions.

4.3.8. Move towards a preventative and trauma informed model of services, able to better respond to the health needs of this population. GM Joint Commissioning Team will develop GM commissioning guidance for homeless healthcare, which would seek to describe what ‘best’ looks like for Greater Manchester, but also in a way which influences the national agenda for homeless health as a result. This understanding should inform and support development of our GM homeless health services, and more broadly our work on health inequalities and inclusion health. Its intention would be to provide an evidence-based framework of the most appropriate measures and services to support our homeless population and better respond to their health needs.

4.3.9. The guidance should also acknowledge the risk factors for homelessness e.g. proactively managing families who become homeless, attention to Adverse Childhood Experiences [ACEs], robust Domestic Violence support and a bespoke action plan for those leaving care.

5.0 GOVERNANCE

5.1. Governance of the ABEN programme so far has been undertaken through a variety of routes. Sign-off of the programme has been undertaken at Combined Authority level, confirming and underlining the commitment made by local authorities to the programme.

5.2. However, it is recognised that a whole-system approach to oversight and governance of homelessness and rough sleeping is required in order to ensure appropriate read-across and understanding of the ‘bigger picture’. This is therefore a shift to Programme Management rather than Project Management.

5.3. A new governance structure is proposed, with a GM Homelessness Programme Board at its centre, which will provide oversight of all elements of the GM homelessness infrastructure, which includes ABEN, but also the Homelessness Prevention Trailblazer, Entrenched Rough Sleeper Social Impact Bond and Housing First.

5.4. The Board will also make decisions on any new programmes and priorities, such as the move to a commissioned approach for ABEN and provide assurance over any financial contributions or input.
5.5. The first meeting of the GM Homelessness Programme Board will take place on 4th July 2019. Further detail on membership and a draft Terms of Reference is included in the supplementary information to this paper.

6.0 INVESTMENT AND COLLABORATION

6.1. Taking the approach outlined above and ensuring a concentration of resources, interventions and support are properly targeted in the short term, it is expected that this will allow us to move towards a longer term preventative model much more quickly.

6.2. The GM Joint Commissioning Board is asked to consider an investment proposition of £1m from CCG Strategic Levy, subject to the model revisions set out in the paper, to support the implementation of Phase 2 of ABEN and the commencement of the mobilisation of the trauma focussed, preventative model described in section 4 above.

6.3. Alongside the request to locality commissioners, GM Health and Social Care Partnership (GMHSCP) have approved an investment of £0.5m of Transformation funding to support the extension ABEN through Q1 2019/20 to allow time for this approach to be developed with JCB colleagues. This will be followed by an additional investment of £0.5m on agreement of the revised model to support delivery over the 12 month period, 1st July 2019 to 30th June 2020.

6.4. This allocation would be tied to an assurance process that reflects the content of this paper and milestones such as; establishment of governance, implementation of improved service specification, implementation of a GM commissioning framework and development of new pathways. Oversight of the funding in line with this will be
provided by GM Homelessness Programme Board. Alongside this, a robust monitoring framework will be utilised to oversee and ensure delivery of the programme objectives.

6.5. It is hoped that the Phase 2 period will see a reduction in the need for crisis intervention at scale and allow focus on a longer term response for prevention and early help. This should mean that any locality investment post Phase 2, should be primarily into the provision of homeless healthcare.

6.6. Based on recently derived final costs for Phase 1 of ABEN, it is estimated that to run the same model for an additional 12 month period would cost approximately £4m. However, the Phase 2 model will aim to improve the current offer through improved accommodation standards and a shift from volunteers to paid staff. There is also an additional requirement to independently evaluate the programme. Accounting for these changes and improvements results in an estimated annual cost for Phase 2 of £6m.

6.7. Resources to support Phase 2 of the programme are also being sought from a variety of sources, reflective of the level of appropriate interest and/or benefit which accrue to these service areas. This shared commitment to investment, best reflects the coming together of the public and private estate in Greater Manchester to jointly tackle this area of shared priority.

6.8. As of May 2019 the projected, indicative commitments for additional funding are as follows;

- Underspend - £150,000
- Local authority SWEP payments - £500,000
- Mayoral fund contribution - £250,000
- Charitable donations and events - £2m
- Central government departments - £tbc
- GM Reform Investment Fund - £2m (three year investment into pathways for young people)

6.9. Funding for ABEN will be held centrally on behalf of public sector partners by GMCA, creating a pooled budget which will be invested in the areas of most need and in line with the priorities of the programme. Charitable funding will be held separately hosted by the Mayor’s Charity and ‘Tackle 4 Mcr’.

6.10. GMCA and GMHSCP will ensure there is the appropriate level of programme support required to deliver this system change.

6.11. Alongside the specific financial investment proposition, colleagues from across the GM health and care system are asked to make a longer term commitment to
continued presence and leadership in the evolution of this work and a commitment to better understanding and supporting the health needs of our homeless population.

7.0 RECOMMENDATIONS

7.1. The Greater Manchester Joint Commissioning Board is asked to:

7.1.1. Approve an investment proposition for funding of £1m, from CCG Strategic Levy to support the implementation of Phase 2 of ABEN and the associated model of care.

7.1.2. Agree continuation of support and leadership to longer term work on homeless healthcare.

7.1.3. Provide three nominated officers for membership on GM Homelessness Programme Board.

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8.4. Dame Louise Casey review
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8.6. ABEN Phase 1 Cost Benefit Analysis
8.7. Health related recommendations from Phase 1
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Greater Manchester Joint Commissioning Board

Date: 18 June 2019
Subject: Supplementary Information to Homelessness and ABEN Investment Paper

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8. Overview of existing commissioned homeless health services
9. GM Homelessness Programme Board – draft Terms of Reference
10. Recommendations for evaluation
11. Draft ABEN Phase 2 service specification

CONTACT OFFICERS:

Helen Simpson, Strategic Relationship Manager (Housing), GMHSCP
helen.simpson11@nhs.net
1. Greater Manchester Homelessness and Rough Sleeping Programmes

1.1. Homelessness and rough sleeping are key priorities for Greater Manchester. The GMS contains a commitment to eradicate rough sleeping (https://www.greatermanchester-ca.gov.uk/media/1084/greater_manchester_summary___full_version.pdf). The Mayor has also personally made a commitment to end the need for rough sleeping by 2020 as part of a wider approach to tackling homelessness and these issues have received a high profile both within GM and nationally.

1.2. In December 2016, Greater Manchester was successful in its region-wide bids for a Social Impact Bond for entrenched rough sleepers and for a Homelessness Prevention Trailblazer programme. In the budget of November 2017, the conurbation was awarded a share of a £28m national fund to pilot a region-wide Housing First programme.

1.3. From 01 November 2018, Greater Manchester local authorities also adopted the A Bed Every Night programme, to provide a bed for any rough sleeper who wanted and needed it who was from Greater Manchester. This approach was adopted with full agreement of local authority leaders and also key partners from the region, confirmed through the Combined Authority, GM Reform Board and GM Homelessness Action Network.

1.4. The four main homelessness and rough sleeping programmes are designed to complement each other in supporting different cohorts within the homeless and rough sleeping populations. Ultimately, the value of these programmes is to address immediate need and long-term to create a more resilient and responsive system across GM to prevent homelessness where possible or to make it rare, short and ensure that it is not repeated where it cannot be prevented. These programmes are as follows:

Table 1. Overview of existing GM Homelessness Programmes

<table>
<thead>
<tr>
<th>Programme</th>
<th>Aim</th>
<th>Description</th>
<th>Investment Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Bed Every Night</td>
<td>Emergency crisis provision for rough sleepers from GM.</td>
<td>Provision of accessible emergency beds and signposting into services.</td>
<td>Approximately £6m p.a.</td>
</tr>
<tr>
<td>Social Impact Bond</td>
<td>Service interventions for defined cohort of entrenched rough sleepers</td>
<td>Payment by results model for c.500 entrenched rough sleepers, including provision of support and accommodation.</td>
<td>£2.63m over 3 years</td>
</tr>
<tr>
<td>Housing First</td>
<td>Strict Housing First programme of support to excluded</td>
<td>Defined and monitored pure Housing First model to deliver support and</td>
<td>£8m over 3 years</td>
</tr>
<tr>
<td></td>
<td>people with complex needs.</td>
<td>accomm.</td>
<td></td>
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<tr>
<td>----------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td><strong>Trailblazer</strong></td>
<td>Six specific themes focussed on homelessness prevention</td>
<td>Targeted interventions to prevent and relieve statutory homelessness. Not targeted at rough sleeping.</td>
<td>£3.7m over 2 years</td>
</tr>
</tbody>
</table>

1.5. These four programmes can be represented in the following way in terms of the scale of the target cohort:

**Diagram 1. Representation of GM Homelessness Programmes**
## Overview of existing ABEN provision

### Greater Manchester - Current ABEN Provisions – Guide

<table>
<thead>
<tr>
<th>GM Area</th>
<th>Provision (name and address)</th>
<th>Current ABEN Bed Spaces</th>
<th>Pets</th>
<th>Male</th>
<th>Female</th>
<th>Couples</th>
<th>Level of Support Needs/Risks adhered to</th>
<th>Other immediate accommodation Available (None ABEN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockport</td>
<td>Buxton Road Centre, 164-8 Buxton Road, Heavily SK2 6HA</td>
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<td>No</td>
<td>No</td>
<td>Low/Medium/High</td>
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<td>*Pending closure New provision-TBC</td>
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<tr>
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<td>Strathclyde House</td>
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<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Address Confidential</td>
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</tr>
<tr>
<td>Location</td>
<td>Address</td>
<td>Number of Beds</td>
<td>Internal Accommodation</td>
<td>Referral</td>
<td>Availability</td>
<td>Cost</td>
<td>Comments</td>
<td></td>
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</tr>
</tbody>
</table>
| **Trafford** | Brindale House  
*Transition from Buxton Road- May* | 8 | No | Yes | No | No | |
| | Pomona Gardens, 26 Cornbrook Court, Trafford M32 8NQ | 10 | No | Yes | Yes | No | Low | Bed and Breakfast hotels (GM area) |
| **Tameside** | Church Sites  
1, United Church, Hyde, SK14 1ND  
2, Saint Christopher’s, Ashton, OL6 9DP  
(Same service ran across x2 sites) | 10 | No | Yes | No | No | Low/Medium | The Mount  
*Pending Assessment*  
Greystones Bunkers |
| **Bury** | Freedom Church, 35 Walmersley Road, Bury BL9 5AE  
**Currently closed for new referrals.**  
**Closure –April End** | 15 | No | Yes | Yes Pending space | Yes Pending space | Low | None |
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<thead>
<tr>
<th>Location</th>
<th>Service Provider</th>
<th>Address</th>
<th>Occupancy</th>
<th>Availability</th>
<th>Placement Status</th>
<th>Threshold</th>
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<td>Rochdale</td>
<td>Sanctuary Trust Emergency Provision (STEP)</td>
<td>13, Milnrow Road, Rochdale OL16 1UG</td>
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<td>Leopold Court, Leopold Street, Rochdale OL11 5HA</td>
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<td>5</td>
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<td>Oldham</td>
<td>Oldham Community Fire Station Lees Oldham OL41JN</td>
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<td>12</td>
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<td>Low/Medium</td>
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<td>Location</td>
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<td>Priority</td>
<td>Availability</td>
<td>Other Services</td>
<td>Additional Notes</td>
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<td>Porter Street, Werneth, Oldham OL9 7QF (18-25 years)</td>
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<td>Wigan</td>
<td>Saint George Church,</td>
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<td>Wigan and Leigh Hubs</td>
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<td>Bolton</td>
<td>Provision through; Bed and Breakfast and Bolton Council of Mosques night shelter</td>
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<td>N/A</td>
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<td>Bed and Breakfast across GM and intermittent night shelter</td>
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<td>Salford</td>
<td>The Narrowgate, Windsor Christian Centre, Churchill Way, Salford M6 5BU</td>
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<tr>
<td></td>
<td>Cromwood- Various dispersed properties</td>
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<td>Manchester Central</td>
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3. GM WP ABEN Steering Group – End of initial Programme Report and Recommendations for Future Provision

3.1 Executive Summary

The purpose of this report is to strengthen and update the findings of the Trends and Insights paper that was produced in February 2019, which now includes updated data, as well as provide final recommendations for the next phase of A Bed Every Night (ABEN).

This report outlines learning and emerging trends of Phase One of the ABEN programme, from 1st November 2018 to 31st March 2019, and make recommendations for Phase Two, expected from July 2019 to May 2020. Consideration should be given to the fact that further data has been collected for the extension of ABEN from 1st April 2019 which has not been included in this report.

This report recommends that the next phase of ABEN should deliver short term emergency accommodation that is responsive to the needs of presenting groups as experienced in phase one. ABEN should be part of an integrated housing options pathway, with appropriate support and personalised move on options and for people to move rapidly into more appropriate long term or permanent accommodation.

3.2 Introduction

Greater Manchester (GM) has seen significant and sustained increases in homelessness and rough sleeping in recent years. On the official returns based on street counts and intelligence based estimates, 241 people were found to be sleeping rough on one night in November 2018 across GM. On the night that the count took place, 147 people were accommodated across GM in ABEN provision.

Following the review of the winter programme of 2017/18, with feedback from local authorities and voluntary sector partners through the GM Homelessness Action Network (GMHAN), the Mayor of Greater Manchester requested that further planning be done for a more comprehensive programme for winter 2018/19 which developed into the initial ABEN programme. A further stock take and planning session was undertaken by GMHAN, which included representation from a cross section of all sectors working across GM to end homelessness.

Governance of ABEN was established following the GMHAN. The GM Winter Provision Steering Group was set up for the initial ABEN programme and brought together representatives (see Annex 1) from a wide range of sectors and involved organisations including the GMCA, Local Authorities, Faith, Voluntary and Business Sectors as well as Housing Providers. Steering Group members committed to representing, liaising and informing their own sectors on the progress and development of ABEN.

The purpose of the Steering Group was to provide strategic direction to Local Authorities and partners delivering ABEN services, as to inform current and future development.
The role of the Steering Group also included monitoring progress of ABEN locally, across GM and developing a Strategic Risk Register which informed direction of travel, highlighting gaps, move-on provision and weekly communications for the general public and wider stakeholders.

3.3 Ongoing Development

Since the start of the programme the Steering Group has met weekly and provided guidance to LA’s to support the delivery of ABEN across GM. The Steering Group has continuously made recommendations for improvements to service delivery in line with the outcomes of weekly monitoring returns from each LA.

Although a formal evaluation process has not been completed as originally intended, the Steering Group has completed an internal evaluation to support this End of Programme Report, which has been informed by:

- Steering Group Insights and Trends Report
- Feedback Loops - Questionnaires from Service Users, Service Providers and Referral Agencies
- GMHAN – April 2019 Event
- Partnership conversations

3.3.1 Insight and Trends:

Prior to the independent “Stock Take” undertaken by Dame Louise Casey, the Steering Group produced the Insight & Trends document, highlighting key findings/trends which included recommendations for any future provision supported by the data analysis and feedback from LA’s, delivery providers and other partners.

3.3.2 Qualitative Feedback Loops:

Members of the Steering Group designed questionnaires half way through the ABEN role out period to get feedback from service users, service providers and referring agencies to ensure that during the course of the programme there was a feedback loop. The questionnaires were not time limited and all stakeholders were encouraged to continuously provide feedback. Having a feedback loop helped support simple improvements to ABEN that were possible to implement during the course of the programme as well as highlighting factors that were a crucial for future provision for example having a single access point locally for ABEN referrals (see Annex 2 for further details).

3.3.3 Feedback from LA and ABEN Providers strongly emphasises that for a phase two of ABEN, clear funding arrangements needs to be in place so that a sustainable service can be planned and delivered and effective partnership working can be established. Local Authorities have reported that although a great GM service is being provided there is pressure on staff to support this initiative and most of the staff are working on ABEN on top of their current roles. This is having a detrimental effect on “business as usual” service that provides a mostly statutory service.
3.4 GMHAN – April Event 2019

The event was well attended by cross sector partners who deliver and support the ABEN provision across GM. Attendees participated in a number of Design Workshops (see Annex 3) to shape and inform future ABEN provision. Outcomes of each workshop will inform the development of the Service Specification for future provision. Feedback from the GMHAN was that going forward the Phase 2 should identify specific resources to evaluate future provision.

3.5 Partnerships - Wider conversations have and are currently taking place with Health colleagues, GMHPG, Faith and Business sectors to continue to support the future delivery of ABEN and to identify funding to adequately resource and deliver ABEN. However, there needs to be a commitment from the GMCA and all its partners to continue to communicate with all sectors involved in homelessness and the GMHAN on the continued progress of service delivery.

3.6 Overall Insight and Trends

3.6.1 On the latest official count and estimate figures released for November 2018, 241 people are reported to have been sleeping rough across Greater Manchester. This represents a 10% decrease from the previous year. For the official ABEN provision 1st November 2018 to 31st March 2019 1423 individuals have been accommodated in ABEN provision of those 480 individuals have moved on to more suitable accommodation from ABEN.

3.6.2 The night the count took place in GM, 147 people were recorded as being accommodated across GM in ABEN provision.

3.6.3 In this section we have focused on key trends (in line with the Insight & Trends Report) such as age, length of time sleeping rough and No Recourse to Public Funds (NRPF), local connection (in and out of GM), income and support needs.

3.6.4 Age:

The largest group of rough sleepers fall within the age range of 18-25 year olds. These form 396 (21%) of the overall number of individuals who have accessed ABEN and is closely followed by 322 26-30 year olds (17.2%) and 311 31-35 year olds (16.6%). In total under 35’s, constitute to 55% of individuals accommodated through ABEN. It is necessary to establish what the reasons are for this cohort sleeping rough in such numbers, such as HB, UC, Welfare Reform etc. Further, due to specific needs and uniquely restricted housing options, it is recommended that more specialist services are required to work with this cohort to provide a quality ABEN provision.
Figure 1: Age Profile of individuals using ABEN

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<th>Age Range</th>
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<td>61-65</td>
<td>2.50%</td>
</tr>
<tr>
<td>66+</td>
<td>2.50%</td>
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3.6.5 Linking rough sleeping to move-on in general social accommodation, data collated suggests that overall only 40% (36+ year olds) of rough sleepers accommodated will be eligible for full rent for the purpose of housing benefit in general needs accommodation due to the shared rate restrictions for under 35s.

3.6.6 Length of time sleeping rough:

Of the overall ABEN cohort, 62% have reported sleeping rough between 0 and 1 months. 0-1 months includes those who have not rough slept at all, however, the lack of further detail restricts the understanding of the numbers who had never rough slept or may have been sofa surfing. The data has highlighted that for 14% of the cohort, the length of time they may have slept rough is unknown. The high percentage nevertheless suggests that the majority of people who have accessed ABEN are not entrenched rough sleepers. This demonstrates that service provision is required for preventing new rough sleepers, which reflects the ethos of No Second Night Out, which is no longer funded in the majority of GM local authority areas.

3.6.7 Further work also needs to be done to design a programme that can pull in entrenched rough sleepers which we anticipate Phase 2 will incorporate. Although time sleeping rough is not the only indicator of entrenchment, data collected highlights that currently only 8% accessing ABEN have rough slept for over a year.

3.6.8 NRPF:

The overall NRPF ABEN cases recorded are 105. This is not a true figure as not all services have completed this section on their weekly return. However, of the 105 individuals recorded the highest concentration of NRPF of ABEN cases are
predominantly in Manchester (72%). Although this figure seems high, it has to be taken in to context that there are two specialist services that provide accommodation to this cohort.

3.6.9 Reconnection:

A total of 79 individuals were accommodated in ABEN provision with no local connection to any GM local authority. Of these, 58 had local connection to another UK local authority and 21 had connections outside of the UK.

Overall 17 individuals were reconnected back to their originating Local Authority or Country. Of the 17, 9 were reconnected with in GM, 6 were within the EU and 2 were outside of EU.

3.6.10 Support Needs:

Individuals were asked whether they had any support needs at the point of referral. Of those that responded 715 individuals stated that mental health was their primary support need with 83 of those individuals also stating substance misuse as being their second support need, followed by offending history (31) and physical health (27).

Of the 451 individuals who stated that their primary support need was substance misuse, 367 of those stated that mental health was their secondary support need. It is to be noted that the support needs were self-declared at the point of accessing ABEN provision.

3.7 Future Provision

ABEN phase one committed to provide a bed, welcome, hot meal and support for anyone who is sleeping rough or at imminent risk of sleeping rough in Greater Manchester.

Phase One of the ABEN programme was been extended until 31st May 2019. This provided an opportunity to refine the outline of the programme, to adopt the improvements identified by Dame Louise Casey, and to take in to account outcomes from the GMHAN event in April 2019 and feedback from LA’s and providers.

The approach to the evolution of the programme in Phase Two is to build on the positive foundations laid over the 2018/19 winter and to develop Phase Two into a sustainable year-round programme.

There is recognition that ABEN must not be a stand-alone service but instead be part of an integrated system and should be just “one” of a number of options available to people needing to access accommodation. Therefore, future provision must be integrated within the housing options process.

In line with the Homelessness Reduction Act (HRA), the start of the rehousing journey for a person who is homeless (including those who are sleeping rough or at risk of sleeping rough) should be with the LA Housing Options Service. The Housing Options Service should deliver this in a format appropriate for the client groups to access and engage with, such as...
outreach teams, rough sleeper services and other agencies. Housing Options Services will only consider ABEN as an accommodation option if the individual is rough sleeping, is not suspected of being in Priority Need and cannot be discretionally accommodated elsewhere.

Housing Options Services have a legal duty to provide each individual “in housing need” with a Personalised Housing Plan (PHP) detailing how LA’s will support individuals to secure appropriate long term accommodation. The PHP should form a central joint working document between the Housing Options Services, ABEN delivery partners and other involved agencies.

A representation of how ABEN should be part of an integrated Housing Options Service is detailed in the Best Practice Pathway below.

![Best Practice Pathway – ABEN integration](image)

3.8 What should Phase Two provision of ABEN look like?

New provision should be realistic and targeted, taking into consideration the multiple challenges of delivering for everyone who is eligible, on cost and in partnership. Future provision must be adequately funded to ensure that services are resourced with permanent staff to ensure quality supported provision and move-on.

From the on-going developments (see section 2 above) there are a number of key features that need to be included in any Phase Two provision (also highlighted by Dame Louise Casey):

1. Prevention focused
2. Outreach services - which work collaboratively/part of the same team with HO services
3. Provision – accommodation should be short term whilst working towards securing suitable/ long-term accommodation.
4. Targeted –
   a. for those who are from GM,
   b. a suitable offer for young people
   c. a suitable offer for individuals with complex needs
   d. a suitable offer for individuals with NRPF
5. Integrated homelessness offer within existing housing solutions.

Currently the offer of ABEN varies across GM, although it is right to have a localised approach, all future provision should meet the revised GM Winter Provision Requirements and have a consistent offer. The GM Framework for the current provision (see below) needs to be updated in line with the on-going developments and should form the basis of future provision.

GM Framework

- Service Specification
- Referral Procedure
- Expected Standards for Provision
- Reconnection and Cross Borough Placements
- Information Sharing Agreements

3.9 Challenges and Risks:

The Steering Group has identified risks and challenges that that should be considered when developing Phase Two provision.

There is a risk where financial decision- making powers lie, the key strategic and that operational decisions are also made by default, without reasonable co-design and accountability. The relationships between key decision-making groups should be formalized and explicit.

There is a risk of underfunding provision by not fully appreciating the costs of a sustainable year long programme. The current established ‘cost per head per night’ of £32.07 does not reflect the high level of donations, goodwill in line with staff time, volunteer hours, provision of buildings etc. and costs for a commissioned service are expected to be much higher.

With costs expected to rise provision should be more targeted at prevention and relief for key cohorts; entrenched rough sleepers, young people, those with complex needs and those with NRPF. Modelling on this targeted provision should be carried out to meet the specific needs and numbers evidenced.

To ensure appropriate and rapid move on options from ABEN there is a clear need for more supported accommodation for those with complex needs. The view of the Steering Group, Local Authorities and ABEN providers have highlighted that the lack of supported accommodation in areas across GM provides a real risk that ABEN provision, intended as short term and emergency, becomes the only immediate longer term accommodation option for people with complex needs and cannot support them adequately towards re-housing.

The offer of provision for those with No Recourse to Public Funds remains a challenge and a risk. A funding solution needs to be found that can support this cohort and urgent attention to longer term re-housing options should be considered.
3.10 Conclusion and Recommendations

Although ABEN was a reactive response to a humanitarian crisis and GM's increasing number of people sleeping rough. The introduction and delivery of ABEN has highlighted the gap for emergency provision to not just provide a roof over someone’s head but also to start the process of providing support to individuals who are already at the point of crisis.

It is recommended that:

1. There are clearly defined timelines for:
   - Decisions around governance,
   - Design of the programme
   - Funding allocation

2. Governance
   An overarching Homelessness Programme Board (similar to the Housing and Planning Commission) with strategic responsibility for elements of homelessness (including rough sleeping) is welcomed. It is recommended that the Programme Board and the wider governance structure:
   - Is committed to the bigger vision for change over and above the delivery of relief programmes such as ABEN and clearly aims to end the need for rough sleeping across Greater Manchester.
   - Works on the principles of cross sector collaboration and is representative of all key stakeholders across Greater Manchester.
   - Has a fully functional risk register to monitor homelessness activity across GM with a clear accountability function.
   - Avoids repeat representation by organisations throughout the structure at different levels, but instead encourage scrutiny and productive challenge.
   - Sits above a Housing Options operational group that reports to the Homelessness Programme Board via the Housing Needs Group. The operational group will include input from ABEN future provision operational staff and ABEN reference group (see below for example).
3. Service Specification for future provision is reflective and co-produced with outcomes/feedback from GMHAN, Local Authorities, Providers and key stakeholders etc.

4. Phase Two provision has a number of accommodation options. The current provision of these should be reviewed to ensure that need is met to accommodate people in the right place at the right time across GM. Accommodation should account for the specific re-housing challenges of the cohort targeted through ABEN. The range of accommodation options should include:

- Short-term Accommodation (night shelter styled model) Supported
- Shared Accommodation Model
- Supported Accommodation Model

5. ABEN should provide a targeted prevention and relief approach for key cohorts; entrenched rough sleepers, young people, those with complex needs and those with NRPF.

Annex 1: GM Winter Provision ABEN Steering Group
Annex 2: ABEN Feedback Summary

Guests

- Better than rough sleeping, would rather have my own place.
- “Safe and better than sleeping rough in a doorway.”
- “Its ok but I would rather have my own place in order to be more independent.”
- “Glad to have a roof over my head and good company.”
- “This is the best place I have been for free. It’s better than living with my mum.”
- “I am a lot happier here than on the streets. Although communal living is difficult we are all in the same boat which helps.”
- “This is worse. I was previously in Ascot House and there was always skills support and 2x hot meals a day. Everyone had their own room.”

Best parts

- “Waking up in the morning and being able to have a shower and a change of clothes”
- “The help I have had in getting my benefits sorted and a bank account open”
- “The ABEN volunteers have been very helpful. They are helping me with my points etc on Homechoice.”
- “The cooking nights. It creates a sense of community.”
- “When it is calm and relaxed”
- “The pool table” - things to do
- “It is good to talk to people in the same situation”

Worst parts

- Stressful – anxiety living in a communal space.
- “I do not like being surrounded by people and I don’t have any privacy. I am also suffering from lack of sleep due to constant noise/disturbance from other people.”
- “Its like prison”

Suggestions for improvement:

- Flexible hours - “ Longer hours especially morning and night, like staying in in the mornings and have time to come back later in the day” / Being able to get up later and return later / To stay in the daytime and have a shower
- “More room, bigger premises”
- “Like the aben but would prefer a single comfortable mattress.”
- “Having my own room and privacy.”
- Wifi internet access
- Showers

Reasons for accessing ABEN

- Got thrown out by my family
- I relapsed back into alcohol dependency and lost it
- Living and sleeping on the street was really making me ill
- My partner and I broke up
- Was asked to leave and was referred here by social services
- Was illegally evicted by previous landlord
- “We were found intentionally homeless coz of £87 arrears”
Provision –

Positives

- “Providing a warm, safe, friendly space” “treating people with kindness and respect”
- All referrals went through housing options so all clients had a case open PHP put in place

Challenges

- Still not sure when funding will be released / Money not paid on time
- Lack of beds / suitable accommodation
- Lack of services to support, especially at weekends
- No women’s specific or couples provision
- Not enough move on options
- Lack of time to set the provision up
- Lack of clear information, not clear who to ask
- Referrals in from other services, (some helpful, others not)
- Impact on statutory provision - no food in statutory provision
- Access information through twitter! Lack of communication
- Additional workload on staff in the homeless team, including monitoring

Improvements

- Support for people with complex needs - people can’t use substances during the night (could be evicted)
- Other support services on board to support aben clients
- Longer opening times so can offer support during the day / more provision available in the mornings / daytime
- Better quality beds
- Allow pets
- Define rough sleepers more explicitly / reduce expectations from referrers

Referring Agencies

Offer

- Lack of options for people who are refused accommodation because their support needs are too high - leaving the most vulnerable people on the streets or who are evicted from ABEN accommodation.
- Not enough separate accommodation for women. “Lack of enough dedicated female beds.”
- Alternative options for people unable to access for risk or health reasons.
- Sit ups not perceived as LGBT friendly.
- Lack of privacy, safety, security and dignity in shared accommodation.
- High risk patients being accommodated with very vulnerable patients.
- Offer different types of accommodation.
- Comms from GMCA have had a negative impact on partnership working

Referrals

- Referrals can take weeks to get accepted. Not hearing back any response from rough sleeper team when referring in from an evening service.
● Offer realistic descriptions of the provisions.
● Issues / confusion around local connection.
● There is real confusion over whether we can refer people with NRPF.
● The criteria keeps changing.
● When we can't refer in all we can do is offer a sleeping bag
● Provide bus fares and maps for people to get to the accommodation

Communication
● We have had very little information about ABEN except through comms.
● Information through mixture of Twitter and emails.
● No feedback from ABEN regarding people we refer.
● Need regular communication about what vacancies are available and where.
● Lack of communication about updates – particularly closure of hostel.
Adapting successful principles to local strategies

What do you need?

- Strong leadership at all levels
- Focus on the most vulnerable
- Effective and assertive outreach
- Address inflow as well as outflow
- A map of local resource opportunities, including ongoing relationships with funders
- A strong lobbying/advocacy strategy
What do you need?

- Shelters must:
  - Be inclusionary
  - Be safe and well-run and connected to housing services

- Data collection must:
  - be ongoing and reliable
  - Give you information that helps move people along
  - Inform decisions, not just performance management

- Cities and communities must:
  - Work as a system
  - Create a comprehensive action plan to “turn off the taps”

Greater Manchester Positives

- A Bed Every Night:
  - Leadership at all levels
  - Successful in terms of numbers and extra capacity
  - Increased priority across GM boroughs
  - Data recording system providing richer information
  - Variety of types of provision
  - Strong desire and willingness to work together

- Homelessness:
  - Better co-ordination
  - Commitment to more system-design thinking
Greater Manchester – More to Do

- A Bed Every Night:
  - Insecure funding and resourcing
  - Variety of standards and access - uncommissioned
  - Lack of diversionary options
  - Agree approach to complex needs

- Homelessness:
  - System-build needs to go further
  - Needs greater focus on front-end activity to “turn off the taps”

Moving to Another Level in GM

- A Bed Every Night:
  - Continue and develop a more streamlined approach, more consistent in application, smaller, remove people from this process who don’t need to be there, greater in winter
  - Must be joined up as part of a network, not a stand-alone, bolt-on addition
  - Requires security and resource stream
  - Better co-ordination with outreach teams
  - Develop governance and review structures

- Homelessness:
  - Focus work on “turning off the taps”, more creative preventative options
5. ABEN client case study

Provided by Stockport Homes Group

James’ Journey with A Bed Every Night

James is 46 years old and previously lost a social tenancy in 2006 due to arrears. He has since been staying with his mum and served several custodial sentences. From early 2018 James had been rough sleeping and was placed in temporary accommodation (non-statutory placements) but had chosen to leave or been excluded several times. He was however engaging with substance misuse support during this time.

James was recalled into custody in June 2018 due to missing probation appointments and released in November. After rough sleeping for a week on release he came into Housing Options and was placed in A Bed Every Night on the same day (Stockport*). James suffers from depression and anxiety, is a former heroin user now using spice, and has Hepatitis C.

In ABEN James took part in communal cooking, joint meals and exercise classes. He struggled with sleeping communally but preferred it to sleeping rough. James wanted help with his mental health and spice addiction and was reconnected to his substance misuse support worker with help from a health advocate. He was eligible for a rehab placement owing to the substance misuse work he had started in prison. James left ABEN to go to rehab in December. He was worried about missing the ABEN Christmas meal and not being able to visit his mum in time, but was able to take part in some Christmas activities and he saw his mum before he left.

James has outstanding former tenancy arrears of £1,200 and is ineligible to bid for social housing until they are reduced. His housing officer discussed this with him and set up a payment plan to pay off small amounts weekly and reduce the arrears to below £500 whilst he is in rehab. He will then be able to bid for his own social rented property. James still has contact with his Housing Officer and the plan is for James to move into his own social tenancy when he is ready to leave. If he has not been able to reduce his arrears enough, he will probably be made eligible if he can demonstrate making regular contributions and commits to continuing to pay them off.

James has avoided another period of homelessness rough sleeping or in temporary accommodation where he has not previously been able to succeed in living more stably and manage his mental health or substance misuse. He will be able to bid for social housing within increased points due to being in rehab (health based accommodation). His housing options officer is aware of his needs and will refer him for additional tenancy support when he moves into his own property.

*Stockport ABEN for single males was provided in current supported temporary accommodation space run by Stockport Homes, in communal and shared rooms

*Health Advocate provided by H3 health and homelessness support project
6. **ABEN Phase 1 Indicative Cost Benefit Analysis**

6.1 **Introduction**

An initial CBA was developed for ABEN in February 2019 and updated in May 2019 with the final data for stage 1 of ABEN (Nov 2018 – March 2019). The CBA uses the GMCA CBA methodology, which is supplementary guidance to HM Treasury’s Green Book. The CBA was developed in partnership with the GMCA homelessness team; additional consultees on the early draft included the HSCP housing and health programme team.

Both the initial and updated CBA need some refinement as they only capture the fiscal benefits of ABEN and have not modelled all potential fiscal benefits; no social benefits have been modelled due to lack of data. The CBA models a 6-month ABEN cohort, with benefits falling over a 5-year period. This recognizes that many of the ABEN clients are chaotic and the benefits of the interventions that ABEN leads to will not be realized immediately and will take time to sustain.

Data used for the CBA is a combination of national literature, desk top GMCA modelled data, service monitoring data relating to individual clients over the period 1st November 2018 – 31st March 2019 period, and expert practitioner judgement from the GMCA central team. Furthermore, much of the service monitoring data has missing or miss-entered data, so data cleaning was undertaken. Due to the poor quality, estimation and early nature of much of the data, a 25% - 40% optimism bias correction has been applied to the costs and benefits in the model in order to provide a conservative viewpoint.

6.2 **Total ABEN clients and customer journey**

The customer journey modelled in the CBA is a generic journey as ABEN is delivered differently across the ten districts. The service monitoring client data used is from all Greater Manchester districts.

The estimated total unique clients who will used ABEN over a 6 month period is 1,877, of which 76% (1,423) were accommodated by ABEN. For these 1,423 clients, the figure below shows the various move on outcomes of those using ABEN in the period November 2018 – March 2019.
The model refers to 1,877 unique ABEN clients over the 6 month period and recognizes that some of the clients will present multiple times and will therefore be accommodated multiple times. The modelling for the outcomes has modelled the final presentation of clients who achieve a positive outcome from ABEN accommodation, those who present and move on multiple times have only been counted once in the model. Modelling the known costs of ABEN over the period November 2018 – March 2019 and the anticipated fiscal benefits of ABEN over 5 years results in the following gross fiscal return on investment. It should be noted that it is unlikely that these returns will be cashable in the short term due to the size and complexity of the cohort (demand reductions relating to intensive, targeted provision tend not to be cashable until they reach a certain scale).

### 6.3 CBA Outcomes

<table>
<thead>
<tr>
<th>Stage 1 CBA gross fiscal return</th>
<th>Overall GM return (excluding DWP spend)$^1$</th>
<th>1.35</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local authority excluding local authority social care</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>Health and social care system</td>
<td>1.59</td>
</tr>
</tbody>
</table>

$^1$ Whole system ROI if external housing benefit costs falling to DWP are incorporated: 0.64
6.4 Costs included in the CBA

The GMCA CBA methodology models all costs of service provision, as well as additional referrals into the service that lead to outcomes being delivered. Consequently, some costs that have been included may not represent additional budgetary contributions from relevant organisations, but relate to increased demand pressures on the services accessed by the ABEN client group. There is also a recognition that a number of the ABEN clients would seek support anyway or engage with services without support from ABEN; consequently, this deadweight has been excluded from the modelling as an ‘offset cost’.

For the initial ABEN core costs, the model assumes a 6 month investment. The additional referral costs that lead to the outcomes being achieved are incurred over a longer period and have been profiled between 1 and 5 years. It should be noted that only costs which could be identified have been included, and there are likely to be additional costs to delivering the service and supporting service users which have yet to be identified.

Where referrals to other agencies have been included, these relate to the support needs identified for those who move to a more suitable housing solution. For those who do not move onto a more suitable housing solution, no referrals have been costed, as they are unlikely to require additional service provision unless they are engaged in a more suitable move-on option.

The following costs have been included in the CBA (please note that an offset has been applied to account for costs which would have happened anyway):

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ABEN service provision</td>
<td>GMCA funding less an offset of the Severe Weather Emergency Provision and Rough Sleeper Initiative provision which would be provided without ABEN.</td>
</tr>
<tr>
<td>Supported housing and hostel provision – support costs</td>
<td>Those who move onto supported housing provision</td>
</tr>
<tr>
<td>All housing provision – housing benefit</td>
<td>Housing benefit payment for those who move onto more suitable housing provision</td>
</tr>
<tr>
<td>Mental health and substance misuse intervention</td>
<td>Referrals for mental health and substance misuse intervention based on identified client needs</td>
</tr>
<tr>
<td>Housing options assessment</td>
<td>For those who move to social housing</td>
</tr>
<tr>
<td>Reconnection</td>
<td>Cost for the local authority to reconnect people not from the district</td>
</tr>
<tr>
<td>Hepatitis C treatment and testing</td>
<td>Treatment of ABEN clients identified with Hepatitis C following testing</td>
</tr>
<tr>
<td>A&amp;E attendance</td>
<td>Small number of A&amp;E attendances from ABEN provision</td>
</tr>
<tr>
<td>Police intervention</td>
<td>Proxy of arrests used to account for additional police time at ABEN provision</td>
</tr>
</tbody>
</table>
6.5 Benefits included in the CBA model

There are four main fiscal benefits modelled in the CBA relating to ABEN:

1. Reduced short-term rough sleeping: £11,733 per annum
2. Reduced long-term rough sleeping: £20,123 per annum
3. Reduced deaths: c. £3,000 per annum
4. Reconnection: £11,733 per annum

The fiscal monetization of the benefits come from two sources; “At What Cost” Crisis (2015)\(^2\) and modelled GMCA data. For both sources, the total annual value is a combination of costs accruing to various agencies, which are discussed in more detail below.

Modelling of the CBA assumes that not all people will achieve a positive outcome and some people will achieve the outcome without the ABEN intervention.

6.6 Benefits literature and modelling

‘At what Cost’ provides four vignettes of potential homeless people and provides an estimate of their costs if they were homeless for 12 months versus the cost of an intervention to prevent their homelessness. The report was written for Crisis by academics from the University of York. The vignettes are based on 165 semi-structured interviews with people who have experienced homelessness. Thirty of the interviewees were people using Housing First services in the London Borough of Camden in 2012/13 and other Housing First Services in London, the South East, the Midlands and the North East. A further 135 semi-structured interviews were carried out with homeless people using the Crisis Skylight Programme in Birmingham, London, Merseyside, Newcastle and Oxford.

Two of the vignettes provide a view of the potential costs associated with a year of homelessness for long-term and short-term rough sleepers. The two vignettes used are those most closely resembling the ABEN cohort. There is no data available on the costs of homelessness for those in Greater Manchester - consequently national analysis has been used for the ABEN CBA. All figures used in the model have been uprated to 2019/20 costs.

Vignette 1: Short-term rough sleeping (2014/15)

A 19 year-old woman is expected to leave the parental home and exhausts sofa surfing arrangements with friends.

<table>
<thead>
<tr>
<th>Vignette 1: Homelessness persists for 12 months</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed by Housing Option Team, refused assistance</td>
<td>£558</td>
</tr>
</tbody>
</table>

Low intensity accommodation based service (mean support cost, 41 weeks) | £4,428
---|---
Seen by ambulance crew and taken to hospital | £233
Non-elective long stay in hospital | £2,716³
Residential detoxification (6 weeks) | £3,798⁴
Total cost | £11,733

Vignette 2: Long-term rough sleeping (2014/15)

A man in his 30s becomes homeless and after informal arrangements to find accommodation break down, sleeps rough. He has lost his job and is heavily in debt.

<table>
<thead>
<tr>
<th>Vignette 2: Homelessness persists for 12 months</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed by Housing Option Team, refused assistance</td>
<td>£558</td>
</tr>
<tr>
<td>Visits to A&amp;E department (20)</td>
<td>£2,340</td>
</tr>
<tr>
<td>Non-elective long stay in hospital (2)</td>
<td>£5,432⁵</td>
</tr>
<tr>
<td>Anti-social behaviour (6 incidents)</td>
<td>£4,038</td>
</tr>
<tr>
<td>Arrested and detained (four times)</td>
<td>£2,876</td>
</tr>
<tr>
<td>High intensity accommodation-based service (mean support cost, 12 weeks)</td>
<td>£4,884</td>
</tr>
<tr>
<td>Total cost</td>
<td>£20,128</td>
</tr>
</tbody>
</table>

³ PSSRU
⁴ PSSRU
⁵ PSSRU
7. **Health related recommendations from ABEN Phase 1**

7.1 The April meeting of the GM Homelessness Action Network focussed on the co-design of a second phase of ABEN through a series of workshops. Outputs that relate to health and care services are outlined below.

- Use existing services more effectively by increasing outreach and understanding what is available.
- Relationships between ABEN and health services have been positive where there have been clear lines of contact and understanding of expectations.
- Understanding health needs should be part of any holistic assessment.
- Need to learn from what already works, lots of examples but it’s not consistent.
- Different services and models of working needed for different areas to reflect need and demand.
- Need to ensure people are better informed about their rights to access health services e.g. GP registration.
- Information on services available and willing to work in partnership would be useful. This can be used to develop local pathways where required.
- Locality ‘homelessness health’ lead for each local area would be helpful to coordinate activity and ensure conversations are happening.
- Not just about health services, there needs to be a comprehensive local understanding of what is there to support, including housing and VCSE.

7.2 Coordination staff, who support delivery of ABEN provision, have made a number of recommendations via the ABEN Steering Group that would improve health and wellbeing outcomes;

- Infection control - distance between beds, adequate handwashing facilities, Hepatitis A awareness.
- Increased TB awareness and the risks posed by a night shelter style environment for staff and volunteers.
- Overdose awareness for staff and volunteers. Naloxone training/provision where appropriate.
8. Overview of existing homeless health services

In September 2017 GMHSCP commissioned an audit of homeless health services across Greater Manchester, providing an overview of healthcare provision for homeless people. However in the 18 months since more specialist services have been developed and the offer for people experiencing homelessness has improved in many localities.

As such, in February and March 2019 GMHSCP requested that locality, CCG and trust colleagues complete a proforma of homeless health services, adding to the baseline provided in 2017. The following briefing outlines the provision of healthcare for homeless people in Greater Manchester, as at March 2019; please note that not all localities/CCGs have responded across all areas of healthcare provision.

Primary Care

A number of localities have commissioned primary care services specifically for homeless people, as detailed in the table below.

Table 1: Primary care- commissioned homeless specific services

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>Homeless and Vulnerable Adults Service- community health care service delivered by nurse-led team of four, Carries out health screening and enables access to wide range of other services</td>
<td>Commissioned by Bolton CCG</td>
</tr>
<tr>
<td></td>
<td>Primary care street outreach in conjunction with Bolton Council Help for Single Homeless Outreach Service</td>
<td>Bolton CCG</td>
</tr>
<tr>
<td>Manchester</td>
<td>Urban Village Medical Practice- provides primary care services and enables access to a range of other health services. Work currently taking place to enhance GP support for homeless individuals not registered with Urban Village (led by Rachel Brennan)</td>
<td>Commissioned by MHCC under a Personal Medical Services (PMS) contract</td>
</tr>
<tr>
<td>Salford</td>
<td>Salford Primary care together, Salford Homeless GP service- primarily based at Windsor drop-in centre three days a week, possible to access other SPCT GP practices. Support to register with GP enabled through health navigator. On the day appointments if needed</td>
<td>Commissioned by Salford CCG</td>
</tr>
<tr>
<td></td>
<td>Innovation fund project ‘Salford Partnership Inclusive Health Programme ’ for 1 year based in Eccles/Irlam neighbourhood, offering homeless and ex-offenders healthcare, drug and alcohol support, dental</td>
<td>Salford Primary Care together innovation fund for 1 year</td>
</tr>
</tbody>
</table>
### Table 2: Primary care - non-commissioned homeless specific services

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Funding arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>Revive dental practice works with UVMP, Booth Centre and others</td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td>Vision Care for homeless People provides a service at Cornerstone Day Centre</td>
<td>Not known</td>
</tr>
<tr>
<td>Oldham</td>
<td>Go2Doc, the out of hours service in Oldham, provide weekly health checks on a voluntary basis to people accessing Street Angels, a support service based in the town centre</td>
<td>Not directly funded, delivered on a voluntary basis</td>
</tr>
<tr>
<td>Rochdale</td>
<td>‘HART’ clinical volunteers offer health checks, wound care vaccinations and screening. Outreach into soup kitchen and other homeless settings. Volunteer</td>
<td>Delivered on a voluntary basis, with one off allocation from HMR CCG</td>
</tr>
</tbody>
</table>
workforce comprises of GPs, nurses, allied health professionals including therapists, clinical pharmacists and mental health workers

Stockport

- Community pharmacy- Relationship forged between the pharmacy local to Bracondale Medical Centre and also across Stockport to various pharmacies close to TA and central for rough sleepers, and H4 Hospital discharge to enable flexible prescribing (Big Lottery funded)

- Revive Dental works with H4 to provide outreach advice and assessment in TA and clinical treatment in Stockport premises. H4 links to Revive at Urban Village Medical Practise's homeless healthcare service for more complex dental work (Big Lottery funded)

- H4 links with local opticians and ensures patients with diabetes secure specialist eyecare. H4 aims to forge relationship with 'The Outside Clinic' for vulnerable residents (Big Lottery funded)

Table 3: Primary care- homeless accessible mainstream services

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bury</td>
<td>Specific Vulnerable Patients: • Asylum Seekers • Refugees • Homeless Recognition of the potential complexities of the specific vulnerable patients highlighted, that may include: • Additional required consultation time, • Flexibility with regards to access and registration (i.e. lack of availability of two forms of identification, times of appointments) • Complexity of mental and physical health and social care needs</td>
<td>Part of the Combined Locally Commissioned Service Specification, commissioned from 1 April 2018 - 31 March 2019.</td>
</tr>
<tr>
<td>Salford</td>
<td>Community dental service at Pendleton Gateway accessed by homeless patients via Salford Loaves and Fishes</td>
<td>Commissioned by Salford Council</td>
</tr>
<tr>
<td>Wigan</td>
<td>The Brick enables access to dental services</td>
<td>Not known</td>
</tr>
</tbody>
</table>
Mental health services

In Manchester there are a number of commissioned mental health services that are targeted towards homeless people, as detailed in the table below.

**Table 4: Mental health - targeted commissioned services**

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td><strong>Assertive outreach</strong> - Following the implementation of the Enhanced Community Model for mental health services during 2018 the Assertive Outreach function sits within local Community Mental Health Teams</td>
<td>via MHCC main contract</td>
</tr>
<tr>
<td>Manchester</td>
<td><strong>CMHT</strong> - The CMHT Standard Operating Procedure sets out the homeless pathway and the link between the dedicated Homeless Mental Health Team (which remains a city-wide service) and the local CMHTs. The pathway will ensure timely intervention for homeless people across the city</td>
<td>via MHCC main contract</td>
</tr>
<tr>
<td>Manchester</td>
<td><strong>Psychologist and talking therapies</strong> - GMMH is delivering an IAPT clinic for homeless people at The Booth Centre and is linking this to other homeless services in the city centre</td>
<td>via MHCC main contract</td>
</tr>
<tr>
<td>Manchester</td>
<td><strong>Hospital/in patient</strong> - GMMH have established systems in line with Homelessness Reduction Act requirements for in-patients and have a dedicated housing worker in place to support service users at risk of homelessness</td>
<td>via MHCC main contract and winter pressures funding</td>
</tr>
<tr>
<td></td>
<td><strong>Psychologically Informed Environment (PIE)</strong> project has been initiated by GMMH which involves close working with key housing providers in Manchester to develop the capacity and confidence of staff to work around mental health issues. Key elements of this include training for housing staff and clinical psychology posts based in homelessness venues. Further strand of PIE work - training rough sleeper outreach teams, homeless drop-in centres and hostel staff - this is in preparation by Mental Health Homeless Team</td>
<td>via MHCC main contract and Homeless Trailblazer funding</td>
</tr>
<tr>
<td></td>
<td><strong>Wellbeing</strong> - GMMH have supported several homeless projects to support mental wellbeing for service users including a community garden at The Well in Ardwick and activities for residents at SSG Sustainable Living in Cheetham Hill. The Trust have also helped On the Out to develop its peer support model with people leaving prison with no fixed abode</td>
<td>via GMMH Manchester Wellbeing Fund</td>
</tr>
</tbody>
</table>
Physical health and wellbeing activities have been implemented via GMMH ‘buzz’ health and wellbeing service via MHCC contract for buzz

Mental Health Homeless Team - MDT team - 5 Mental Health professionals, 1 OT, 0.5 dedicated psychiatrist, 1 clinical psychologist offering engagement, assessment, advice and consultation for GMMH and homeless sector staff via MHCC main contract

In addition to these services, localities have noted a number of mainstream mental health services that are accessible to homeless people. Those more specifically of relevance to homeless people are detailed in the table below.

Table 5: Mental health- homeless accessible mainstream services

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>Silverwellbeing Service - additional NHS offer for those requiring counselling. Registration with GP not required</td>
<td>Not known</td>
</tr>
<tr>
<td>Stockport</td>
<td>Assertive outreach- H4 works with CMHT to refer in and support patients to access services &amp; information sharing where possible</td>
<td>Via CMHT contract</td>
</tr>
<tr>
<td></td>
<td>Community mental health team- H4 works with CMHT to refer in and support patients to access services &amp; information sharing where possible</td>
<td>Via CMHT contract</td>
</tr>
<tr>
<td></td>
<td>Psychologist and talking therapies- counselling service available to people in TA, provided by Talk Listen Change (TLC), one to one service. Dedicated counselling centre within largest TA scheme. Psychological medicines service provides a holistic service to patients with psychological &amp; physical health needs</td>
<td>Not known</td>
</tr>
<tr>
<td>Wigan</td>
<td>Assertive mental health outreach available to those accessing the Brick via two CPNs</td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td>CMHT operates out of normal hours to provide support to NFA/ refusing to return home, will provide safe space overnight</td>
<td>Not known</td>
</tr>
</tbody>
</table>
Secondary Care

In Greater Manchester all localities, CCGs and NHS Trusts have signed up to the Homeless Hospital Discharge Protocol. The protocol sets out a framework of principles for colleagues across housing, hospital trusts and supporting organisations, to engage with one another with the collective aim of supporting effective discharge for people experiencing homelessness, and where possible not discharging patients onto the streets. In a number of localities this is delivered by housing options staff working within or alongside Integrated Discharge Teams. Other specifically funded discharge services and secondary care services are detailed in the table below.

Table 6: Secondary care services

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>Hospital discharge services are provided specifically for people experiencing homelessness, available in A&amp;E</td>
<td>Commissioned by MHCC</td>
</tr>
<tr>
<td></td>
<td>Mpath service for homeless people admitted to MRI &amp; frequently attending ED based on London Pathway model and delivered by UVMP</td>
<td>Commissioned by MHCC</td>
</tr>
<tr>
<td>Oldham</td>
<td>Hospital discharge is supported by two housing officers - one based in the Integrated Discharge Team focusing on wards, and another in A&amp;E</td>
<td>Blended commissioning, Public Health and First Choice Homes Oldham</td>
</tr>
<tr>
<td>Stockport</td>
<td>H4 hospital discharge service is the pathway used to support those in all wards of Stepping Hill Hospital, including ED, medical and mental health wards. Patients are supported to ensure a safe and smooth discharge</td>
<td>Big Lottery Funding until October 2020</td>
</tr>
<tr>
<td></td>
<td>Mastercall service for out of hours in emergency department</td>
<td>Not known</td>
</tr>
<tr>
<td>Wigan</td>
<td>Hospital to House service</td>
<td>Commissioned by Wigan CCG</td>
</tr>
</tbody>
</table>

Substance misuse services

A number of localities commission substance misuse services that are universal but provide targeted support to those with complex needs, including homelessness. More detailed information is provided in the table below.

Table 7: Substance misuse services
<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>Complex Lifestyles- works with individuals with multiple complex needs/behaviours. The service will work with other organisations to support individuals with complex lifestyles to engage with services that will best meet their needs. The practitioner will work intensively with the client for a maximum of 12 weeks</td>
<td>Achieve Bolton, Salford, Trafford - via GMMH</td>
</tr>
<tr>
<td>Manchester</td>
<td>Young people specific substance misuse service including outreach in TA and day centres</td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td>Adult substance misuse service provides outreach in TA and day centres</td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td>Dual Diagnosis Team - offering training, advice and consultation to GMMH staff and homeless hostels</td>
<td>Via MHCC contract</td>
</tr>
<tr>
<td>Oldham</td>
<td>Rochdale and Oldham Active Recovery specification requires provider (Turning Point) to work with housing and homelessness partners</td>
<td>Commissioned by Rochdale Council and Oldham Council</td>
</tr>
<tr>
<td>Rochdale</td>
<td>Rochdale and Oldham Active Recovery specification requires provider (Turning Point) to work with housing and homelessness partners</td>
<td>Commissioned by Rochdale Council and Oldham Council</td>
</tr>
<tr>
<td>Salford</td>
<td>Complex Lifestyles</td>
<td>Achieve Salford, via GMMH, commissioned by Salford CCG</td>
</tr>
<tr>
<td></td>
<td>Current provision of substance misuse services sub-contracts housing support and advice from housing provider</td>
<td>Not known</td>
</tr>
<tr>
<td>Stockport</td>
<td>Universal service includes housing options as part of assessment of need. Referral pathway through Stockport Triage Assessment and Referral Team</td>
<td>Commissioned by Stockport Council</td>
</tr>
<tr>
<td></td>
<td>V.I.P programme provides a long term complex needs support service to chaotic drug &amp; alcohol users and works in partnership with H4; ASC; Treatment services; Stepping Hill Hospital &amp; Psychological medicines.</td>
<td>Not known</td>
</tr>
<tr>
<td></td>
<td>Drop-in service at the Wellspring</td>
<td>Not known</td>
</tr>
<tr>
<td>Tameside</td>
<td>My Recovery Tameside, RSI contract workers - 4 workers working with rough sleepers to engage with night time sleep arrangements in borough and engage in drug/alcohol treatment &amp; any other wraparound services needed.</td>
<td>Variation until Mar 2020</td>
</tr>
</tbody>
</table>
Addaction Wigan and Leigh works with commissioners to operate needle exchange provision at core sites and pharmacies across the borough

Local Authority funded

**Allied Health Services**

Allied health service provision for homeless patients is outlined in the table below.

**Table 8: Allied health services**

<table>
<thead>
<tr>
<th>Locality</th>
<th>Service name/description</th>
<th>Commissioning arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>One OT based within the Mental Health Homeless team</td>
<td>Via MHCC main contract</td>
</tr>
<tr>
<td></td>
<td>Weekly podiatry service delivered at UVMP</td>
<td>Not commissioned - provided by Salford University Podiatry dept.</td>
</tr>
<tr>
<td>Stockport</td>
<td>H4 works with a local clinic to provide a voluntary outreach service at the TA in Stockport</td>
<td>None - voluntary</td>
</tr>
</tbody>
</table>

**Public Health Services**

In Manchester specialist public health services for homeless people are provided at Urban Village Medical Practice. In Stockport, Pathfinder provides immunisations, with H4 identifying people at risk who may need the service. Sexual health services commissioned by Stockport Council are required to deliver outreach to vulnerable people including those experiencing homelessness. Tameside are due to commence work on a TB pathway as part of their harm reduction main contract. In other localities public health services are accessed via primary care or other universal services such as Link4Life in Rochdale.
9. GM Homelessness Programme Board – Draft Terms of Reference

Objective of the Board:

To provide a comprehensive overview of programmes and activity undertaken across Greater Manchester by partners from all sectors to reduce homelessness and end the need for rough sleeping in the city-region.

Membership – to be reviewed as appropriate and to include, but not be limited to:

- 1 Chair and 1 Vice-Chair
- 3 representatives from local authorities (officers and/or members)
- 2 representatives with lived experience
- 1 representative from Greater Manchester Housing Providers
- 1 representative from the GM Health and Social Care Partnership
- 2 representatives from the Joint Commissioning Board
- 2 representative from The GM Homelessness Action Network Accountability Board
- 1 representative from GMCVO
- 1 representative from DWP
- 2 independent experts

The Board at all times will strive to represent all elements of the homelessness sector in Greater Manchester and to ensure a central voice to people with lived experience. Membership of the Board will be regularly reviewed to ensure equity of access and to take account of emerging trends and best practice in the field of homelessness and rough sleeping.

Terms of Reference:

1. To offer insight into the tackling of homelessness and rough sleeping through sustainable systemic change
2. To ensure connectivity between programmes undertaken across Greater Manchester
3. To provide overview and scrutiny of existing and new GM-wide programme
4. To invite evidence to drive system-change to assist in ending of rough sleeping and making homelessness rare, short and non-repeated across Greater Manchester
5. To commission research into homelessness and rough sleeping with an application to Greater Manchester
6. To make recommendations locally, nationally and internationally
7. To suggest areas of interest for further research and development
8. To challenge partners to improve performance and adopt best practice
9. To lead on the development of a more strategic approach across the city-region

Meetings:

The Board will meet on a bi-monthly basis, with 2019/20 meetings to be held as follows:

04 July, September, November, January, March, May
**Personal Responsibilities of Board members:**

1. To positively contribute to the Greater Manchester agenda on homelessness.
2. Act as the advocates and ambassadors for Greater Manchester’s approach to tackling homelessness.
3. To provide personal and professional insight into the causes and solutions to homelessness.
4. To continually inform themselves of emerging best practice in the fields of homelessness and rough sleeping.
5. To behave at all times in a respectful and collegiate fashion and to respect confidentiality.

**Accountability**

The Board will meet bi-monthly as a minimum and will ensure that decisions of the group are effectively recorded and communicated. The Group will be chaired by the Mayor of Greater Manchester and the vice-chair will be City Mayor Paul Dennett, the GM Portfolio holder for Housing, Planning, Homelessness and Infrastructure. The Board will not have any formally-constituted decision-making authority.
10. Recommendations for ABEN Stage 2 evaluation

10.1. Context

10.1.1. Stage 1 of A Bed Every Night (ABEN) was not formally evaluated due to the speed of the set up the programme and the variance in delivery models across the ten local authorities.

10.1.2. Nevertheless, there was weekly monitoring of ABEN via a monitoring return to the GMCA. Alongside this monitoring, the steering group undertook a stock take of the outcomes of ABEN via a questionnaire with key stakeholders and service users. Dame Louise Cassey also visited GM in the winter to undertake a stock take into ABEN which have been used to inform stage 2 of the programme. Finally, the GMCA research team has reviewed the qualitative parts of the weekly returns to gain a greater understanding of the needs of people who use ABEN and their previous sleep site prior to entering ABEN.

10.1.3. Finally, a Cost Benefit Analysis (CBA) of ABEN using the weekly monitoring returns was undertaken in February 2019 to assess the potential financial benefit of ABEN to public services. This CBA was refreshed at the end of May 2019 to assess the impact of the initial stage 1 of ABEN.

10.1.4. Recognising the lack of a full formal evaluation of ABEN, stage 2 will have an evaluation as part of it. Below sets out the proposed approach for the stage 2 evaluation.

10.1.5. The evaluation will also build on the strong evidence base collected in stage 1 to provide a new evidence base on those at risk of and rough sleeping across Greater Manchester. This evidence base will provide an addition to the national evidence being collected in regard to the Housing First pilot.

10.2. Proposed approach

10.2.1. It is proposed that the stage 2 evaluation will have four outputs utilising mixed research methods:

- Cost Benefit Analysis
- Headline data on the utilisation of ABEN and the outcomes that ABEN achieves
- Qualitative analysis of the delivery of ABEN and its impact on the lives of those experiencing rough sleeping.
- An understanding of best practice in the delivery of short-term emergency rough sleeping accommodation-based services.

10.2.2. The evaluation will rely on robust monitoring data, which will also be used for performance management. A workshop will take place to scope the data requirements and how they will be captured and used. The data requirements relating to the proposed health outcomes framework will also be explored at the workshop.

10.2.3. The evaluation will also have a peer research element, which will be delivered in partnership with the qualitative element of the evaluation.
10.3. **Cost Benefit Analysis**

10.3.1. The CBA will be undertaken by the GMCA Research Team in partnership with The King’s Fund. The CBA will use the GMCA methodology, which is supplementary guidance to HM Treasury’s Green Book. The CBA methodology is used widely within the GMCA, HSCP and nationally to help understand and build business cases for new public service delivery models. The CBA will focus on the fiscal benefits of ABEN and will seek to develop the public value outputs in conjunction with the qualitative side of the evaluation.

10.3.2. It is proposed that two CBAs are undertaken: a predictive CBA in at the beginning of stage 2 of ABEN; (July – August 2019) and an evaluative CBA at the end of stage 2 of the ABEN (July – August 2020).

10.3.3. The CBA outputs will be published alongside a methodology paper setting out the inputs and assumptions that underpin the CBA.

10.4. **Headline data on the utilisation of ABEN and the outcomes that ABEN achieves**

10.4.1. Both the quantitative and qualitative elements of the evaluation rely on data relating to ABEN. This data will be collected from the services delivering ABEN and it is proposed the data collection will be similar in format to that collected during stage 1. However, some small tweaks to the data collection will be made and the data collection will move from weekly returns in spreadsheet format to the GM Think database which is currently being used for the SIB clients.

10.4.2. The headline data will report on the number of users of ABEN, their demographics, whether or not they have presented previously to ABEN, the needs of clients, their previous sleep sites and (if they have been accommodated by ABEN) where they have moved onto.

10.4.3. It is proposed that this data is reported at least quarterly via a Tableau dashboard, providing an ongoing understanding of how ABEN services are being utilised.

10.4.4. The majority of this element of the evaluation will be carried out in house, in partnership with an external evaluator who will provide expert judgement on the outcomes delivered by ABEN following the qualitative interviews and analysis.

10.5. **Qualitative analysis of the delivery of ABEN and its impact on the lives of those experiencing rough sleeping**

10.5.1. A large part of the evaluation will be qualitative and the outputs should include case studies from those who have used the service. There will be in-depth qualitative interviews with stakeholders, service practitioners and service users. This qualitative element will draw out the social value that ABEN achieves in more detail than the quantitative elements of the evaluation.

10.5.2. The qualitative element of the evaluation will seek to understand the differences in ABEN referral, delivery and move on across the 10 GM districts. This will help understanding of outcomes achieved by those using the service; there will be a focus on move on and the relationship between ABEN and other services, notably housing options, health and criminal justice.
10.5.3. The move on focus will seek to understand where ABEN clients move onto – for example, supported housing, hospital or general needs tenancies. Understanding this move on should help gain greater understanding around which move on interventions lead to positive outcomes.

10.5.4. Additionally, the qualitative element will help GMCA and others to understand more fully the differences in outcomes achieved by short-term and long-term rough sleepers using ABEN, and what potentially leads to success. Importantly the qualitative element of the evaluation will take a whole system approach to understand where ABEN makes the difference or where it may be another intervention.

10.5.5. If necessary, the qualitative element of the evaluation will undertake a deep dive into a certain ABEN cohort, for example young people or entrenched rough sleepers.

10.5.6. This part of the evaluation will be an external commission to an organisation with specialism within the homelessness field. Early discussions have taken place with a number of organisations, ranging from membership bodies to universities, to establish what approaches would form part of undertaking such an evaluation.

10.5.7. It is not proposed that there will be tracking of individual service users, due to the time needed to acquire ethical approval for this. However evaluators will need to show how they will engage with people using the services and ensure that their experiences are embedded within the evaluation findings. Furthermore, a human rights-based approach should be taken when working with this cohort.

10.5.8. The evaluators would be required to provide regular interim reports and data reports on ABEN delivery.


10.6.1. It is expected that a combination of the quantitative and qualitative research will provide outputs which will help commissioners and providers understand where there is best practice in the delivery of ABEN type services.

10.6.2. The evaluation will look at the differences in delivery in terms of locality area, client group and service type. Understanding these differences will add to the evidence base on how deliver such services. Importantly this will draw out the importance of a whole system approach in tackling homelessness by understanding how partnerships work across the locality areas in working with those using ABEN services.

10.7. Evaluation Procurement and Governance

10.7.1. In order to ensure that the evaluation meets the needs of all partners, a small evaluation steering group will be established. The steering group will include members of the GM Homelessness Programme Board, GMCA research and a number of external organisations.
10.7.2. The qualitative element of the evaluation will be procured via the GMCA, with procurement commencing in July; this will follow the first GM Homeless Programme Board meeting, at which the proposed evaluation specification will be shared. The quantitative service monitoring and CBA elements will remain in house with the GMCA Research Team, working in partnership with the King’s Fund.
11. ABEN Phase 2 draft service specification

THIS DRAFT SPECIFICATION IS SUBJECT TO APPROVAL BY GM HOMELESSNESS PROGRAMME BOARD

11.1 Introduction

The Greater Manchester (GM) “A Bed Every Night” (ABEN) is a commitment to meet the needs of those who are rough sleeping or where there is a reason to believe someone is immediately at risk of rough sleeping in Greater Manchester and cannot be accommodated by traditional local responses and was triggered regardless of the temperature. Phase 1 of the programme operated from 1st November 2018 until 31st March 2019 and has been extended from 1st April 2019 until Phase 2 of the programme goes live.

The aim of the GM ABEN programme is to offer a GM response to acute need when other resources are unavailable.

The programme offers quick access to accommodation to meet people’s basic needs as well as access to bathing facilities etc. and support. Similar to Phase 1, the accommodation will take the form of either Local Authority commissioned accommodation or accommodation in a place that has been made available by approved Faith or Community groups. The programme will make every effort to address the needs of those rough sleeping and directs those with less acute housing need to more appropriate services. The service offers a rapid access process with fewer criteria than other forms of accommodation. The prime consideration is that those sleeping rough or threatened with sleeping rough are removed from the risk of extreme weather and ultimately death.

Local Authorities will be required to deliver Phase 2 of GM ABEN from 1st July 2019 for 12 months in line with this GM Framework. However, where Local Authorities are unable to deliver a service in line with this GM Framework from the 1st July 2019, they must ensure that provision is available in their locality in line with the GM Framework for Phase 1 and the new service should be mobilised no later than 1st October 2019.

11.2 Aims, objectives and vision

GM ABEN will:

- Provide suitable premises for a shelter(s)
- Reduce the number of people sleeping rough by offering quick access accommodation to rough sleepers
- Reduce the risk of death due to the severe weather
- Reduce the number of people sleeping rough by ensuring that aspirations, needs and entitlements are understood and supported appropriately by statutory and non-statutory agencies
- Have a positive effect on health and well-being of clients
- Have a positive effect on the levels of anti-social behaviour and crime caused by rough sleepers by enabling and encouraging those who are
dependent or cause harm through alcohol and substance to seek appropriate support and treatment and to facilitate this process

- Actively participating in initiatives and ongoing structures that address Community Safety, Crime and Disorder
- Reflect thoughtfully on the impact of the provision in regard to reducing rough sleeping, contributing to the evidence base of ‘what works’.

### 11.3 Criteria and referral

**Eligibility:**

- Male, female or transgender (accepting couples and people with dogs)
- Over 18 years old
- Individuals **must be a current rough sleeper** in GM. Individuals should ONLY be accommodated in local GM ABEN accommodation if routine responses to rough sleeping, including local hostels, temporary accommodation etc. are not available. Statutory provision is accessed through Housing Options services and includes hostels, temporary accommodation etc. Only when this is not available or accessible should clients be referred to GM “ABEN” Provision.
- Individuals who are **not currently rough sleeping**, should ONLY be placed in GM ABEN provision if they face significant and imminent risk of becoming a rough sleeper and there is no alternative accommodation response.
- Access to “ABEN” Provision should take place through Housing Options services in the first instance, or the function can be provided by partner organisation(s) as agreed, however this should not take away from the need for statutory agencies to fulfil their legal duty but instead work in partnership.
- The aim is to move individuals on to suitable accommodation in 21 days (or as soon as possible) from ABEN provision. This should be clearly communicated to the client as an opportunity to reconnect with other areas or services, or to move on to more appropriate accommodation. There is a recognition that fixed period of days may not be achievable for some individuals, length of stay for these will be assessed by LA’s on a case by case basis.
- ABEN provision is expected to be used for respite but it must be made clear by the referral agency that the stay will be time limited, as the beds are a scarce and emergency resource, and that reasonable move-on options in line with current procedures and policies, must be accepted to enable the ABEN provision to accept other individuals at risk.

### 11.3.1 Local Connection:

GM Local Connection: Within GM immediate access to ABEN is local connection blind for accommodation that night. Individuals will be reconnected to the Local Authority they have a local connection with the following day where possible, however, where the receiving Local Authority do not have a vacancy in their local provision, the placing Local Authority may be required to accommodate for longer to ensure that clients are not returned to the streets.
As part of the resettlement process, individuals should be reconnected and resettled in the borough they have a local connection with, if it appropriate and safe for them to do so. GM LA’s should facilitate appropriate reconnections and inform the GM co-ordinator to ensure that the reconnection has been received and actioned for monitoring purposes.

11.3.2 No Local Connection to GM: For individuals who have no local connection to any of the GM Local Authorities, Local Authorities and their providers will reconnect individuals back to the Local Authority with whom they have a local connection to. However, individuals should be offered ABEN accommodation on a night by night basis with a maximum of 3 nights, whilst reconnection arrangements are made in line with HRA duties.

11.3.3 No Recourse to Public Funds: Where individuals have no recourse to public funds, individuals should be accommodated pending further investigations into available ABEN accommodation. For EU Migrants referrals should be made to the Booth Centre and for all other individuals who have no recourse to public funds referrals should be made to other relevant bodies with the aim of getting a positive outcome. Although it is difficult to put timescales on this, Local Authorities are not expected to provide ABEN accommodation continuously to this cohort.

11.3.4 Access to ABEN and Referrals: The service should aim to avoid taking direct access referrals as experience tells us that this means a self-selecting group can then consequently be prioritised over less assertive and able individuals. Referrals to GM ABEN provision will include an “out of hours” response and placements will be made where appropriate. A GM ABEN referral process and form has been developed to support LA’s and potential referrers (see Appendix 1 GM ABEN Referral Form and Process).

Concerned members of the public who may wish to make a referral will be directed to Street Support website to access information regarding “services in your Local Authority” (see Appendix 1 GM ABEN Referral Form and Process).

11.3.5 LA response to Referrals: GM LA’s will ensure that ABEN provision is available to every person that wants to access the accommodation and support, who is currently sleeping rough in GM or would be at immediate risk of rough sleeping in their locality if GM ABEN provision was not available. To achieve this, Local Authorities will aim to use an Assertive Outreach approach as a proactive response to ensure that GM ABEN is made available even for those people who are traditionally hard to engage or do not access traditional services.
11.4 Service Description: The GM ABEN is a service of last resort and Local Authorities will continue to refer individuals to other local provision where possible through Housing Options services.

11.4.1 Support: The GM ABEN service will offer individuals support (if required) to gain ID and access to services such as GP’s, substance misuse and benefits and should be assisted to access other relevant support services i.e. by linking in to current Place Based Integrated (PBI) teams, voluntary sector, charities and other public services.

11.4.2 Assertive Outreach: Across GM all Local Authorities will now be able to deliver a dedicated rough sleeper outreach service courtesy of either phase 1 or 2 of Rough Sleeping Initiative (RSI) Funding from the government. All local authorities will be expected to align this resource with their ABEN delivery model.

The 6 areas (Bolton, Bury, Oldham, Rochdale, Stockport and Trafford) that are receiving Phase 2 of RSI funding, will be adopting a flexible approach to offer mutual support to enable cross borough interventions to tackle rough sleeping.

Phase 2 RSI areas will also be able to offer an integrated Dual Diagnosis intervention aimed at increasing the capacity of the service to engage with the rough sleeping population and to improve pathways into the specialist mental health and/or substance misuse services that people require.

The Assertive Outreach approach will include:
- “case-finding” activities where workers regularly visit locations and respond to intelligence to visit new hotspot areas where there are known rough sleepers to engage with those people building relationships and trust.
- “Assertive referral follow up” where workers respond to specific referrals and attempts to make and maintain contact even when engagement is difficult.

11.4.3 Involvement and Information: The service must support individuals to make realistic choices taking into account their views and aspirations.

Individuals need to be made aware of the following information or reasonable access to:-
- Admission information
- Complaints procedure
- Whistleblowing/safeguarding procedure
- Equality and diversity
- Local amenities
- Support plans, needs and risk assessments
- Translation.
11.4.4 Accommodation: Provision of accommodation will be localised and may vary from borough to borough to meet the needs of individuals in their locality and taking in to account local partnerships with the public, voluntary and faith sectors etc.

The type of accommodation that should be made available for ABEN may include a range or all of the following:

- Short term accommodation – which should include offer of a meal
- Shared Accommodation Model – which should include signposting to appropriate food provision)
- Supported accommodation Model – which should include signposting to appropriate food provision)

All accommodation provided for ABEN should meet the GM ABEN Expected Standards (see Appendix 2) and individuals should be accommodated on the basis of an implied licence.

The primary focus must remain on achieving quick and safe admission but most efforts will be made to move people onwards.

Clients will be accommodated on the basis of an implied licence in all types of accommodation (where possible).

11.4.5 Bed allocation: Bed spaces will be allocated on a first come first served basis, but Local Authorities will make every effort to ensure that the service is focused upon those who are rough sleeping or whom face an immediate risk of rough sleeping.

Where there is no available bed space within a Local Authority area, Local Authorities in the first instance are expected to contact their nominated GM Coordinator to identify available bed spaces in neighbouring local authority areas. Where a bed is available in the neighbouring local authority area, the individual should be accommodated and will be prioritised for the next available bed in the originating local authority. The placing local authority will make the relevant travel arrangements.

If there is no available bed, Local Authorities are expected to provide B&B accommodation until the next available bed is available in their locality or the neighbouring Local Authority area.

11.4.6 Move-on: All ABEN provision staff will work pro-actively with individuals, Local Authority Housing Options/Solutions Services, referring agencies, accommodation providers and other services to try to achieve quick, realistic and sustainable move-on or reconnection.

11.4.7 Exclusions and evictions: There will be no specific exclusion criteria but GM Winter Provision ABEN will assess each referral on a case-by-case basis. The ABEN provision will work to minimise exclusions and evictions. However it is
unrealistic to reduce this to zero and behaviour that causes danger or abuse to individuals (clients or staff). A pro-active and flexible approach will be taken in respect of incidents or concerns within the ABEN provision, using a variety of sanctions, to stay away from specific communal rooms or having timed exclusions from the ABEN provision. Individuals who have been excluded should be referred to the local rough sleeper outreach team and attempts made to re-engage them and potentially seek other accommodation options such as Housing First.

11.4.8 Out of Borough Placements: Where local ABEN provision is unavailable or is unsuitable and no alternative accommodation available, Local Authorities and their providers will work in partnership with the GM Co-ordinators and other GM Local Authorities to find suitable accommodation for individuals (Cross Borough Placement Policy/Process to be agreed).

The placing Local Authority will retain duty to providing support and facilitating move-on for individuals to a more suitable housing solution whilst they are accommodated by another GM Local Authority.

Where individuals choose to remain in the Local Authority they have been temporarily been placed in, Local Authorities will work in partnership to support an individual’s transitions from one borough to another.

11.4.9 Service Delivery and Management: The strategic liaison with GMCA and GM Local Authorities will come under the auspices of the GMCA Homelessness Team and the GM Homelessness Programme Board.

Where possible each deployment will have a manager and at least one deputy manager, normally the service will have more than one deputy managers so that for most of the time there is management presence on site or on-call via the telephone.

11.4.10 Staffing: Local Authorities will ensure sufficient and specified numbers of staff deliver the programme. There will be at least two waking staff available during operation and routinely there will be three staff available during the GM ABEN operation unless there are likely to be few referrals. Staffing will be increased to manage risk and facilitate GM ABEN functions in respect of opening, closing, assessment, move-on, catering, data capture and liaison with other services.

Local Authorities will ensure that those employed have the appropriate skills, qualifications and competencies to deliver a quality service to clients sleeping on the streets whose aspirations and needs are to be proactively, realistically and sensitively addressed.

Local Authorities will ensure that the staff are properly supported, supervised and trained.
Local Authorities will ensure that they tackle all employment issues and will ensure that they:

- Comply with legislation prohibiting discrimination
- Obtain relevant disclosures from the Criminal Records Bureau before engaging staff for the service
- Ensure that staff are not on the Safeguarding Vulnerable Adults (POVA)/Safeguarding Children register
- Ensure that a minimum of two written references, one from the last employer, is obtained and that the person is legally entitled to work in the UK.

All staff and volunteers including management to be trained appropriately in health and safety, safeguarding adults, substance misuse, public health safety and in equal opportunities and diversity. There should be an awareness of infection prevention and control procedures. Information will be shared to facilitate signposting, screening and assessment from ABEN to relevant health services.

Where food is provided on site in ABEN provision, food safety certificates should be made available where applicable (i.e. where food maybe prepared on site).

Local Authorities will enforce codes of conduct and disciplinary procedures for its staff and volunteers and take appropriate disciplinary action against any individual employed who transgresses the codes and procedures.

11.4.11 Buildings: Local Authorities, in partnership with the voluntary, faith sector and GM Housing Providers have secured locations to deliver the service and will liaise with the GMCA and others to identify other premises that will meet the needs of the programme, the criteria to bringing a building into the programme will include:

- Size (number of bed spaces, single rooms etc.)
- Availability
- Value for money
- Standard of accommodation
- Health and safety
- Accessibility
- Location
- Flexibility (ability to address divergent need in a single project).

It is expected that in identification of premises, there is an focus on awareness of health and care risks and that accommodation on offer is safe not detrimental to health.

GM ABEN Expected Standards: Please see Appendix 2.

11.4.12 Liaison with professionals and services: The GM ABEN service will have close working relationships with a variety of referrers, accommodation
services, local authorities and other service providers. The staff will endeavour to make sure that communication is characterised by:

- Honesty
- Promptness
- Respect
- Realism
- Optimism and good faith.

Joint working: in the dynamic world of street homelessness – quick access accommodation, move-on, emerging need etc. – the delivery of action plans and the enabling of individuals to move on from the streets as promptly as possible mean that a degree of trust, respect and flexibility between agencies must be expected to maximise opportunities for clients and to make best use of scarce resources. It is thus expected that the GM ABEN staff should model excellent communication in keeping individuals and colleagues informed about decision-making, opportunities, changes and risk, and that this is reciprocated by referring agencies and other staff.

11.4.13 Communications: Local Authorities should have their own Comms Plan setting out the process that they will undertake to communicate ABEN programme information in their locality.

Service providers should direct all media enquiries to their Local Authorities who will liaise with their own press office and the designated GMCA officers in respect of the media. Any issues of media interest or concern will be communicated to the relevant stakeholders depending on the nature of the enquiry or in emergency services and will work positively with them to highlight the issue of homelessness.

11.5 Performance Management:

11.5.1 Data and recording: Data requirements in line with the referral document for ABEN will be recorded on the GM ABEN monitoring spreadsheet (TO BE PROVIDED) in as near to real time as possible. This will assist with weekly data monitoring returns. (GMTHINK)

11.5.2 Outcomes and performance monitoring: The effectiveness of the GM ABEN will be measured by a range of criteria and monitored by the GMCA, and their nominees.

11.5.3 Outcomes, inputs and outputs
The GM ABEN will have the following milestones and targets.
<table>
<thead>
<tr>
<th>ABEN Targets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maximise capacity when open</td>
<td>Depends on Locality</td>
</tr>
<tr>
<td>• Average length of stay kept below target</td>
<td>&lt;21 days</td>
</tr>
<tr>
<td>• Deaths kept to zero</td>
<td>Target 0%</td>
</tr>
<tr>
<td>• Where individuals have been identified - assistance to obtain ID documents</td>
<td>100%</td>
</tr>
<tr>
<td>• Where individuals have been identified - support to register with a GP</td>
<td>100%</td>
</tr>
<tr>
<td>• No locality complaints made to your LA</td>
<td>100% compliance</td>
</tr>
<tr>
<td>• Staffing cover</td>
<td>100% compliance</td>
</tr>
<tr>
<td>• Evening hot meal provided</td>
<td>100% compliance</td>
</tr>
<tr>
<td>• Admissions and departures recorded (GM WP ABEN Monitoring Spreadsheet)</td>
<td>100%</td>
</tr>
</tbody>
</table>
The GM ABEN monitoring Spreadsheet will produce a brief narrative report identifying trends/concerns, good practise and a statistical reports as follows:

Additional outputs in relation monitoring impact on health and access to health-related services are to be determined.

### Weekly Monitoring during the duration of ABEN

<table>
<thead>
<tr>
<th>Category</th>
<th>Data Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days opened</td>
<td>Dates</td>
</tr>
<tr>
<td>Age</td>
<td>Number</td>
</tr>
<tr>
<td>Gender</td>
<td>Number</td>
</tr>
<tr>
<td>Length of time Rough Sleeping</td>
<td>Number</td>
</tr>
<tr>
<td>Average Length of stay</td>
<td>Number of days</td>
</tr>
<tr>
<td>Household composition</td>
<td>Number</td>
</tr>
<tr>
<td>Dogs</td>
<td>Number</td>
</tr>
<tr>
<td>Income</td>
<td>Number</td>
</tr>
<tr>
<td>GP registration</td>
<td>Number</td>
</tr>
<tr>
<td>Disability</td>
<td>Number</td>
</tr>
<tr>
<td>Nationality</td>
<td>Numbers</td>
</tr>
<tr>
<td>No recourse to public funds</td>
<td>Number</td>
</tr>
<tr>
<td>Total number of individuals accommodated</td>
<td>Number</td>
</tr>
<tr>
<td>Number of bed nights provided</td>
<td>Number</td>
</tr>
<tr>
<td>Housing Outcomes</td>
<td>Numbers</td>
</tr>
<tr>
<td>Exclusions</td>
<td>Number</td>
</tr>
<tr>
<td>ID obtained</td>
<td>Number</td>
</tr>
<tr>
<td>Bank Account</td>
<td>Number</td>
</tr>
<tr>
<td>Reconnections</td>
<td>Numbers</td>
</tr>
<tr>
<td>Hep C Vaccinations</td>
<td>Number</td>
</tr>
<tr>
<td>Deaths</td>
<td>Number</td>
</tr>
<tr>
<td>Last accommodation tenure type</td>
<td>Number by tenure type</td>
</tr>
</tbody>
</table>

Local Authorities (Co-Ordinators) will attend monthly monitoring meeting with GMCA.

Local Authorities will comply with reasonable requests for information from the GMCA and other key stakeholders in respect of the programme to help the appraisal, development and evaluation of services.

### 11.5.4 Information sharing and confidentiality

Local Authorities and providers of ABEN will use their own Confidentiality Policies and will comply with best practice and the law to make sure that individuals are aware of the information that is held and give informed consent where possible in regard to the sharing of information to enable access to services.

Individuals or their representatives have the right to see their personal files held by the Local Authority and their Service provider in accordance with the Data Protection Act 1998, the common law and other relevant national and international legislation including GDPR.
11.6 Finance
Payments will be allocated from the GMCA and the Greater Manchester Mayors Charity. The process for payments is yet to be agreed, however, funding required from the Greater Manchester Mayor’s Charity will not be paid directly to Local Authorities.

The annual cost of the GM ABEN service will be dependent on individual Local Authority programme delivery and the type of accommodation provided i.e. low level need accommodation or complex needs.

The costs per unit is outlined below:

<table>
<thead>
<tr>
<th>Cost per unit per night</th>
<th>What is expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low – medium support needs</td>
<td>£32.87</td>
</tr>
<tr>
<td></td>
<td>• Bed</td>
</tr>
<tr>
<td></td>
<td>• Support – low to medium support needs</td>
</tr>
<tr>
<td></td>
<td>• Basic Assessment of Need</td>
</tr>
<tr>
<td></td>
<td>• Sign posting to main stream and specialist services to meet the needs of the individual</td>
</tr>
<tr>
<td></td>
<td>• Support to move on to a more suitable housing solution</td>
</tr>
<tr>
<td>High support needs</td>
<td>£47.25</td>
</tr>
<tr>
<td></td>
<td>• Bed</td>
</tr>
<tr>
<td></td>
<td>• Support – High support needs</td>
</tr>
<tr>
<td></td>
<td>• Basic Assessment of Need</td>
</tr>
<tr>
<td></td>
<td>• Support with access to main stream and specialist services to meet the needs of the individual</td>
</tr>
<tr>
<td></td>
<td>• Support to move on to a more suitable housing solution</td>
</tr>
</tbody>
</table>

Costs are based on opening for 12 months (1st July 2019 to 30th June 2020). Should the GM ABEN be required for fewer nights than the funding will be reduced based on the number of units required. There is a recognition that a flexible service offered on a call down basis during winter will incur expenses depending on number of activations, number of people accommodated and the duration of each activation.

Local Authorities are expected to make a contribution towards the GM ABEN in respect of set-up and accommodation costs and running costs initially from existing internal budget streams which would be used to support local
SWEP provision had ABEN not been in place. On-going costs and costs that are out of their current provision will be funded by the GMCA and GM Mayor’s Charity.

Local Authorities will submit expenditure reports with invoices detailing set-up and closure costs, running costs and successful reconnection travel costs each month.
Appendix 1 – Referral Process and Criteria

The GM “A Bed Every Night” (ABEN) has been a commitment to accommodate individuals who are rough sleeping or immediately at risk of rough sleeping in GM from 1st November 2018. The commitment has been extended to a 12 month provision from the 1st July 2019.

The service will try to avoid taking direct access referrals as experience tells us that this means a self-selecting group can then consequently be prioritised over less assertive and able individuals. However, there is a recognition that services may need to refer individuals during the ABEN period. Provision should be made to process referrals made at any time of the day (24/7).

**Process:**

![Best Practice Pathway – ABEN integration](image)

Referrals will be accepted from the following:-
- Outreach teams (from whom referrals will be prioritised)
- Building based services
- Local authorities
- Faith groups
- Day centres
- Members of the public.

Telephone referrals will be accepted upon the understanding that an admission interview will be conducted or the information will be written up on admission by the referrer.
Staff will take an assertive approach to referrals and may investigate issues and entitlements to ascertain the housing status of residents and referrals to enable the service to maintain focus upon the prevention of rough sleeping in severe weather rather than addressing broader issues of homelessness.

A GM Winter Provision ABEN Referral form will be used by GM LA’s to capture the required information.

**Referral Form – Winter Weather Provision**

<table>
<thead>
<tr>
<th>Referrer Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name:</td>
</tr>
<tr>
<td>Referring Agency:</td>
</tr>
<tr>
<td>Contact number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Date of referral:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name (inc title, Mr/Mrs/Miss):</td>
</tr>
<tr>
<td>Alias (if applicable):</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Current Income (Type and Amount):</td>
</tr>
<tr>
<td>Current Sleep site:</td>
</tr>
<tr>
<td>Current or last known address including postcode:</td>
</tr>
<tr>
<td>Household composition:</td>
</tr>
<tr>
<td>Pets:</td>
</tr>
<tr>
<td>Nationality &amp; Immigration Status (if applicable):</td>
</tr>
<tr>
<td>Preferred Language:</td>
</tr>
<tr>
<td>Next Of Kin:</td>
</tr>
</tbody>
</table>

Less than a week
More than a week
0-1 Months or longer (please state)
<table>
<thead>
<tr>
<th>Name:</th>
<th>Address (Incl. postcode)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>Relationship to you:</td>
</tr>
</tbody>
</table>

### Support Needs:

<table>
<thead>
<tr>
<th>Support Needs</th>
<th>Support Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health ☐</td>
<td>History of Violence/Aggression ☐</td>
</tr>
<tr>
<td>Sensory Disability ☐</td>
<td>Domestic Abuse ☐</td>
</tr>
<tr>
<td>Physical Health ☐</td>
<td>Leaving care ☐</td>
</tr>
<tr>
<td>Substance Misuse ☐</td>
<td>Prison release ☐</td>
</tr>
<tr>
<td>Learning Disability ☐</td>
<td>Harassment/ASB/ Fear of Violence ☐</td>
</tr>
<tr>
<td>Autism ☐</td>
<td>ID documents ☐</td>
</tr>
<tr>
<td>Offending History ☐</td>
<td>Not registered with GP ☐</td>
</tr>
<tr>
<td>Armed Forces Veteran ☐</td>
<td>Does not have own bank account ☐</td>
</tr>
<tr>
<td></td>
<td>Other ☐</td>
</tr>
</tbody>
</table>

Please provide further details for any support needs identified:

Additional information relevant to application including any known risks:

What people appreciate about me:

How best to support me:

What is important to me:

### Current Agency Support:

<table>
<thead>
<tr>
<th>Is the person on the SIB?</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>If yes, who is their support worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person</td>
<td>Agency they work for</td>
<td>Contact details</td>
<td></td>
</tr>
</tbody>
</table>

### Other support networks (e.g. family members):

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Relationship to you</th>
<th>Contact details</th>
</tr>
</thead>
</table>
Appendix 2 – GM “A Bed Every Night” Expected Standards

All ABEN accommodation should aim meet these expected standards as a minimum.

| **Opening Times** | People should be able to access the emergency accommodation from 7pm onwards if not earlier.  
People who are working should be able to negotiate to arrive after the usual closing time in the evening.  
People should be able to stay in the emergency accommodation until at least 10am  
If people have to vacate the building during the day then there should be signposting options made available for food and shelter during the day. |
| **Respect** | People should be treated with respect and dignity by all staff. |
| **Safety** | Staff will create an environment where everyone feels safe. |
| **Exclusions** | No one under 18 should be allowed to stay in emergency accommodation that isn’t specifically designed for this age group and referrals should be made to the Local Authority Children Services Team. |
| **Size** | Size and capacity vary between Local Authorities and will be agreed individually. |
| **Rules** | There should be a set of clear rules displayed clearly in each building which is being used as GM Winter Provision ABEN accommodation. If a hot meal is not provided on site, signposting options should be provided where people can access this during the day. Snack facilities such as tea and toast should be made available at the accommodation. |
| **Belongings** | Arrangement should be in place for people to safely store some belongings, including passports etc. – either on site or off site. |
| **Food/drinks** | There should be a dedicated, separate food preparation area where meals are prepared on site.  
Where food is provided, services should aim to provide hot food free of charge in the evening. If a hot meal cannot be provided on site, signposting options should be provided where people can access this during the evening and day. Snack facilities such as tea and toast should be made available at the accommodation. |
| **Toilets/washing facilities** | Dependent on location and capacity, there should be appropriate toilet and washing facilities available in line with health and safety requirements. Shower facilities are also highly recommended.  
People should be provided with free toiletries and towels. |
| **Beds** | A bed should be provided for each person.  
If provided, sheets should be laundered daily and bedding should be laundered regularly. Soiled bedding should be removed immediately.  
Beds should be separated by a minimum of 50cm, with advice to be taken from Public Health colleagues.  
There should be separate sleeping areas for men, women and couples. |
| **Evening Activities** | A range of things should be provided for people to do in the evenings such as games, books, access to the internet, TV/films etc where available.  
There should be a sitting area for people to socialise in, in addition to the sleeping area |
where available. If this cannot be made available, there should be an agreed time by which lights will be turned out to allow people to sleep.

<table>
<thead>
<tr>
<th>Smoking</th>
<th>Inside the buildings there will be “No Smoking”. However, possible arrangements should be in place for people to smoke in the evening and in the morning.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Support to move on</th>
<th>An agreed system should be in place for each person to receive support to move out of the emergency accommodation. Everyone must be given information about where they can access support with housing, benefits, health issues and employment/skills support.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Recommended staffing ratio: 1:4 during the evening and 1:6 over night with at least 1 member of staff awake at all times. Staffing ratios should be agreed between Local Authorities and their providers. Volunteers (including people with personal experience of homelessness) should be part of the staff team. People should be allowed to help with tasks such as cleaning if they wish to.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complaints</th>
<th>Complaints procedures need to be clearly displayed in each GM Winter Provision ABEN Accommodation. We would suggest that this in line with the Local Authority Complaints procedure in the area of service. People should be encouraged to give feedback and suggestions about the accommodation and this should be recorded, along with any follow up action.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health and Safety</th>
<th>Current fire risk assessment is required Suitable fire equipment, with current certificates are required. Inspection from the Fire Service is essential + all recommended actions must be taken before the emergency accommodation is opened. Current Health and Safety Policy + risk assessments are required The building must be free of trip hazards and hazardous substances. The building must be free of vermin and damp Suitable insurance should be in place First aid boxes should be readily available to staff Appropriate infection prevention and control procedures should be in place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Operating policies</th>
<th>Written safeguarding policy is required Written whistle blowing policy is required Food Safety policy is required (including a policy around donated food) and key staff should be trained in Food safety where this is being prepared on site. All staff and volunteers should have signed to say they have read policies All staff and volunteers should be DBS checked where appropriate. All staff and volunteers should receive appropriate training for their role and a record of this should be kept A referral policy should be in place which is available on request to other agencies. A written admissions policy and procedure should be available to other agencies on request detailing any restrictions based on age, gender, dogs or recourse to public funds etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Record Keeping</th>
<th>A record of who has stayed each night should be kept. A record of people who have been excluded from the provision should be kept, with details of why this decision was made.</th>
</tr>
</thead>
</table>