

Area name:

Instructions: Please complete all fields in the table. You may add lines. Once y

1. Will RSI 2021/22, alongside other local authority interventions, enable you to end rough sleeping in your area?

2. Please explain your answer

3. What is your local area target for reducing rough sleeping this year, assuming all RSI 2021/22 interventions are funded in full?

4. Priority target group (repeat and long term rough sleeping): In total, how many people have been seen sleeping rough in two or more years out of the last three, OR in 2 or more months out of the last 12.

5. Please list all existing posts and services funded in 20/21.

6. Do you wish to continue these into 21/22? Please answer yes, no or modify. By modify, we mean any changes to the intervention that are within budget, including focus, staffing levels and deployment.

RSI system Management (1 Senior Post)	YES
Travel and expenses	YES

<p>Safe Space Multi Agency Assessment & Support Hub (24/7) - 1WTE manager, 10WTE Support staff + Building costs . The grant funds 40 % xonbtribution of overall costs of facility. The remainder (60%) is funded by Derby Homes and the Office of the Police and Crime Commissioner.</p>	<p>MODIFY</p>
<p>Outreach healthcare assistant (0.5WTE)</p>	<p>NO</p>

Rough Sleeper Outreach Paramedic	NO
Personal Budgets/Dreams & Aspirations	MODIFY

Outreach and In-reach support team	MODIFY
Multi Agency Rough Sleepers Hub (MARSH) Co-ordinator	YES

Derventio 'Homes For Me' accommodation with support for med/high level of needs.	MODIFY
Total	

Total amount requested for existing interventions for 21/22 (sum of column 'F')	£604,727
Less any underspend (sum of column 'J')	£0
Total cost	£604,727
Total plus additional staff costs, if requested	£604,727.00



you have completed this table, go to page 2.

YES
The number of rough sleepers that have been recorded from Derby's spotlight informed estimate in the Autumn of 2020 was six. This is a reduction from the previous year where 14 rough sleepers were recorded following a spotlight informed estimate and continues the downward trend for the city, falling from a 37 in 2017. This is the lowest estimate this city has seen for a decade and highlights the progress made, with continued support from MHCLG. Our plans for 2021/22 build upon this success to reduce the numbers further, whilst also ensuring there is sufficient emphasis on recovery and prevention from a return to the streets for many who are currently moving through our
3
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7. If you answered 'Yes' to question 2, please explain how this post or service has prevented and/or reduced rough sleeping (word count: no more than 100 words per intervention)	8. If you answered 'No' to question 2, please explain why (word count: no more than 100 words per intervention)	9. If you answered 'modify' to question 2, please explain changes to this intervention (word count: no more than 100 words per intervention)

<p>This post has ensured the focus and effort of all resources within the RSI, as well as the local COVID-19 response for rough sleepers. The role has also developed greater multi agency working at both an operational and management level in order to achieve this goal. The work of this post includes identifying of blockages/barriers outside of "housing" and negotiating and facilitating changes/new ways of doing things with partner organisations. The number of rough sleepers has reduced into single figures on any given night, from a high of nearly 40 3 years ago.</p>	N/A	N/A
<p>This funding enables the service - Outreach/Inreach to claim for out of pocket expenses for travel, parking and contributes towards telephone usage and mobile phone replacements where necessary and hardware such as laptops where necessary.</p>	N/A	N/A

N/A	N/A	<p>The model of the Hub model has developed offering a wider range of access to services/assessments (for this year, mainly online) which increase the likelihood that individuals will take up/sustain accommodation offered. The Hub now has four emergency pods which are used as emergency accommodation for predominantly the Target Priority Group of rough sleepers who struggle to access/maintain accommodation offered. The TPG do access the Hub regularly and this appears to be the first step to engagement with other "offers".</p>
N/A	<p>Locally we have tabled the evidence of wider system impact on the Paramedic and support role with the CCG, which demonstrates the effectiveness of this response in avoiding ED attendances/hospital admissions/ more effective use of community and primary care. The CCG have now agreed to fund the healthcare assistant post full time. For 20/21 RSI funded a half time post. £13,650</p>	

N/A	As above, the CCG have now agreed to fund the paramedic post full time. For 20/21 RSI funded a full time paramedic post £62,400.	N/A
	N/A	Personal budgets form a "missing piece" of the funding jigsaw for rough sleepers, who struggle to find positive activity/routine for each day even when accommodated, and revert to street behaviours to find community/daily purpose. We use personal budgets to provide positive activities that have enabled our cohort to try something new and to develop this interest for themselves. This includes the provision of counselling to assist with the transition off the streets. Given the number of individuals who have accessed accommodation plus our TP group, we are proposing an increase from 15 to 25K to continue this work, and to assist move on into accommodations for example basic furnishings.

N/A	N/A	<p>We need to increase the capacity within our "in reach" engagement offer to PRS and non-SEA RP placements which will prioritise the TP group. More resource and stronger operational supervision is needed to focus on preventative work regarding training, education, employability and meaningful activities, and pathway progression and developing use of co-existing non-housing service pathways to maximise access to specialised support/services. A Move on and Placement role will oversee progression throughout the RS pathway - monitor capacity/demand and facilitate flow. Excluding the RSI Systems manager, RSI 3 full year costs were £334,000. We propose full year costs for 2021/22</p>
<p>This role has facilitated the operational processes of joint multi agency care and response planning for our TP group as well as those who are at high risk of return to the street/first time on the streets . This is a key frontline rough sleeper prevention and "problem solving" post, who also leads on the use of a digital based multi agency information sharing system.</p>	N/A	N/A

	n/A	<p>The Homes For Me accommodation offer is designed for those with med/high level support needs and provides a more flexible accommodating offer for our cohort with five hours of support per week per individual, (@£15 per hour) We currently fund 12 units through this grant and propose increasing this to 18 units as we know we need additional capacity within this medium/high need group. Additional cost is therefore 5 x £15 x 6units x 52 = £23,400</p>

10. Cost (£) for 9months	11. How many people will this support?	12. Will this intervention target your priority group ? (Those people who are repeat and long term rough sleepers) Yes/No	13a Please explain any uplift or any underspend from 2020/21	13b. Total Underspend (£) from 2020/21

£50,000.00	c70 individuals are on the early stages (1&2) of our four stage rough sleeper pathway, which includes our target priority group (1 being our most complex, and 4 being our least).	YES	NA	0.00
£11,887.00	Linked to the 70 individuals	YES	0	0.00

£88,740.00	The service works with circa 30 unique individuals per calendar month, with a flow of c5 new entrants/ leavers per month. This broadly reflects our TP group.	YES	2% uplift for utilities and general supplies	0.00
£0.00	Circa 70 individuals	YES	NA	n/a

£0.00	Circa 70 individuals	YES	0	0.00
£18,750.00	Circa 30 individuals - including the TP		0	0.00

£346,700.00	c 70 individuals	Yes	No	No
£36,000.00	Circa 30-40 individuals - including the TP - flow of 5-15 depending on volume at risk of return to streets	YES	N/A	No

£52,650.00	18.00	YES	N/a	N/a
£604,727.00				0.00

14a. How many bed spaces will be funded (if Applicable)?	14b. What is the unit price for accommodation (if Applicable)?	14c. Please confirm Housing Benefit recovery has been factored in at 60% (Yes/No)	15a. How many staff (FTE) will be funded (if Applicable)?	15b. if any of these posts are only possible on a 12month contract, please provide the cost, over and above the 9month cost stated in column F.

N/A	N/A	NO	1	£0.0
N/A	N/A	NO	N/A	£0.0

6 emergency beds (pods)	n/a	No	11	£0.0
N/A	N/A	NO	0.5WTE	N/A

N/A	N/A	NO	1WTE now funded from April 2021 by CCG	N/A
N/A	N/A	NO	N/A	N/A

N/A	N/A	NO	13FTE Made up of 10 In reach/support workers; 1 FTE move on/placements worker, 1FTE Senior Outreach/in reach supervisor & 1FTE Rough Sleeping Response Coordinator	What does this look like
N/A	N/A	NO	1FTE	N/A

18	n/a	Yes	2.5FTE	N/A
18	£0.0			£0.00

16. Which RSI objectives and outcomes does this support?			
Outcome 1a: Maximise the number of individuals identified as sleeping rough and ensure their needs are assessed (completed PHP).	Outcome 1b: Increase in the number of known individuals with a tailored service offer.	Outcome 2a: Increase in the number of individuals supported through the RSI who sustain their tenancies beyond 6 months.	Outcome 2b: Increase in the number of individuals identified as “at risk” prevented from rough sleeping.

YES	YES	YES	YES
YES	YES	YES	YES

YES	YES	NO	YES
YES	NO	YES	YES

YES	NO	YES	YES
No	YES	YES	No

YES	YES	YES	YES
YES	YES	YES	YES

[illegible]

YES	
NO	YES
	NO
MODIFY	NA

Area name:

Instructions: Please complete all fields in the table. You may add lines. Once you have

1. Please list all new interventions, e.g., posts and services, proposed for 21/22	2. Please explain the need for this post or service (Word count: no more than 100 words per intervention)
Prison Release pathway partnership with CRC (NPPS) that contributes to 12 single units of accommodation with med support for individuals leaving prison without accommodation and with identified support needs.	We identified a need for supported single units for those leaving prison without any accommodation to go to and with a medium level of need. We have brokered a relationship with the CRC to enhance the provision of their single unit prison release accommodation with additional support. Currently funded through flexible Homeless Support Grant.

<p>Provision of 40 supported move on accommodation units , providing an enhanced level of support (2 hours per person per week)</p> <p>Action Housing.</p>	<p>Our understanding of demand around levels of support and accommodation preferences for those rough sleepers who struggle to engage/maintain engagement tells us that a) we need capacity in the system around medium support needs which b) is in a non-hostel environment. In 20/21 we funded 40 units through Flexible Homeless Support Grant that provided move on accommodation from hostels, bed and breakfast, safe space and other emergency provision. Our demand levels show we need to continue with this. Revenue funding to employ dedicated support worker. 2 hrs support per week, per property, @£15 per hour</p>
<p>Housing Led supported housing pathway for those identified with high support needs and medium/high risk. (Riverside) 6 units</p>	<p>Our demand assessment work has shown that the system needs a range of housing options that can support individuals with a high level of need as they move on from hostels, bed and breakfast, safe space and other emergency provision. This option provides revenue funding for 9.5hrs support per individual per week at 15.00 per hour.</p>

<p>Provision of 6 units of a Housing First model (LHA rate) for those with high risk of failure in other housing pathways providing support to meet medium/high levels of need (9.5 hours per person per week) as separate to provision of accommodation. Additional budget to cover some bad debt - utilities/council tax issues and damage per property.</p>	<p>Housing First Model was adopted further to our recovery plan to test an alternative approach to accommodation for six of our most entrenched rough sleepers. All six remain in their accommodation and have not returned to rough sleeping. This is currently funded through flexible Homeless support grant and we wish to continue with this model for a further twelve months. Funding required is revenue for support costs and utilities, council tax, damage.</p>
<p>Match funding for NPSS Prison in-reach Navigator post. 15K to be paid by NPSS.</p>	<p>We recognise that a proactive approach to planning for known rough sleepers in prison is needed to prevent known rough sleepers being released NFA and/or with insufficient notice/planning time. NPSS have funded this half time post which works directly with our MARSH hub. This has had some impact in identifying release dates/facilitating accommodation discussions and brokering options that best fit the needs and wants of the individual. Increasing this role to full time would create more action beyond the identification and urgent problem solving and help with positive move on, post release when emergency accommodation was the only option.</p>

<p>Maintain our SWEP Covid isolation house for full year to increase emergency capacity and effective isolation response due to Pandemic (Everyone in)</p>	<p>As part of our Everyone In experience, we now understand the need to have accommodation available that can be used for self isolation if a rough sleeper/ individual in emergency accommodation has symptoms or found to be COVID positive. We have negotiated the use of a 3 bed property for this purpose, and it has enabled us to respond rapidly when an individual has symptoms/found to be positive.</p>
<p>Provision of 20 units of Supported Housing pathway through YMCA for those assessed with medium support needs and medium risk. This offer includes a "Foyer site" for younger homeless people and wider supported provision for all age groups.</p>	<p>We have identified that for those rough sleepers who have stabilised in hostel accommodation, but are as yet ready to move on to independent living or standard SEA provision, there is a need for a positive move on destination that keeps them progressing through housing pathway and away from a return to the street. Currently funded through flexible Homeless Support Grant.</p>

<p>Shared assessment units x 4 where support needs and risk factors are unclear. Emergency provision</p>	<p>We will convert our 4 bed SWEP house into an accommodation assessment centre, where, if further understanding of rough sleeper's needs/risk are required before appropriate accommodation offers can be determined, individuals can stay for up to 6 months. The centre would offer 5 hours of support per week per person and the property is supported with CCTV and multi agency review. This approach could also accommodate those with complicated immigration status that needs time to resolve.</p>
<p>Senior Data Analyst</p>	<p>Over the past two years we have developed an approach of using data and quantified need assessment to help shape our model iteration and planning around need/risk based demand, capacity accommodation availability. This has been labour intensive (data wise) but has proven the essential component in ensuring that our service and approach is fit for purpose and works.</p>

<p>Safeguarding & Social Care Pathway Lead (funded specialist social worker)</p>	<p>Over 80% of all of our managed cohort are either open to safeguarding/have previous recent safeguarding concerns. The level of complexity of the individuals and limitation on options to develop an effective safeguarding plan is significant and requires a level of specialism and time commitment, both which is not readily available within existing resource. In addition, the social care needs relating to learning, mental and physical disability for many of our TP group require access to a social worker and statutory funding streams, which have otherwise proven challenging to access in timely way.</p>
<p>Primary Care - non patient facing GP multi disciplinary time MDT. Part funded by CCG</p>	<p>Very few of our cohort engage consistently with mental health, drug treatment , hospital or primary care treatment, and are repeatedly triaged by our paramedic, usually in crisis. This significantly impacts on the success of sustained accommodation as these issues are often the trigger leading to evictions/abandoned accommodation. When clinical specialists discuss cases and respond, more often than not treatment is more successful. Non patient facing GP time is <u>the pivotal clinical</u> role with the authority to instigate changes that impact on sustained accommodation but is the missing service around the MDT table.</p>

	<p>As a result of COVID restrictions we have had to develop an alternative offer to night shelter provision, which has used B&B plus daytime access to our rapid assessment/support at the Safe Space Multi agency hub. This means we have been able to keep individuals in emergency accommodation and away from winter rough sleeping/ and time on the streets whilst housing approach checks are made and appropriate actions taken to find suitable accommodation. We do not wish to revert to the night shelter model as evidence shows our move on and rough sleeping numbers have been positively impacted by this approach. SWEP bed and breakfast placements @ £30 per person per night for period 1/12 - 31/3 2022</p>
Covid Winter Pressures 2021/22	
Total	
Page 1 total (existing interventions)	£604,727
Page 2 total (new interventions)	£353,085.00
Total requested from RSI 2021/22	£957,812
Total plus additional staff costs, if requested	£984,962

ave finished, add the total from both pages.

3. Please explain how this post or service will prevent and / or reduce rough sleeping (Word count: no more than 100 words per intervention)	4. Cost (£) for 9months	5. How many people will this support?	6. Will this intervention target your priority group ? (Those people who are repeat and long term rough sleepers) Yes/No
<p>Release from prison NFA is a trigger event for rough sleeping, and whilst there are systems in place to arrange accommodation ahead of time, lack of options/availability have lead to individuals released NFA or placed in emergency accommodation making them high risk of rough sleeping, often for the first time.</p>	£15,000.00	12.0	No

<p>Many rough sleepers refuse hostel placements and B&B offers and prefer to sleep rough/remain NFA. However, when offered, individual units are accepted, and have a higher chance of success if this level of support (2 hours a week per person) is provided @£15 per hour.</p>	£46,800.00	40.0	Yes
<p>Individuals with high levels of need are at high risk of return to rough sleeping if they are placed in accommodation which cannot offer the level of support to match with their complexities and help them to adapt and progress along the pathway. These units are currently funded through the FHG.</p>	£31,590.00	6.0	Yes

<p>The Housing Model is evidenced based, and has been shown to break the repetitive and confidence draining cycle of rough sleeping/hostel/emergency and SEA accommodation. Securing a roof first with a higher tolerance of management of issues/non payment of rent/utilities in the first instance, coupled with medium to high level of separate support gives breathing space to the process of change and adaptation to accommodation and allows a greater priority on other needs apart from accommodation. 9.5hrs support per property @ £15.00 PH 52 weeks = £44,460 + Damage +Utilities/Council tax @ 1000 per property per year =£6000. Total PA = £50,400.</p>	£37,845.00	6.0	Yes
<p>Full time Prison Navigator will work with rough sleepers in prison and engage with the Multi Agency Rough Sleeper Hub to arrange suitable accommodation upon release that best fits their level of need and wants, thus increasing maintenance of that accommodation. The role will also be able to access other resettlement accommodation options.</p>	£11,250.00	c30 per year	Yes

<p>The property secured can house 3 people at anyone time, which so far has been sufficient. <u>Given that this property needs to remain available, and may therefore, at times be empty/under occupied, it has to allow for low/no HB recovery.</u> It will be classed as short stay emergency so often no HB claim. Individuals are moved to the property and provided with food/medicines/health checks by the paramedic on site for the duration of their isolation.</p>	£27,300.00	3 individuals at any one time	Yes
<p>We need greater capacity in the system around accommodation that is supplemented with medium support i.e. (2 hours support per person per week @£15ph). whilst retaining some of the features of hostel life to assist them with progress along the rough sleeper pathway, and releasing accommodation capacity for those rough sleepers/TP group requiring higher levels of support.</p>	£23,400.00	20.0	No

<p>This assessment centre would mean that individuals who appear ready for accommodation, but where there are concerns re the individual's level of need/ability to manage different options - can avoid the cycle of failed accommodation, through a period of assessment with support., thus increasing the likelihood of accommodation placement success. The centre would also avoid the use of higher cost B&B and/or block the limited spaces at the Safe Space Hub for those waiting on immigration status confirmation.</p>	<p>£11,700.00</p>	<p>Circa 20 individuals a year</p>	<p>Yes</p>
<p>Creating a data analyst function will release staff capacity and enable the RSI workforce to focus on <u>responding</u> to specialist analysis of data and shaping a service, most especially focusing on supporting individuals on a journey through the rough sleeper pathway rather than stagnate at one point and remain at risk of return to the streets. The role would maintain and update our multi-system dashboard approach that gives a weekly "health check" and provides the evidence for addressing issues internally and with partners which are preventing rough sleeper progress. The role would also supplement the move on and placements function by predicting bottle necks and proactively managing flow so that those most at risk of return to rough sleeping have options aligned to their needs.£40, 000 PA</p>	<p>£30,000.00</p>	<p>Would impact the circa 70 who are or are at risk of return, to rough sleeping</p>	<p>Yes</p>

<p>Our analysis of our TP group and our wider recently accommodated rough sleeper cohort, indicates the reasons why failure rates are high or rough sleeper confidence in accommodation is low. Many of these relate to concerns around learning ability, extreme vulnerability and issues around capacity evidenced through repeat non engagement with medical treatment or other sector support offers. The social work role would fast track concerns, review and assessments and would provide a statutory link with clinical and social care services, to enhance any offer of accommodation with an appropriate, where required specialist, wrap around support package.</p>	<p>£39,750.00</p>	<p>Estimated 50-60 per annum</p>	<p>Yes</p>
<p>Clinical Multi Disciplinary team time, lead by a GP (non patient facing) can address issues with rough sleeper/TP group engagement, non compliance with treatment(s) and interventions needed that will help prevent eviction/abandoned accommodation. MDT time pinpoints issues and has through the GP role and responsibility the leverage to expediate referrals/decisions/assessments and social care action. The CCG have confirmed they can contribute c 10K to this - total cost for 9 month is 25K.</p>	<p>£15,000.00</p>	<p>c 70 (our full cohort)</p>	<p>Yes</p>

<p>Rough sleepers and those who present late in the day during winter months, as homeless tonight and/or are evicted/abandoned accommodation at high risk of rough sleeping will be able to access B&B and daytime support and access to multi agency services out of the Safe Space MARSH Hub. This offer will keep them connected to housing and other services, and away from the street, and will maximise opportunities to establish the most appropriate accommodation options/route to housing. These SWEP beds are a winter extension to the Safe Space Hub offer.</p>	<p>£36,300.00</p>	<p>Based on evidence from 20/21 we estimate c 25 individuals entering SWEP provision each week. We prioritise move on to alternate pathways as soon as practicable.</p>	<p>Yes</p>
	<p>£325,935.00</p>	<p>84</p>	

7a. How many bed spaces will be funded (if applicable)?	7b. What is the unit price for accommodation (if applicable)?	7c. Please confirm housing benefit recovery has been factored in at 60% Yes/No	8a. How many staff (FTE) will be funded (if applicable)?	8b. If any of these posts are only possible on a 12month contract, please provide the cost, over and above the 9month cost stated in column F.
12.0	£1,250.00	NO	N/A	N/A

40.0	£1,170.00	NO	2FTE	N/A
6.0	N/a	yes	1.5FTE	N/A

6.0	N/A	NO	1.8FTE	N/A
N/a	N/A	NO	1FTE	N/A

3.0	£175 per week per bed.	NO	N/A	N/A
20.0	n/A	NO	1FTE	N/A

4.0	£2925,00	NO	0.5FTE	£3,900.0
N/a	N/A	NO	1FTE	£10,000.0

N/a	N/A	NO	1FTE	£13,250.0
N/a	N/A	NO	0.1FTE GP	N/a

10.0	£30.00	NO	N/A	N/A
91	£2,420		0.00	£27,150.0

10. Which RSI objectives and outcomes does this supp			
9. When will this intervention begin?	Outcome 1a: Maximise the number of individuals identified as sleeping rough and ensure their needs are assessed (completed PHP).	Outcome 1b: Increase in the number of known individuals with a tailored service offer.	Outcome 2a: Increase in the number of individuals supported through the RSI who sustain their tenancies beyond 6 months.
Currently funded through FHG and can continue	No	Yes	Yes

Currently funded through FHG and can continue	No	Yes	Yes
Currently funded through FHG and can continue	No	Yes	Yes

Currently funded through FHG and can continue	No	Yes	Yes
0.5FTE already funded by Partner and in place. This funding would increase this to 1FTE	Yes	Yes	Yes

In place and funded until 31st March 2021 as part of 21/22 SWEP. Can be continued beyond this.	Yes	Yes	Yes
This is currently funded under FHSG so could continue	No	Yes	Yes

Apr-21	Yes	Yes	Yes
Jul-21	Yes	Yes	Yes

Jul-21	Yes	Yes	Yes
Jul-21	Yes	Yes	Yes

1st Dec 2021	Yes	Yes	No

ort?
Outcome 2b: Increase in the number of individuals identified as “at risk” prevented from rough sleeping.
Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

YES	YES
NO	NO
MODIFY	NA