

From: Rough Sleeping Initiative <roughsleepinginitiative@communities.gov.uk>

Date: Tue, 23 Oct 2018 at 09:27

Subject: RE: Survey for completion in RSI areas - understanding health provision for people experiencing rough sleeping

Dear colleague,

The Government's Rough Sleeping Strategy recognised that we do not have a clear enough view of health provision for people who are sleeping rough around the country. To address this and to inform future national and local commissioning decisions, we are undertaking an audit of current health services available to rough sleepers. This is a collaboration between the Department of Health and Social Care, the Ministry of Housing, Communities and Local Government, Public Health England, and NHS England.

We are contacting you this week to inform you that that the first stage of the audit, the completion of an online survey that will help us establish a baseline across the 83 Rough Sleeping Initiative areas, is commencing. Public Health England will be sharing this communication with the Director of Public Health responsible for your area. Whilst it is down to each area to decide how it wishes to complete the survey, Directors of Public Health, as local systems leaders, are well placed to enable conversations with partners in the local health, care and homelessness systems who have knowledge of what is available. NHS England will also share this communication with Clinical Commissioning Groups.

The survey seeks to understand the level of health care provision available to people who are sleeping rough, or are at risk of sleeping rough again, that together contributes to the following outcomes:

- That experiencing rough sleeping does not prevent people accessing health services of an equal quality to others - the impact that sleeping rough has on peoples' health is minimised
- That ill-health does not prevent people moving off the streets or sustaining a settled lifestyle

In more detail, the survey asks questions about the locality's current understanding of:

1. The health care needs of those who rough sleep, or are at risk of rough sleeping again, and overall available provision eg, when have needs and service provision been assessed, and what plans are there to fill gaps in understanding?
2. Publicly funded commissioned and non-public funded professional health care services, including services that are specialist or targeted; mainstream; primary or

secondary care; physical or mental health; public health eg, drug and alcohol provision?

3. How services are tailored to the population? For example, how is access enabled for people with co-occurring mental health conditions and substance misuse needs, for female rough sleepers?

4. Plans to address gaps in provision or otherwise change what is on offer, and what changes have occurred in recent years.

5. How partners work together to support people experiencing rough sleeping at transition points in the health and care system eg, hospital discharge, in urgent and emergency care, liaison and diversion?

6. Who has oversight of the local health and care system's contribution to the stated outcomes for people experiencing rough sleeping? Who can direct change and who is accountable eg, the Health and Wellbeing Board, the Clinical Commissioning Group Board, other commissioners?

We want the survey response to reflect a shared understanding of available provision. Directors of Public Health will be asked hold conversations with partners in the local health, care and homelessness systems who have knowledge of what is available. As a minimum, we think this would include:

- The local housing authority, homelessness and rough sleeping commissioners and services
- The Director of Adult Social Services
- Substance misuse commissioner/s and treatment providers
- Clinical Commissioning Group/s
- Local health care providers in primary and secondary care, including mental health

Attached is a copy of the questions you will need to answer together, with further instructions. The deadline for each area submitting their survey, online via DELTA, is 16 November 2018.

We hope that the exercise itself will be a useful local engagement exercise and will help organisations to consider how they can best work together to support people who are sleeping rough in their locality and more widely meet the ambition of the Rough Sleeping Strategy. The survey also asks if your local area would be prepared to participate in later stages of the audit, namely a 'deep dive' to explore the information you provide in more detail with a small number of local systems leaders, and an exercise to review the data local areas use to understand effectiveness.

In the meantime, if you do not know your Director Public Health or public health team (in lower tier authorities they work for the County Council), or your CCG, we would encourage you to introduce yourself, and the work you are doing locally to reduce rough sleeping.

If you have any questions for us at this, or later, stages in completing the survey, please reply to this email.

Best wishes

Mark Davies

Director of Population Health and Chair of the DHSC Advisory Group on Rough Sleeping

Department of Health and Social Care

Individual allocations for 2018 to 2019 for local authorities with high levels of rough sleeping:

Local Authority	Allocated Funding	Local Authority	Allocated Funding
Aylesbury Vale	£223,789	Medway	£410,416
Barnet	£190,556	Mendip	£150,000
Basildon	£307,500	Milton Keynes	£239,000
Bath and North East Somerset	£300,563	Newham	£500,000
Bedford	£307,477	North Devon	£285,948
Birmingham City Council	£405,878	North East Lincolnshire	£228,270
Bournemouth	£387,500	Norwich	£260,669
Brent	£348,204	Nottingham City Council	£420,416
Brighton and Hove	£495,107	Oxford City Council	£502,983
Bristol, City of	£583,202	Peterborough	£284,766
Cambridge City Council	£70,000	Plymouth City Council	£363,280
Camden	£870,000	Portsmouth	£384,000
Canterbury	£219,610	Preston	£204,129
Cheshire East	£350,564	Reading	£316,500
City of London	£215,348	Redbridge	£485,250
Colchester	£192,683	Richmond upon Thames	£276,313
Cornwall	£437,489	Salford	£308,642
Croydon	£510,210	Sheffield	£363,309
Derby	£303,500	Slough	£260,000
Ealing	£315,750	Southampton	£300,000
Exeter	£481,600	Southend-on-Sea	£425,325
GLA	£3,300,000	Southwark	£615,000
Haringey	£315,023	Stoke-on-Trent	£306,370
Harlow	£260,500	Swindon	£194,125
Hastings and Eastbourne	£664,000	Tameside	£309,115
Havering	£85,000	Taunton Deane	£231,590
Hillingdon	£378,241	Thanet	£367,322
Hounslow	£200,000	Torbay	£279,785
Ipswich	£267,325	Tower Hamlets	£297,331
Islington	£265,987	Tunbridge Wells	£162,840
Kensington and Chelsea	£145,821	Walsall	£354,933
Kingston upon Hull, City of	£219,685	Waltham Forest	£284,908
Kingston upon Thames	£371,801	Warwick	£370,245
Lambeth	£311,041	West Berkshire	£211,312
Leeds	£352,000	West Suffolk Councils (St Edmundsbury)	£245,782
Leicester City Council	£265,043	Westminster	£534,466
Lewisham	£275,898	Wigan	£340,688
Lincoln, City of	£376,747	Wiltshire	£312,245
Liverpool	£280,508	Wolverhampton	£138,000
Luton	£379,864	Worthing	£271,094
Maidstone	£333,799	York	£193,565
Manchester	£418,088	Total	£29,972,833

From: <https://www.gov.uk/government/news/james-brokenshire-announces-30-million-immediate-support-for-rough-sleepers>