Assertive Outreach Specification

1. Introduction and context of Liverpool City Region (LCR)

Homelessness has risen across England with official figures rising by 169% since 2010. It is one of the biggest challenges facing our city region and something the Metro Mayor is committed to tackling, in partnership with the 6 Local Authorities in the Liverpool City Region.

Across the Liverpool City Region, Local Authorities and homelessness organisations work hard to provide services and solutions to homelessness. Despite this, with the ongoing impacts of the national housing crisis, welfare reforms and significant cuts to public service budgets the challenge is increasing.

In May 2018, the Liverpool City Region was awarded £7.7million by the Ministry of Housing Communities and Local Government (MHCLG) as part of the national Housing First pilot, (West Midlands and Greater Manchester are also taking part in the pilot). The Housing First pilot will be delivered in conjunction with existing programmes throughout the city region and will help complement steps already being taken by councils and their partners. It will allow the testing of the Housing First models at a scale that could make a significant difference in providing support to homeless people across the city region.

2. Homelessness and Health

We know the core issues that drive homelessness include trauma (whether in childhood or adulthood), personality disorder and chronic mental health disorder experience (such as chronic PTSD or serious mental illness). Such patterns often lead to relational losses, difficulties in problem solving and coping in the face of further life adversities encountered; difficulties in problem solving and negotiating key life challenges; then often leading to patterns of alcohol or substance misuse. Chronic physical health problems are also common; respiratory disease such as COPD; diabetes and chronic pain; cardiac disease and renal disease; and complex medical problems that cannot be fully medically explained or adequately managed; poor medical and health care 'compliance' also often further exacerbating things (along with retreat into less helpful self-medication behaviours with respect to alcohol and drug use).

An estimated 41% of people classified as 'rough sleepers' have long term physical health problems such as heart disease, diabetes and addiction problems, compared to 28% of the general population. Another 45% have been diagnosed with mental health issues, compared to 25%. [1] Co-morbidity (2 or more diseases or disorders occurring in the same person) among the longer-term homeless population is not

[1] (The inequalities of homelessness – how can we stop homeless people dying young? - Posted by: Emma Seria-Walker, Posted on: 9 February 2018 - Categories: Health inequalities, Local authority public health)

uncommon. The average age of death of a single homeless person is 30 years lower than the general population at 47 years, and even lower for homeless women, at just 43 years. [2]

3. Trailblazers

In March 2018, the Government announced the Liverpool City Region would join the Trailblazer programme. The funding is managed by the Homelessness Strategy Team within the Liverpool City Region Combined Authority (LCRCA) ensuring co-ordination across the region, the sharing of best practice and consistency of approaches to prevention. Additionally, this will maximise co-ordination with the development and delivery of Housing First. The Housing First Feasibility study, funded by MHCLG highlights the need for 'wider system change' including 'significant investment in prevention services' and 'the development of clear pathways between the Criminal Justice system, mental health service provision and the system for preventing and responding to homelessness. Delivery of the Trailblazer programme will be crucial in supporting this wider system change whilst adopting the principles of the Homeless Reduction Act.

A significant number of the Homeless population are likely to have long term physical as well as mental health conditions. A recurring theme within homelessness is the increasing numbers of long term homeless people with multiple health conditions, including long term mental health issues.

This specification requires an integrated package of support which would enable a step change in homelessness services across Liverpool City Region (LCR). This will include a focus on early intervention and assertive outreach to improve upstream advice and support to all those who are homeless or at risk of becoming homeless with a focus on physical and mental health.

4. Aims and Objectives

The strategic commissioning intentions are to reduce rough sleeping and to improve choice and control for individuals. The service will be required to support a reduction in health inequalities by improving access to health care and promoting the social inclusion of homeless populations.

The service will achieve the following:

- Reduction in rough sleeping
- Development of local referral routes into Housing First
- Improved access to current commissioned services for those who may choose not to access Housing First or other services
- Improved physical and mental health and wellbeing
- Increase in homelessness prevention

[2] (Public Health England Guidance Homelessness: applying All Our Health Updated 2 November 2018)

- Improving pathways between partners such as the Criminal Justice system, mental health service provision and the system for preventing and responding to homelessness

The team will work with current local services to provide a rapid response to the needs of homeless people and develop a referral route into Housing First in each local authority that makes up the city region. The team will be expected to work closely with the current and future Housing First teams across the city region as well established services. Where there is existing Assistive Outreach Services operating in an LCR area the service will complement existing provision in those authorities and will work in partnership with them to ensure that duplication is avoided.

The service will be required to work in conjunction with health, social care, housing, other public sector providers and voluntary sector providers to proactively develop the service.

5. Principles

- Follow the principle of 'Not about me without me'
- Deliver interventions that are able to adapt to change
- Treating all with respect care and dignity, listening and observing the rights of individuals
- Focus on local, collaborative approach
- Collaboration with emerging accountable care systems and partnership developments in each local area
- Removal of barriers to access of health services
- Targeted, bespoke support and intervention
- Long term aim to break chronic cycles of rough sleeping
- Innovative, creative and flexible approach
- Evidence based intervention
- Work closely with each local area recognizing the bespoke needs and gaps in localities
- Develop and understand the interdependencies within in local area and work closely with the partner agencies, avoiding duplication and complimenting existing service models
- Seamless care for Service users by effective working with partner organisations, supported by a shared approach (with consent) to information and regular communication
- Support existing and emerging partnership working, providing a joined up approach to care and support
- Enable people to maintain the maximum possible level of independence, choice and control.
- Listen and support people to express their needs and wants.

6. Purpose of document

This document provides details and requirements relevant to the service. The provider must comply with this specification.

7. Duration and value of Contract

The duration of the contract will be 2 years with an option to extend by 2 years. The maximum budget available for this contract is £675,000 for the two year period.

8. Service Details

The service will be developed in partnership with the 6 Local Authority's areas that make up the city region:

- Liverpool
- Sefton
- Knowsley
- Halton
- Wirral
- St Helens

The service will be required to develop a city region wide assertive outreach team who will work alongside existing local authority teams and services to meet the additional health and mental wellbeing needs of the homeless population. The assertive outreach service will be in addition and compliment current services that operate within each LA.

The service will work closely with the Housing First teams to identify individuals who are eligible and choose Housing First and other relevant services.

The service response will be developed to meet the needs of each Local Authority and it will be a requirement that a staff presence is established in each LA.

The service will provide a flexible, open, accessible, responsive needs-led assertive outreach service covering mental and physical health delivered through consistent engagement, assessment and referral onto the most appropriate housing/support or health service as required. There will be a homeless cohort leaving local prison services, and the service provider should work across the LCR to help develop and implement clear pathways between the Criminal Justice system, mental health service provision and the system for preventing and responding to homelessness.

The team will work to a strengths-based asset approach concentrating on building individual capacities, skills and resilience and making connections within the community.

Harm reduction approaches will be pivotal with interventions aimed at reducing the adverse effects of street living, improving health and identifying referral routes into Housing First services. The team will focus on the harms associated with rough sleeping and be an early identification for those in need, they will work with individuals to find solutions that work for them.

Effective case management will ensure quality advice and support and provide a rapid assessment and be adaptable to ensure a flexible approach is provided. Assessment tools will link individual needs to the appropriate service responses. The team will work to trauma informed principles:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues

Where there is ongoing contact the service will ensure that a personal action plan is developed with each individual user. This plan will be a multi-agency plan developed in conjunction with all other agencies supporting the individual and will include short and longer-term goals against which progress can be measured. The service will instigate a multi-agency case conference approach where appropriate, in conjunction with relevant agencies, in order to access accommodation and support which meets the individual's needs and prevents them from returning to rough sleeping.

The service will have in place clinical governance procedures and a framework of accountability for continually improving the quality of the service and safeguarding high standards of care and excellence in clinical care.

The service will deliver a service that addresses the core issues that drive homelessness including trauma (whether in childhood or adulthood), personality disorder and chronic mental health disorder experience (such as chronic PTSD or serious mental illness). The service will provide an integrated service response based on effective delivery of clinical and non-clinical interventions.

The service will proactively engage and develop in collaboration with the Housing First Team by developing good working relationships with other providers to support the delivery of a more integrated health and social care intervention for homeless people (e.g housing providers ambulance service, primary and secondary care, social services, alcohol and drug treatment services, police, probation, education, department for work and pensions and the voluntary and independent sector.

The provider shall deliver services from a location as a multidisciplinary team across the Liverpool City Region to ensure it can deliver and maintain a local service response.

9. Service Requirements

The service will require a combination of skilled support workers, clinically trained professional staff who can meet the requirements of the specification.

The service will propose a staffing model that includes:

- Homeless/Housing/Substance Misuse Support Workers
- Physical Health Nurses
- Mental Health Nurses / inc access to Phycologist Input
- Administrate Support

The service will need to be covered over a seven day period and provide support as required by the service user.

The service will ensure support is provided for an average of 280 hours per week.

The service will ensure clinical professional cover for the Local Authorities for an average of 120 hours per week.

The service will have in place clinical governance procedures and a framework of accountability for continually improving the quality of their services and safeguarding high standards of care and excellence in clinical care. The service will have arrangements in place for ensuring Continuous Professional Development, re-validation and professional indemnity.

The service must ensure continuity of service delivery and that adequate staff are in post to support the needs of delivery. This will include access to bank staff/cover in the event of staff illness or vacancies.

The service will have to purchases licences for the web-based homelessness case management system, Mainstay. Detailed information and reports will be drawn from this system to enable ongoing monitoring and performance management of all delivery.

9a Workforce

The Provider must ensure that an appropriately skilled and competent workforce is in place at all times to meet the requirements.

Any health care professional responsible for the assessment and management of the service user can demonstrate clinical competency and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated

Staff will undertake regular in-house, core and mandatory training and approved specialist training (where appropriate for role to ensure core and extended clinical competencies are maintained and updated).

All staff should be appropriately trained to undertake all procedures within the scope of their job role.

All staff must be able to demonstrate Continuing Professional Development activity and registration with appropriate professional body.

A system of peer review/mentorship/clinical supervision must be in place and adhered to.

All staff will have an understanding, make themselves aware and comply with each local area Council and Adults' Safeguarding Policy and Procedures at all times.

10. Service Expectations

The Service will be delivered through a multi-disciplinary approach with embedded, support workers, dedicated nursing, mental health and administrative support. The provider will determine the most appropriate staffing model but the Service is likely to include the following staff roles:

Support worker:

- Identify and target entrenched rough sleepers, including those unwilling to engage in services.
- Work with rough sleepers to move off the streets and into appropriate accommodation, such as Housing First or supported accommodation.
- Hold an active caseload including support plans for targeted individuals that specifies targets and timeframes for action.
- Ensure a case management approach is applied for all clients through and including one to one key working sessions.
- Assess the needs of the street population and involve specialist agencies when necessary, working closely with those facilities.
- Ensure the safeguarding of service users in line with safeguarding guidelines.
- Conduct dynamic risk assessments when working with service users and compiling robust and safety management plans.
- Participate and be committed in gaining the views of service users for the development of the project and encourage service user involvement.
- Participate in street counts when required.
- Co-ordinate and lead a pro-active solution focussed approach to service users.

Physical Nursing:

- Improving access to appropriate health and social care services for people experiencing homelessness

- Providing proactive and personalised care to homeless people
- Increasing the proportion of homeless people in substance misuse treatment programmes where appropriate
- Provision of an assessment service for service users presenting with medical problems in a variety of different venues where homeless people are found. This will include performing physical examinations.
- Clinical decision making on the basis of assessment and to implement a package of care, including prescribing where trained to do so, initiate appropriate tests and make referrals as necessary.
- Monitoring of homeless peoples' general health, and health promotion where appropriate
- Ensure people who are insecurely housed have access to mental health and general health care
- Increasing use of mental health services for homeless people
- Proactively engage with the person, as appropriate, to support the uptake for health screening, medical reviews and attendance at forthcoming appointments.
- To help people engage with primary medical service resulting in improved health outcomes
- To support in the reduction of unplanned/emergency admissions to hospital.
- Improve sustained engagement with alcohol and drug treatment system

Mental Health Nursing:

- Provide clinical specialist direct or indirect support and interventions either on an individual basis or individual staff basis
- To undertake Mental Health Assessments when requested
- Support the support team to develop and implement psychologically informed tools and strategies with individuals, mostly through clinical supervision
- Sit in case review meetings to help staff to greater support service users with complex mental health issues, offering advice in practice
- Advocate for service users and contribute to the development of an evidence base to inform for new/improved pathways into mainstream services
- To help people engage with primary medical service resulting in improved health outcomes
- To support in the reduction of unplanned/emergency admissions to hospital.
- Helps staff to understand interventions that consider context from an equality and diversity perspective
- Provide specialist informed psychological interventions in crisis situations where support staff require expert advice
- Adhere to relevant professional code of conduct and participate in regular clinical and managerial supervision

- Work at different locations to ensure service users receive an equal, consistent and appropriate service
- Building strong referral relationships, advising the service and assessing / advocating for individuals where there is or may be a need to access mainstream prescribing and/or secondary mental health services
- Co-ordinate and lead a pro-active solution focussed approach to service users.
- Undertake assertive outreach work to identify, engage and deliver interventions to service users.

All aspects of the service will:

- Manage caseload, documentation and time effectively, to ensure that treatment delivery/support remains accessible, convenient and with minimal waiting times where possible
- Ensure accurate record keeping using the agreed information systems, and to work with other team members to provide relevant information and data as required
- Use the Mainstay system as the case management system
- Promote the dignity, independence and self-determination of service users
- Promote opportunities for services to be delivered in a more personalised way
- Consult with and work with the Lived Experience Lead on involving service users in aspects of service development and delivery
- Respond flexibly to changes in service user's circumstances
- Ensure the service meets the needs of service users regardless of race, gender, religion, sexuality or disability

11. Referral arrangements

The service will develop both assertive outreach mechanism for each Local Authority area and locally agreed referral protocols. Referrals for the service will come via local authorities, housing first pilot teams. Pathways into Housing First will also be established.

12. Lived Experience

Lived Experience is central to the delivery of the service. The service will be required to ensure that service improvements and developments continue to reflect the needs and aspirations of service users and lived experience. Drawing upon lived experience of accessing homeless services will inform the delivery and how problems are to be solved and how services can be improved and developed.

13. Monitoring and performance

LCR CA are developing a Human Learning System approach to commissioning and monitoring. This approach recognises that outcomes are produced by whole systems rather than individuals, organisations or programmes. Consequently, to improve outcomes, the service will need to strive to create healthy systems in which services are able to co-ordinate and collaborate more effectively. The contracting and monitoring of the service will place a strong emphasis on putting learning at the heart of monitoring. Liverpool City Region will directly employ a contracts and reviewing officer who will work closely with the service and support in the development of the service and importantly meet the requirement and ensure coordination within each Local Authority area. Monthly meetings will take place between the service, Local Authority representatives and the CA to ensure the service is responsive to local needs.

Regular reviewing and communication will happen, the provider will need to make available to the Combined Authority evidence of the progress of service users against the agreed measures/indicators of the service.

LCR CA recognise that performance measurements, indicators are emergent properties that need to able to adapt and respond to changing need. Performance indicators/measurements will be developed in partnership with the commissioner as part of the learning approach to ensure the service has measurements/ indicators are realistic and relevant to the service and enable a process of continuous learning and reviewed on a quarterly basis or as when required.

The contract and reviewing officer will report any performance issues initially to the Commissioning Lead and if not resolved will then be reported to the Strategic Lead on Homelessness and if still not resolved they will be escalated to the Head of Policy.

Governance

The Commissioner requires that the quality of the service provided is of a consistently high standard and all professionals abide by the guidance of their regulatory body. The Provider will be expected to outline clinical governance mechanisms to be applied when concerns about the quality of the service is raised. The Provider will deliver the services in accordance with Good Healthcare Practice, and will comply with all clinical standards, recommendations, policies, procedures and legislation as set out in the NHS Contract.

The Provider is required to have in place:

- An organisational structure that provides clinical and managerial leadership for all professions and disciplines involved in the delivery of the services.
- Clear organisational and integrated governance (including clinical governance) systems and structures with clear lines of accountability and responsibilities for all functions.
- Ensure they have effective systems in place for handling information securely and confidentially and that they have appropriate sharing agreements in place with all partner organisations. These systems should help facilitate effective integrated working with partner providers in support

of providing seamless care to the service user. The Provider should also be able to demonstrate compliance with the NHS Information Governance Toolkit.

- Provide clear escalation route for safeguarding, performance, governance and business continuity issues.
- Robust procedures relating to all Serious Untoward Incidents and Safety Incident reporting.
- Provider should also be able to demonstrate robust contingency plans for unexpected leave, telephone or IT system failures, failure of electronic equipment or other infrastructures.

Continual improvement

The service will be required to strive for continuous improvement through:

- Strong service user engagement and evidence of service provision by co-production with lived experience groups and forums across the LCR.
- Internal and external audit of service.
- Peer review and key meetings.
- Evidence of good practice and success elsewhere to drive and support service change where required.
- Complaints, compliments and other patient feedback mechanisms will also be utilised as drivers towards improved service delivery.
- Striving to ensure equity and access to services for the 6 local populations.

The provider should record in writing any serious incident, accident or near miss that occurs in any part of the service and report the incident to the commissioner. Serious incidents include but are not limited to:

- Physical harm to a service users, host, member of staff or public
- Safeguarding concerns (that should be raised to the Safeguarding Team within the appropriate district)
- Arson
- Outbreak of serious infection or disease

14. Whistle blowing

The Public Interest Disclosure Act 1998 provides for the protection of service users who make certain disclosures if information in the public interest, and to allow such service users to bring action in respect of victimisation following such a disclosure.

Providers should produce internal guidelines for their staff setting out that:

It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and pass their information to the responsible person/agency

Whistle blowers will receive support and protection in accordance with the act

Staff can contact the LCR or a relevant regulatory body in situations where they have concerns about operations and the service provided.

All providers should comply with relevant legislation and deliver services within clearly written procedures including the following:

- Care Act 2014
- Children and Families Act 2014
- Equal Opportunities Policy and Procedures
- Safeguarding of vulnerable adults
- Child Protection Policy
- Confidentiality Policy
- Complaints Policy
- Staff disciplinary and Grievance Procedures
- Health and Safety Policy and Procedures
- Quality Assurance Policy
- Conflict of Interest Policy and Procedures
- Financial Management Policy
- Recruitment Policy and procedures
- Mental Capacity Act 2005
- General Data Protection Regulations 2018

15. Complaints and compliments by service users

Providers should have an accessible, user friendly Complaints and Compliments Policy which is easily accessible for service users. The policy should be available to the Combined Authority upon request. Complaints should be monitored and regularly reported to the provider's governing body. Outcomes from complaints should be included within the report. Service users should be supported in their decision to make a complaint.

16. Confidentiality and data protection

Providers must present a Confidentiality and Data Protection Policy to service users at service commencement and must provide a copy to the Combined Authority upon request. The policy must also be available to service users in an accessible format. Service users should be advised of the type of information the provider keeps on record, what can or must be disclosed without their consent, when their consent is needed for disclosure and their rights to see information recorded about them. A service user should not be asked to sign a blanket, wide-ranging consent to disclosure. The policy should set out areas where information will be shared and under what circumstances, and serves as a record of their consent within these areas. In other cases, the service user's consent must be obtained as the need arises. This includes passing information to other agencies. Providers must ensure that everyone engaged in the service with access to personal information

understands their responsibilities and can demonstrate evidence of compliance with their procedures.

For the purposes of the Data Protection Legislation, the Liverpool City Region Combined Authority is the data controller and the Service Provider will be the data processor. The following sets out the scope, nature and purpose of the processing by the service provider, the duration of the processing and the types of personal data and the categories of the data subject.

Scope, Nature and Purpose

Processing of Personal Data in the context of delivering a Housing First Psychologist Service.

To monitor, evaluate and record.

Duration

For the length of the contract

Types of Personal Data

- Service User name
- Service User DOB
- Service User address
- Service User telephone number
- Service User email address
- Service User clinical/medical information

Categories of the Data Subject

The Data Subjects shall be the service users.