

Specification for part-time Project Manager for rough sleeping mental health pilot

1. Overview

The Greater London Authority (GLA) is looking to fund a part-time project manager in a consultant role to develop and initiate an exciting new service worth £2.35m over two years which will improve the response to people sleeping rough in four London Mental Health Trust areas. This project has been part-funded by the Ministry of Housing, Communities and Local Government (MHCLG).

Responses to the advert are to be submitted to roughsleepingcommissioning@london.gov.uk by midday Thursday 20 December 2018 and interviews will take place on the 3 and 4 January 2019 to start early January.

2. Introduction

In 2017/18, over half of all people sleeping rough in London who were recorded on the Combined Homelessness and Information Network (CHAIN)¹ had mental health support needs – the most common support need amongst rough sleepers in the capital. Over the past 10 years the proportion (and number) of rough sleepers with any one of this support need has significantly increased.

There is a strong correlation between mental health and the length of time that people spend on the streets. In 2016/17, 65 per cent of entrenched rough sleepers had a mental health support need compared with 44 per cent of people who were new to the streets². During the consultation on the Mayor's rough sleeping Plan of Action in 2018, stakeholders highlighted that mental health issues can be both a cause of, and exacerbated by, periods of rough sleeping³.

The lack of access to and adequate support from mental health services is a key barrier to people leaving the streets and sustaining accommodation once they have done so. In the consultation on the Plan, homelessness services highlighted that mainstream mental health services often have high thresholds for access, long waiting times, inflexible working practices, a lack of resources or expertise to support people with complex needs and a reluctance to undertake assessments on the street. The impact of psychotic conditions, anxiety and mood disorders can also be a significant barrier to someone leaving rough sleeping, yet access to care and appropriate therapies for these disorders is highly variable, as is access to services for people with personality disorders.

The result of the inconsistent and often inadequate provision across London is that people frequently do not receive the help they need. A health needs audit of homeless people in south west London conducted in 2017 found that 54 per cent of those with mental health issues wanted support but were not receiving it⁴. Furthermore, almost half (47 per cent) of people

¹ a multi-agency database recording information about rough sleepers and the wider street population in London

² Entrenched rough sleepers are defined as those currently rough sleeping who have been rough sleeping consistently for at least a year or intermittently over the past five years. CHAIN. (2018)

³ https://www.london.gov.uk/sites/default/files/rough_sleeping_plan_of_action_1.pdf

⁴ SPEAR. (2018). Rough Sleeping Plan of Action: SPEAR data analysis. GLA.

living in St Mungo's hostels who have a mental health need which they are not able to manage independently are not engaged with relevant services⁵

Over three quarters of outreach services in London believe that accessing mental health support for people sleeping rough in their area has become more difficult in the last five years and almost half of London's outreach teams are unable to secure on-street assessments and support from mental health services⁶. A lack of input from mental health professionals can mean that people are more mistrusting of outreach and housing services, as psychosis, delusional disorders and paranoia go untreated, compounding the difficulties which outreach teams have in supporting some people off the streets⁷.

In the Plan of Action, the Mayor committed to fund and develop a two-year service comprising a specialist team to help coordinate and carry out mental health assessments with people sleeping rough, to enable people to access the support and treatment which they need, increasing their chances of leaving the streets. This £1.25m service has been supplemented by an additional £1.1m by MHCLG to better enable mental health professionals to work in partnership with rough sleeping outreach teams in specific areas in London where there are high levels of rough sleeping and inadequate provision. If the service is successful, the Mayor will work with CCGs, Mental Health Trusts and the NHS to extend the approach across London.

3. Requirement

The GLA is looking for a part-time project manager in a consultant role to develop and initiate implementation of the service, with the aim that it will commence operation by Spring 2019.

The work will consist of two stages:

- Planning and Design
- Implementation

4. Project Description

The project will implement specialist provision for people sleeping rough in a number of areas of London, with the aim of improving mental wellbeing, removing barriers to leaving the streets and preventing mental crisis, thus reducing use of acute mental health services.

The project will seek to work within existing NHS mental health structures, whilst augmenting mental health support for people sleeping rough across London. The project will work with four NHS mental health trusts (ELFT, NELFT, CNWL and WLMHT), covering 16 boroughs in London, focusing primarily on areas which don't already have specialist homeless mental health services. The exact model which will operate in each Trust area will be developed in partnership with the Trusts and the rough sleeping services in that area, based on assessment of needs in the locality. The intention is to draw on existing best practice in providing specialist mental health support for people sleeping rough by replicating the model in operation in the London Borough of Tower Hamlets, in which a qualified mental health practitioner is seconded to the rough sleeping outreach service provider in the borough to work with people sleeping rough on a full-time basis.

5 St Mungo's. (2018). Rough Sleeping Plan of Action: OPAL data analysis. GLA.

6 St Mungo's. (2018). National street outreach survey.

7 St Mungo's. (2016). Stop the scandal. Retrieved from https://www.mungos.org/wp-content/uploads/2017/12/Stop_the_scandal_Feb2016-1.pdf

To ensure that outreach teams can access on-street Mental Health Act Assessments when needed, it would be ideal for at least one Approved Mental Health Professional (AMHP) to be recruited in each Trust area covered by the project. However, this will not be a requirement for all mental health practitioners, and it may be that access to such assessments can be enabled through another route e.g., through existing Street Triage services. Most importantly, professionals will have experience of working with marginalised and vulnerable groups.

In a small minority of boroughs in which specialist provision already exists for rough sleepers, it is planned that the project will test a model of mental health practitioners working with people in the hostel pathway. Evidence suggests that there is also a significant level of unmet mental health needs in homeless hostel pathways, and that such interventions are likely to improve mental wellbeing, prevent people from returning to the streets, increase people's likelihood of making a positive move into independent living and reduce use of mental health services.

In all boroughs where it operates, the project will seek to ensure that other gaps in mental health support for people sleeping rough are also addressed. Based on feedback from both mental health and homelessness services, the project has budgeted for sessional time from a Consultant Psychiatrist to provide input to the work of the mental health practitioners. However, additional resource may be modified based on more in-depth needs assessments in each borough. For example, it is possible that psychologist input may be required in some areas.

The project will also scope the provision of short-term beds to enable better engagement with current rough sleepers who have significant mental health needs which the mental health practitioners are struggling to stabilise on the streets and/or prevent people from being discharged to the streets from inpatient mental health services.

The project aims to have a lasting and sustainable impact by improving outreach staff skills and the approach of homelessness services and other agencies in their work with rough sleepers. It also seeks to develop partnership working between the homelessness sector and mental health services and improve the practice of mainstream mental health when providing treatment and care to those who are street homeless.

To create a more systematic and lasting transformation in mental health provision for people sleeping rough, the project will invest expertise and resource in ensuring that monitoring and evaluation are; well-planned, a key focus from the outset, and prioritised throughout the project. The intention is to improve performance during the project lifetime and also generate robust evidence which clearly demonstrates the positive impact of the model to funders in the health sector.

A project coordinator will be recruited, who will lead on project design, implementation and management functions. This will include developing and implementing the individual model to be used in each trust area, managing the project's finance, administrative and personnel systems, being the primary point of contact in relationships with practitioners, NHS trusts and other key stakeholders, and overseeing all data collection and evaluation work.

5. Timeline

The project will run for two years, with elements of the service commencing in Spring 2019. A provisional timeline for the first stages of the project is below.

The timetable below gives an indicative timeline for the early stages of the project, including the role of the consultant. The final timeline will need to be agreed once the consultant is in place.

The key dates are as follows:

Project Timeframe	Jan 2019 Consultant to commence
	Jan - Feb 2019 Planning and design
	Mar – April 2019 Implementation

6. Scope and requirements

The role will have responsibility for leading on all aspects of the project over the two stages. The project only recently commenced, and it will be the role of the consultant to plan and design the new initiative, with scope to adapt the model based on their own analysis. The second stage will involve a swift implementation of the service as it has been planned.

Work has already commenced on some aspects of the project. Positive discussions have been held with two of the mental health trusts and the majority of the borough councils which will be involved and a data gathering exercise to better understand needs and gaps in the target areas is underway.

It is anticipated that the service should be commencing its operation by April 2019, though it is acknowledged that it is unlikely that all personnel in every trust area will have commenced in post by this point.

It is envisaged that some of the requirements at each stage will be as below. However, this is not an exhaustive list and is also likely to evolve as the project is developed.

Planning and design

- Creating a robust project plan, including defining the project approach, deliverables, costs, outputs, outcomes and measures, and timeline/milestones
- Identifying risks and developing mitigation strategies
- Analysis of available information regarding needs and gaps in the four areas and data/best practice from existing services; collection/evaluation of any supplementary information required
- Relationship building with relevant stakeholders, including securing buy-in from trusts and seeking input to shape the service model
- Developing the service model to be delivered in each trust area, including staff model/structure, focus of work and accommodation resource
- Working in partnership with the trusts and host organisations to develop recruitment strategies and role descriptions for practitioners/any other personnel

- Developing a structure of coordination/governance for the future delivery of the project, including scoping the role of the permanent project coordinator and developing job descriptions of all aspects of the service
- Commissioning a research partner to evaluate the project, and to generate learning that can be applied throughout the project
- Working in partnership with stakeholders to scope work on delivering long-term transformational change
- Identifying needs that can be met immediately/ in the short-term whilst the project is being designed

Implementation

- Managing and maintaining relationships with all key stakeholders
- Coordinating the recruitment to all delivery roles in conjunction with relevant stakeholders
- Assisting Trusts and host organisations to establish secondment agreements and any other required arrangements
- Developing project policies/procedures and any required guidance
- Analysing the training needs of project mental health professionals and staff in homelessness services and creating a training plan
- Assisting homelessness and mental health services to plan how to best utilise the capacity provided by the new initiative, including facilitating sharing of best practice
- Undertaking all tasks required relating to improving access to accommodation for rough sleepers with mental health issues, dependent on the model identified in stage one (e.g. making spot purchasing agreements, establishing accommodation personalised budgets etc)
- Set-up of all administrative systems
- Budget and finance management
- Assisting in the recruitment of permanent project coordinator as required

7. Specification

Aim of the role

The role of the consultant(s) is to lead on the planning and design, and implementation of the project, with some elements of the new service in operation by spring 2019.

Submission

Prospective consultants are asked to submit a proposal, limited to 2,000 words, which addresses the following three sections areas and make other 'value add' suggestions:

- Competencies and experience relevant to the role
- Approach to planning and delivering the project

- A summary of initial thoughts on the project, including any risks or opportunities noted from the information provided

Technical requirements/experience and competencies required

- Good understanding of mental health provision, ideally in London
- Knowledge of key legislation and practice related to supporting people with mental health issues
- An understanding of rough sleeping in London and experience of working in partnership with homelessness services and agencies who seek to meet this population's needs
- Experience of building and managing relationships with a variety of stakeholders
- Extensive experience of project management
- Experience of designing, implementing and evaluating health, care or support services
- Experience of leading and managing change across organisational boundaries

8. Governance

The consultant will be led by GLA officers from the Housing and Land directorate. The post holder will be required to provide the GLA with regular updates.

The successful consultant will need to attend regular project team meetings as necessary.

Remote working is expected however, meetings can be held at the GLA offices at Union St, booked by GLA staff.

9. Project budget

We anticipate two to three days' work per week will be required for the first two stages of the project.

The budget for the consultant is initially £10,000 (excluding VAT). However, it is anticipated to conduct all aspects of the consultant brief will cost more. Subject to Mayoral approval, the budget to complete the entirety of the tasks requested, is a maximum of £25,000. As part of the 2,000 word submission, bidders are requested to provide a commercial response that allocates the extent to which the tasks can be completed within the £10,000 envelope, and the anticipated £25,000 envelope.

10. Submissions

Submissions must include:

- Tender submissions must total a maximum of 2,000 words excluding appendices and CV's in A4, Arial font size 12.
- A description of skills, competencies and experience relevant to the role
- The proposed approach for planning and implementing the project

- A summary of thoughts on the proposed project, including any risks or opportunities noted from the information provided
- Each part of the work should be clearly costed. Please submit an itemised cost breakdown for all elements of the brief.

11. Evaluation criteria

A preliminary technical assessment of quotations and methodologies will be undertaken following which, shortlisted consultants will be invited for clarification meetings/interviews. The final evaluation will take into account information provided at the meeting.

70% of the weighting will be for quality including social value, 30% will be for price/value for money. The award criteria is as follows:

Response to Specification	Evidence	Weightings
Technical (quality) 70%		
Proposal	Sound understanding of the issues addressed in the specification / brief, Realistic, concise, achievable project methodology which addresses each of the tasks set out in the specification, Clear proposal setting out the three stages and how the work for each section will be undertaken, realistic timeline, and risks and risk management associated with each section.	40%
Quality assurance and project management	Effectiveness of quality assurance and project management procedures for delivering a high-quality project on time.	10%
Relevant Experience in relation to the project requirements	Evidence of working on projects of similar nature. project examples Appropriate range of skills, experience and knowledge of both health and rough sleeping sectors. 2-page CV's can be included with the responses.	20%
Conflict of Interest	Provide details of actual or potential Conflicts of Interest and if so how would they be mitigated.	Discretionary Pass/Fail

Commercial 30%		
Price	<p>Submit an all-inclusive target cost for completing the work associated with the deliverables described in the specification brief document on a fixed rate basis.</p> <p>Clearly identify any assumptions made within the pricing proposal.</p>	30%

Confirmation of attendance for clarification meeting on 3 and 4 January 2019. Update. Shortlisted consultants will be notified by Friday 21 December.

We request Consultants to schedule this in, but please note this is subject to successful completion of initial quality assessment.

12. Evaluation Scoring

Bids received will be evaluated by officers from the GLA and MHCLG.

Commercial

Bidder's proposed Total Fixed Price will be evaluated separately with the lowest priced bid receiving the maximum score available. Each subsequent submission will be scored a percentage score of the total marks available, based on the percentage variation from the lowest priced bid.

Technical

The Marks for each technical question will be given in the range of 0-4, where 4 is the highest mark and 0 is the lowest mark achievable (see below).

Technical Evaluation Scoring	
0 - Unacceptable	The response does not meet the requirement.
1 - Poor	Some minor reservations of the Tenderer's relevant ability, understanding, experience, skills, resource & quality measures required to provide the services, with little or no evidence to support the response
2 – Meets Requirements	Demonstration by the tenderer of the relevant ability, understanding, experience, skills, resource & quality measures required to provide the services, evidence to support the response
3 - Good	Above average demonstration by the tenderer of the relevant ability, understanding, experience, skills, resource & quality measures required to provide the services. Response identifies factors that will offer potential added value, with evidence to support the response.
4 - Outstanding	Exceptional demonstration by the tenderer of the relevant ability, understanding, experience, skills, resource & quality measures required to provide the services. Response identifies factors that will offer potential added value and continuous improvement. with evidence to support the response.

13. Payment and stage payments

Payments will be made on a 4-weekly period, in arrears.

Appendix A: Specialist mental health services for people sleeping rough in London

Borough	Service	
Specialist Mental Health Teams (NHS Trust or council)		
Camden	Focus	Focus works with street homeless people with mental health problems and people within hostels in Camden. The team offers an assertive outreach service, including assessment, triage, signposting and treatment, as well as advice and support to outreach and hostel staff.
Kensington and Chelsea	Homelessness Intervention Team (HIT)	The Kensington and Chelsea Homelessness Intervention Team provides on-street mental health assessments, care co-ordination and acts as a broker for getting clients off the streets into hospital and housing.
Westminster	Joint Homelessness Team (JHT)	JHT offers an outreach service which targets people sleeping rough in Westminster who are unable or unwilling to access mainstream mental health services. The service provides a mental health, housing and social care needs assessment and care co-ordination for those with severe and enduring mental health needs.
Lambeth, Southwark, (Croydon)	Homeless Outreach Team (START)	Homeless Outreach (START) is a small multi-disciplinary assessment team for street homeless people in Lambeth and Southwark. The service engages and assesses homeless people with severe mental health problems and refers them into local mainstream services.
Enabling Assessment Service London (EASL)		
City of London, Brent, Newham, Hammersmith and Fulham and GLA-commissioned services	Enabling Assessment Service London (EASL)	EASL is a multi-disciplinary team of health professionals offering street and hostel-based services. The EASL team carry out mental health needs assessments for homeless people and try to connect them in with relevant mental health services in their area. They also deliver training and support to the agencies that work with them. They are contracted individually by a few boroughs/services, providing differing degrees of support dependent on the agreements in place.
Qualified Mental Health Professionals Working in Outreach Teams*		
Tower Hamlets	Rough Sleeper Outreach Service	The Tower Hamlets Rough Sleeper Outreach Services employs a full-time Approved Mental Health Practitioner (AMHP) seconded from the local Trust. The AMHP coordinates street-based mental health assessments and supports individuals to access mental health treatment.

*The information received from MHCLG regarding funding awarded to boroughs from the 2018/9 RSI grant indicates that there will be an additional two AMHPs (Lambeth and Westminster) and a further two mental health 'workers' (Brent and 0.5 post in Islington) working with outreach teams in London.