

Schedule 1 Specification

1.0 Introduction

1.1 The Service Specification sets out the minimum requirements in respect of the provision of a Single Person and Childless Couples Homeless Prevention Support Service across Worcestershire. This Service is being commissioned by Worcester City Council (henceforth known as "The Council") on behalf of the district/borough local authorities across Worcestershire: Worcester City, Bromsgrove, Malvern Hills, Redditch, Wyre Forest and Wychavon.

1.2 This schedule specifies the requirements of the Services to be provided.

1.3 Service specification has been designed to meet the needs of the Single & Childless Couples Homeless population across the county of Worcestershire. For a county of the geographic and population size of Worcestershire, we have a challenging homeless population in size and needs. At the end of Quarter 2 2015, 125 customers were in service in the Ring Fenced Public Health Grant Services. These customers included those who needed emergency accommodation after rough sleeping as well as floating support within the community. The rough sleeper population continues to be an issue with 44 people estimated to be sleeping rough across Worcestershire in 2014.

1.4 The Service will be for single people and childless couples across Worcestershire who are at risk of rough sleeping. It is expected that the service will be prevention focussed.

1.5 The successful provider will deliver a service that supports people to live a richer and more fulfilled life, including but not limited to having the skills and confidence to maintain a tenancy, access to education and training, improved physical and mental wellbeing and ultimately employment.

1.6 The service being commissioned will be for a period for 2 years with an option of extending 1 further year dependent of funding settlements.

1.7 The Council reserves the right to renegotiate the contract with the successful provider if funding settlements received are amended over the course of the contract for services procured. The Council reserves the right to terminate the contract should it be required.

2.0 SERVICE DESCRIPTION

2.1 Aims and Objectives

This new service has ambitious aims to meet the needs of single people and childless couples at risk of homelessness:

2.1.1 To prevent and relieve street homelessness in the Worcestershire County area and the visual / social impact of this.

2.1.2 To prevent single people and childless couples from becoming entrenched rough sleepers

2.1.3 To ensure that a joined up comprehensive service is provided that results in customers being ultimately housed in long term suitable accommodation

2.1.4 To provide tenancy related support to those who are at risk of rough sleeping

2.1.5 Provision of short term outcome focussed services that address the underlying causes and reasons for homelessness that a customer presents with

2.1.6 To stop the “revolving door” for individuals who regularly access homeless services across the county.

2.1.7 To prevent avoidable admission to social and primary care services.

2.1.8 To support the elimination of street begging and drinking

2.1.9 To support the reduction in anti-social and offending behaviour

2.1.10 To reduce the overall cost of homelessness to the state and the public purse

2.1.11 To work with stakeholders to ensure there are adequate levels of both direct access and move on accommodation for customers to the service.

3.0 Link to Legislation and Strategies

3.1 The development of integrated services for health and social care has been a policy goal for many years. The Health & Social Care Act 2012, the Care Act 2014 and the development of the single pooled budget for the Better Care Fund have all emphasized closer integration of health and social care and other relevant local government services including housing.

The service will support the following:

3.2 The Care Act 2014

The Care Act aims to improve people’s independence and wellbeing. Local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need on going care and support.

3.3 Worcestershire Wide Strategies: Housing is important to everybody and is essential to achieving a good quality of life. This may mean something different to each of us and may vary throughout our lives but generally involves a safe, secure and affordable home with the right support. It is true that many people are able to solve their own housing issues without help and support from the councils and other agencies but the Worcestershire Housing and Homelessness strategies are about providing the right type of housing and support to those who need assistance.

3.4 Worcestershire Housing Strategy 2010 – 15 Vision - “The right home, at the right time, in the right place”

3.5 Worcestershire Homelessness Strategy 2012-2017 Vision - “To ensure that everyone has access to a place that they can call home, where they can close their door and feel safe”

3.6 Worcestershire Health & Well Being Strategy 2013-2016 Vision – “Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups whose health is currently poorest.”

3.7 Worcestershire Integrated Care and the Better Care Fund Plan

- Better Experience for service user, families and carers
- Service Users, families and carers at the centre
- Looking after ourselves and each other
- Care centred around your GP practice and the community
- Focus on Communities with the poorest health

4. Target Group

4.1 The Provider shall provide outreach support to people aged over 18.

4.2 The Provider shall provide support to any single person or childless couple who are found to be homeless in the Worcestershire County area, or who is living in their own accommodation within area but who is at serious risk of becoming street homeless and who requires support to maintain this accommodation which cannot be provided by other prevention services.

4.3 People being supported will be homeless or at risk of becoming homeless who will have varied needs, much of the focus of this brand new service will be aimed at prevention of homelessness at the initial contact. By ensuring we support people who are at risk of eviction, to maintain their tenancy we will prevent the individuals developing higher, more complex needs which may be more difficult to solve and which ultimately may lead to tenancy break down and rough sleeping.

4.4 The Provider will play a key part in the delivery of the county wide No Second Night Out (NSNO) protocol. It is also expected that the provider will ensure the promotion of the

service and dissemination of outcomes and best practice with stakeholders both within the county and across the country.

4.5 The Provider will support the individual to access mainstream services, however, the service shall actively engage with the person until a robust support mechanism is sustained to enable the person to manage in independent accommodation.

4.6 The Provider shall be proactive in encouraging the engagement of people who are reluctant to engage with Services. Understanding and dealing with challenging behaviour will be key requirements of the Service.

4.7 The Provider shall be actively involved in supporting the Severe Weather Emergency Provision (SWEP) each winter across Worcestershire. Please refer to Appendix A for current SWEP.

4.8 The Provider will ensure resources are to be targeted at those newly arrived to the streets. Entrenched Rough Sleepers are to receive a “light touch” service until ready to engage with more preventative services that will support them from the streets and into long term accommodation.

4.9 The Provider will work with the six Worcestershire district local authority housing options team to provide a streamlined proactive service for people at risk of rough sleeping who approach the respective teams.

5.0 Service Model;

5.0.1 The successful provider will be expected to deliver the following services for single homeless people and couples across the county. The service will focus on prevention activity first and foremost while still ensuring support is in place for those who have experienced homelessness. The Council also believes that those who have experienced homelessness can play a vital role in both developing services and supporting people currently at risk of homelessness, as such the service will see the launch of a peer to peer mentoring. All parts of the service specification will be expected to be met and providers are required to provide information on how they will meet each part of the service specification as part of the tender application

5.0.2 The service will work in partnership with local borough/district Housing Options Teams and will ensure that these teams are the gateways into service. Each local authority will be the fund holder for a Private Rented Sector Tenancy Access Service. The service will work in accordance with the Worcestershire Re-connection Policy and the Worcestershire No Second Night Out (NSNO) Standard.

5.0.3 The successful provider will be expected to ensure that barriers to a diverse range of accommodation options is prevented and that a range of both direct access and move on accommodation is available and suitable to meet the needs of customers accessing the service.

5.1 Single Point of Access for all individuals at risk of homelessness

- 5.1.1 Development of a working protocol between provider and Housing Options Teams for referral and assessment of those at risk of homelessness and to ensure comprehensive data is kept and reported back to appropriate housing option team on a quarterly basis.
- 5.1.2 A robustly managed entry and exit point for all customers via Housing Options Teams across Worcestershire.
- 5.1.3 Assessment and referral will be undertaken at point of entry by the Housing Options Teams. Referrals will be made to appropriate service/s and/or support provision to meet customer needs and this may include the need for accommodation. The point of entry for referrals will sit with each local authority Housing Options Team, with a focus on early intervention and prevention.
- 5.1.4 A countywide, clear and integrated, pathway will be developed working alongside statutory services such as health services, criminal justice system and other stakeholders.
- 5.1.5 The Single Point of Access will ensure the implementation of the “No Wrong Door” concept. The No Wrong Door Concept ensures customers will be able to access the right service, at the right time for their needs.
- 5.1.6 Integration alongside existing borough/district council housing options team and prevention services
- 5.1.7 Ensuring fair entry and exit for customers
- 5.1.8 To ensure fair access for customers across the county, the service will be required to ensure service delivery across the county.

5.2 No Second Night Out Outreach Service

- 5.2.1 The successful provider will be the key delivery partner of the countywide No Second Night Out protocol (Appendix C) and will ensure that the service is accessible 24 hours a day for 365 days of the year. Each local and borough local authority has a budget to support access to accommodation as part of NSNO arrangements that will be used to support this element of service delivery. This is currently £30 per night per person.
- 5.2.2 Delivery of prompt interventions that will enable people to access support services

- 5.2.3 The focus of rough sleeper outreach will be to work with those who newly arrive to the street. The service will provide clear rapid intervention that prevents prolonged periods of rough sleeping
- 5.2.4 To work in partnership with statutory and non statutory services to reduce the number of rough sleepers across the county with a performance target to be set annually.
- 5.2.5 To work in partnership with enforcement agencies.
- 5.2.6 To provide a flexible and assertive approach to supporting rough sleepers
- 5.2.7 Ensuring reconnection to point of origin for those with no local connection to the residing local authority
- 5.2.8 The successful service provider will deliver the countywide Severe Weather Emergency Protocol (SWEP) during the winter months. The respective local authority will be able to provide funding to support emergency accommodation. This is currently between £20 and £25 per night per person dependent on the local authority.

5.3 Homeless Prevention Support

- 5.3.1 The focus of this commissioned service will be to provide prevention activity and consequently resources must be targeted in line with this expectation.
- 5.3.2 The service is expected to provide support to individuals at the earliest opportunity to prevent tenancy breakdown or to prevent homelessness from other causes.
- 5.3.3 Short term outcome focussed community based support will be provided to individuals to prevent the risk of tenancies ending
- 5.3.4 Ensure individuals are diverted away from statutory services where appropriate.
- 5.3.5 Integrated pathways are developed and embedded across the county to ensure all stakeholders understand and can access prevention services.
- 5.3.6 Working in partnership with Registered Providers, Housing Options Team and other providers to develop an early warning system that triggers referral to prevention service provision
- 5.3.7 Intensive short term interventions that will support an individual to remain in current tenancy
- 5.3.8 Where appropriate, a tenancy relations service will be offered between a landlord and tenant to ensure tenancy sustainment. It is expected that support

such as outlining tenancy rights and responsibilities and payment plans will be delivered.

5.3.9 Signposting to specialist tenancy advice and guidance services.

5.3.10 Service delivery will be at times and places to meet customer need.

5.3.11 Homeless prevention support will work in conjunction with other homeless prevention pathways that operate across Worcestershire, this includes the Homeless Patient Pathway and Prison Transition project launched in early January 2016.

5.3.12 The causes of homelessness can often be complex, including relationship break down, death of a family member or partner, domestic abuse, family estrangement. The service is required to be flexible and be able respond to customer need at the point of entry.

5.3.13 The maximum length of service delivery is limited to 3 months per customer except in exceptional circumstances to be agreed by relevant local authority.

5.4 Tenancy Ready Floating Support

5.4.1 There is a requirement that the successful service provider will be able to provide a range of tenure options for single people and childless couples at risk of rough sleeping. The Council will not be prescriptive on types of tenure but this must be county wide.

5.4.2 Intensive support to those living in emergency or temporary accommodation

5.4.3 Needs based service delivery to those who have recently experienced homelessness

5.4.4 Outcome focussed support and via comprehensive needs assessment and support plan

5.4.5 Robust and structured support through a tailored “tenancy ready” training programme which is recognised by Registered Providers and Local Authority Rent Deposit Schemes etc.

5.4.6 Delivery of a Private Rented Sector (PRS) ready training programme. It is expected that once a customer has completed this training programme then they will be referred to the PRS access scheme at the local authority in which the local connection is held.

5.4.7 Specialist mental health provision must be accessed if required and provided to customers who require it

5.4.8 The successful provider is expected to have access to adequate levels of accommodation to meet the needs of those requiring direct access accommodation.

5.4.9 The maximum length of service delivery is limited to 6 months whilst the customer is living in emergency or temporary accommodation, except in exceptional circumstances to be agreed by relevant local authority. This will support move on arrangements to be planned for and arranged. Once rehoused, any further support required should be provided by the homeless prevention support element of the service.

5.5 Peer to Peer Advice and Guidance

5.5.1 Design and delivery of a toolkit that will allow direct peer to peer mentoring for homeless individuals

5.5.2 A programme of activities designed, led or delivered by people who have a personal experience of homelessness.

5.5.3 Provision of structured training and support for customers who wish to develop peer mentoring skills.

5.5.4 Accredited training where appropriate and achievable

5.5.5 Robust assessment and pathways development for customers who would benefit from peer to peer advice and guidance

5.5.6 Customer and volunteers will be protected via robust safeguarding and risk management

5.5.7 The maximum length of service delivery is limited to 6 months per customer except in exceptional circumstances to be agreed by relevant local authority.

6 Geographical coverage

6.1 The service will be expected to meet the needs of single and childless couple homeless people across the county. Although The Council does not wish to be prescriptive on location of accommodation / office base, it is expected that the provider will ensure equality of access across Worcestershire and details of how this will be achieved must be included in the provider tender submission.

7 The Service days of operation and hours

7.1 The Council do not wish to be prescriptive on the hours of operation as the provider should demonstrate how staffing availability will follow expected customer need. It is expected that the successful provider will undergo consultation with customer and stakeholders on a minimum of a bi-annual basis on hours of operation.

8 Partnership working

8.1 The Provider will be expected to work in partnership with a range of statutory and non statutory partners across Worcestershire, including but not limited to: local authorities Housing Options Teams, Probation and Community Rehabilitation Companies, NHS Primary Health Care Trusts, Mental Health Trust, voluntary sector providers, Police and Ambulance services, voluntary sector partners, Registered Providers and private landlords

8.2 The provider will work with local authorities across Worcestershire to develop and promote an agreed set of working principles for homeless services to deliver a unified and consistent agency approach to addressing the needs of homeless people. The service will champion the approach and be the key voluntary sector partner in ensuring that these are shared across the county encouraging and supporting other services to sign up to the principles.

8.3 The Provider shall participate in information sharing through various forums established to support the Worcestershire Homelessness Strategy, including the Countywide Homelessness Forum, the "Critical 10" Forum, Accommodation Providers Forum, Early Help and Intervention Forum, key local meetings.

8.4 The Provider shall participate in clinical meetings and liaise directly with Mental Health professionals as necessary. It should co-ordinate case conferences where it is best placed to be the lead agency for any particular customer. Where local arrangements are established addressing vulnerable person issues, these should be utilised by the provider e.g. Wyre Forest Vulnerable Adults Panel.

8.5 The provider will develop a working protocol (how to pass on referrals/ people being supported) between its service and the work of the Mental Health Trust. A key component will be ensuring that customers get the Mental Health support they require.

8.6 The Provider shall establish clear systems for information sharing for customers to ensure robust support planning and appropriate risk management.

8.7 The Provider shall play a key part in assisting the Council to identify sources of accommodation for SWEP across the winter months.

9. Support Planning and Risk Management

9.1 The provider is first and foremost expected to work in partnership with the customer to deliver a service that meets the needs of the individual and not the provider. The provider will work in partnership with the customer to set achievable goals and outcomes to support the customer to achieve their hopes and aspirations while in service.

9.2 The service will follow a “No Rejections” ethos. When an appropriate referral is made then the provider is expected to ensure the customer is given a service that meets their needs for that time in the life, this will be called the “single service offer”. A comprehensive list is to be kept and sent to The Council outlining when a customer did not receive a service after referral, reason for rejection and service signposted to. The Council reserves the right to insist on acceptance of service if it is considered that the service can meet the needs of the customer. If agreement cannot be reached the Council will follow a dispute resolution pathway.

9.3 The provider will have robust safeguarding measures in place to ensure the safety of customers, staff and the public at large.

9.4 The Provider shall work to deliver the outcomes as identified in the individual’s support plan that the Provider shall write. This shall be based on the person’s needs and will come from discussions with the service provider, person being supported and the referring agency. The aim is to develop independence and secure appropriate, sustainable accommodation and not to create dependency on the Service.

9.5 The provider is required to complete a needs and robust risk assessment with the customer within 72 hours of customer sign up. The needs and risk assessment will be comprehensive and involve all agencies working with the individual. This will form the basis of the support delivered in partnership with the customer.

9.6 The Provider shall ensure that processes are in place to deliver the support service in the most effective way. This support plan shall include timescales and dates for regular reviews of the Support Plan. It is accepted that such support planning may be challenged by the degree of engagement that the customer is able to undertake. Principles for recovery, empowerment and supporting independence will underpin the support plan process. This shall include processes for ensuring that:

9.7 Support plans are to be appropriate and needs-led,

9.8 That strong partnership working exists to ensure that support is delivered by the most appropriate agency and that efforts are not duplicated,

9.9 The workers are supervised and supported in their work.

9.10 The service can work innovatively to ensure that plans are personalised by taking account of the individual’s goals and aspirations in order to maximise customer engagement.

9.11 The Provider shall make an assessment of the Customer’s needs in order to agree a support plan with the Customer that shall help the Customer take a holistic view of their life.

This can include:

9.12 Engaging with appropriate help to address their physical, mental health and substance misuse needs.

9.13 Support the customer to access appropriate support for their physical and dietary needs.

9.14 Finding a resolution to their accommodation needs.

9.15 Addressing other practical difficulties such as claiming appropriate benefits.

9.16 Assisting customers to access appropriate social inclusion activities including work or training opportunities.

Schedule 2 Performance regime

Part 1. KPIs

The Provider will be expected to report on outcomes achieved on a quarterly basis. End of quarter data for leavers will record if outcome has been successfully met. i.e. numbers who successfully reduced debt in comparison to numbers who needed support to reduce debt. Providers will also be expected to report on length of service provided for those customers currently receiving the service.

Number prevented from rough sleeping in line with No Second Night Out protocol

Number supported to maintain accommodation by type of tenure

Number supported to access accommodation by type of tenure

Primary reason for homelessness

Secondary reason for homelessness

Referral source

Number of customers assessed within 72 hours of referral

Data on age, sex, ethnicity

Local connection / point of origin by Local Authority area

Customers reconnected with point of origin

Description of acceptance/rejection

Number who needed support with mental health issues

Number who needed support with physical health issues

Number of people accepted into service

Number of people moved out of service

Length of time each customer has been in service at end of quarter

Type of service being received

Numbers who need support to maximise income

Number who needed support to manage their personal budget and reduce debt

Number who needed support to access primary health care services

Number who needed support to reducing offending behaviour

Number who needed support to reduce weight

Number who needed support to stop smoking

Number who needed support to manage substance misuse issues

Number who needed support to address and understand the dangers of self harm / harm to others

Number who needed effective support to prevent use of statutory homeless services

Number who took up Single Service Offer/ Number who declined Single Service Offer and the reason for this

Number prevented from accessing social care services

Number of complaints and safeguarding issues per quarter

Case studies of successful outcomes and learning

Number of customers experiencing a positive improvement in their health and wellbeing as a consequence of support (methodology for collecting this to be agreed with successful provider)

Reduce or eliminate attendance at A&E other than for an accident which is assessed as unpredictable or unlikely to have happened.