

GREATER LONDON AUTHORITY

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2327

Title: Rough Sleeping Mental Health Pilot – Consultant Project Manager

Executive Summary:

Approval is sought to contract Imperial College Health Partners (ICHP) to project manage the implementation stage of the Rough Sleeping Mental Health Pilot in a consultancy capacity. ICHP have been leading on the design stage of this initiative and extending their work to include the implementation of the project will help ensure that it successfully delivers on its aim of improving mental health provision for people sleeping rough in London.

Decision:

That the Assistant Director -Housing approves:

Expenditure of £15,000 to contract Imperial College Health Partners to project manage the implementation stage of the Rough Sleeping Mental Health Pilot.

AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT

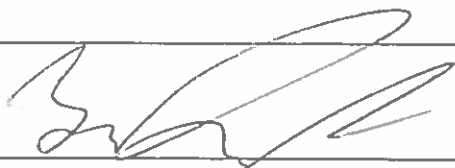
I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.

It has my approval.

Name: Jamie Ratcliff

Position: Assistant Director - Housing

Signature:



Date:

5/3/19

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1. Charitable organisations which provide homelessness services in London have consistently highlighted that they often cannot access mental health treatment and support for their clients. In 2017/18, half of all people sleeping rough in London were recorded on CHAIN as having mental health support needs – making it the most prevalent support need amongst rough sleepers. However, outreach teams report that the support and treatment people need is often not available to them. This problem is particularly acute in those areas which do not have specialist mental health provision for rough sleepers; such services are currently available in only a small number of London boroughs.
- 1.2. London's homeless outreach teams have identified a need for greater input from mental health professionals to enable them to better support people with mental health issues to leave rough sleeping. They have also highlighted that when they do support people to into a hostel or other form of accommodation, their unmet mental health needs can often mean that they quickly return to the streets. Greater input from mental health practitioners would have huge benefits for people sleeping rough. One of the outreach providers in London, St Mungo's, currently has a mental health practitioner from the local NHS mental health trust embedded into its Tower Hamlets outreach team. It has demonstrated the successes this has had in supporting more people to improve their mental wellbeing, leave the streets and prevent them from return to rough sleeping.
- 1.3. To facilitate outreach services to better support people sleeping rough who have mental health issues, the Mayor has earmarked £1.25m for a project to help this group of rough sleepers. He has also secured £1.1m funding from the Government, which it is intended will be combined with the £1.25m to expand the reach of the project. It will seek to fill the gaps in mental health provision for rough sleepers and greatly increase the number of people who have access to such services. It will also seek to make existing mainstream mental health services more accessible for people sleeping rough. As it will work in several London boroughs, there will be a number of recipients of this grant funding.
- 1.4. The GLA contracted a consultant, Imperial College Health Partners (IHP), to project-manage the design of the project. Their work on the design phase has been underway since the end of January. During the tender process, those making submissions were also asked to include proposals and costs for project managing the implementation stage. It has now been concluded that the initiative would greatly benefit from dedicated project management of its early implementation. Approval is now being sought to expend £15,000 on this, so that the contract with IHP can be extended to also include the implementation stage.
- 1.5. During the implementation phase, the project manager will support the funding recipients to deliver the specialist mental health support, including assisting them with recruitment and helping them to effectively embed the model in the borough. They will lead on the early operation of the programme at a London-wide level, ensuring that local services are tailoring the model to meet the needs and circumstances in different boroughs, but that there also is coordination in the overall approach across the city. They will facilitate the partnership working between mental health and homelessness services which will be crucial to the project's success and ensure that robust monitoring and evaluation systems are in place.
- 1.6. Imperial College Health Partners were chosen to provide the project management of the design phase through a competitive tender process, in line with GLA's Contracts and Funding Code. Their proposal for the implementation phase also scored highest on the evaluation framework, therefore the Rough Sleeping Team at the GLA are satisfied that extending the contract to include the implementation phase represents value for money.

2. Objectives and expected outcomes

- 2.1. The funding will help ensure the successful implementation and delivery of the initiative, which it's envisaged will have the following annual impact across London:
- Engage and complete work around mental health with 800 people;
 - 400 people leave rough sleeping;
 - 300 people engaged with a community mental health service for the first time;
 - 450 people connected with primary care services; and
 - Mental Health Act assessment completed with 100 people.
- 2.2. It is expected that the initiative will also have the following benefits:
- Improve staff skills and knowledge around supporting people with mental health needs in the homelessness sector throughout London;
 - Improve collaboration between statutory mental health services and the voluntary sector;
 - Create toolkits, guidance and documentation which can be used by staff in the mental health and homelessness sectors on an ongoing basis; and
 - Create a London-wide plan for continuing rough sleepers' increased access to mental health services following the end of the funding for this initiative, with local proposals from trusts/boroughs and input from central government.

3. Equality comments

- 3.1. Under section 149 of the Equality Act 2010, as public authorities, the Mayor and GLA are subject to a public-sector equality duty and must have 'due regard' to the need to (i) eliminate unlawful discrimination, harassment and victimisation; (ii) advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and (iii) foster good relations between people who share a relevant protected characteristic and those who do not. Relevant protected characteristics under section 149 of the Equality Act are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership status (all except the last being "relevant" protected characteristics).
- 3.2. Of those seen rough sleeping in 2017/18:
- 46 per cent were non-UK nationals;
 - 50 per cent had a mental health need;
 - 15 per cent were women;
 - Most of those seen rough sleeping (56 per cent) were in the 26-45 age group;
 - Eight per cent were under 26 years old;
 - 11 per cent were over 55; and
 - 11 people were under 18.
- 3.3. As rough sleepers are over-represented among those with the protected characteristics of race and disability, the proposals in this paper are likely to have positive impacts on these groups. Given that

this project is focused on improving mental health support for those on the streets, it will have a very positive impact on this group.

4. Other considerations

Key risks and issues:

Risk description	Rating	Mitigating action
Imperial College Health Partners (IHP) are unable to successfully engage mental health trusts in the project, impacting on their ability to support outreach services to implement the model	Medium risk	The GLA Rough Sleeping Team has begun facilitating meetings with senior staff in each Trust area to assist with gaining support for the project. IHP have strong links with two of the mental health trusts which the project will cover, which will assist in securing their support. They also have a strong track record of engaging other NHS trusts in similar projects and a clear approach for how this will be achieved.
The timeline considerably slips due to complex nature of the work, leading to reduction in budget from the Government	Medium risk	IHP have established a clear and realistic project timeline which allocates sufficient time to required tasks for the project to be swiftly implemented.
The number of rough sleepers with mental health needs may reduce to the point where the services are no longer required, or required at the levels envisaged, or the nature of rough sleeping may change, making the services and projects less relevant	Low risk	The GLA Rough Sleeping Team constantly monitors the rough sleeping landscape, through detailed quarterly CHAIN report and through strategic and operational interactions with key stakeholders from boroughs, service providers, central government and others (including through the Mayor's No Nights Sleeping Rough Taskforce). As part of the design stage, IHP are conducting a comprehensive needs and assets analysis, drawing on a wide range of different data to ensure that they support the design of local models which meet the specific needs in each area.

Links to Mayoral strategies and priorities:

- 4.1 The objectives of the proposals are in line with the pan-London Rough Sleeping Commissioning Framework priority 8 and priority 9, as well as the Mayor's London Housing Strategy which includes a commitment to *'fund and commission a range of pan-London services and other initiatives. These will focus on identifying rough sleepers and intervening rapidly to support them off the streets, providing specialist support for particular groups, and helping rough sleepers stay off the streets.'*
- 4.2 The objectives of the proposals are also in line with key aim 2 in the Mayor London Health Inequalities Strategy that *'All Londoners to share in a city with the best mental health in the world',* so that there *'is an end to the stigma people face due to mental health problems.'*
- 4.3 The project is also in line with the Mayor's priorities, outlined in Chapter 4 of his Rough Sleeping Plan of Action ("The support people need to rebuild their lives")

Impact assessments and consultations

- 4.4 The pan-Rough Sleeping Commissioning Framework was made available for consultation with key stakeholders and partners and was subject to a full equalities impact assessment. The London Housing Strategy has been subject to a full-integrated impact assessment and statutory consultation with the

public was recently undertaken. The Mayor's Rough Sleeping Plan of Action was based on a robust data and feedback gathering exercise from a wide range of sources and parties.

5. Financial comments

- 5.1 This decision seeks approval for expenditure of up to £15,000 to contract Imperial College Health Partners to project manage the implementation stage of the Rough Sleeping Mental Health Pilot.
- 5.2 The expenditure will be funded from the MHCHLG mental health funding and will be spent in 2018/19 financial year.

6. Planned delivery approach and next steps

- 6.1. Planned delivery timetable is as follows:

Deliverable	Completion target
Delivery workshops	March 2019
Implementation project plan, risk register and budget	April 2019
Establish governance structure	April 2019
Evaluation design	April 2019
Recruitment to roles	May 2019
Management of early delivery	May 2019

- 6.2. The GLA will monitor the deliverables produced by ICHP on a bi-weekly basis to ensure the project is being delivered as planned.

Appendices and supporting papers:

None.

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral

Is the publication of Part 1 of this approval to be deferred? NO

If YES, for what reason:

Until what date: (a date is required if deferring)

Part 2 - Sensitive information

Only the facts or advice that would be exempt from disclosure under FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form - NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

David Orton has drafted this report in accordance with GLA procedures and confirms the following:

✓

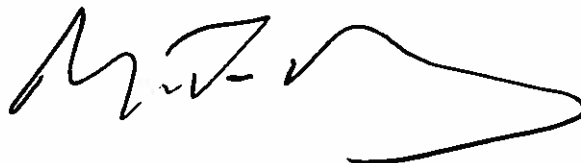
Corporate Investment Board

This decision was agreed by the Corporate Investment Board on 4 March 2019.

ASSISTANT DIRECTOR OF FINANCE AND GOVERNANCE:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature



Date

04.03.19