

SPECIFICATION: DETAILS OF REQUIREMENTS

Specification for **Together Link Workers**

Atamis Reference Number: **C302479**

Deadline for receipt of Tenders to be received: **08/11/2024 1PM**



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Introduction

Sheffield Children's NHS Foundation Trust has made a commitment to addressing health inequalities, including reducing poverty and increasing community engagement, in the 5-year clinical strategy.

We are guided by the vision in our [Clinical Strategy](#) and the [NHS Core20Plus5](#) framework.

To address Health Inequalities, we have developed 'Together - Link Worker model'. Our proposed model would identify children, young people and their families whose health outcomes could be significantly improved if someone 'walks with' them to address the issues they identify. There are many partner services provided by both statutory and Voluntary Community and Social Enterprises' who can help but navigating these is often overwhelming. 'Together Link Workers' would provide a trusted person to help navigate, advocate and listen. This intensive support is innovative, taking a long-term approach.

Clinical Strategy Vision

"We will actively seek to minimise the impact of Health Inequalities on mental and physical health every time a family interacts with us to improve experience, access, and outcomes. We will work with partners to address the root causes of inequalities and invest where the need is greatest."

Aim 3;

We will work with partners at city and regional level to work on the wider determinants of health. Within Sheffield Children's NHS Foundation Trust, we will remove the barriers to access and decrease the costs of visits to all our services for those most in need. Including; working with the voluntary and community sector to connect over 500 families with a range of community wellbeing support to address individual needs, including income maximisation and health creation activities.

Aims, Challenges and Outcomes

Thinking outside the box means thinking outside our organisation. We will work with community partners who have expertise in the exact issues that worsen health inequalities, housing, debt, lifestyle, employment and much more. This model draws together best practice and seeks to address the gaps; providing family focused, holistic intensive support identified through paediatric secondary care.

'Together' **aims** to take the Link Worker model into secondary care creating a new level of intensive support and testing out the idea in 3 service areas aligned to the NHS Health inequalities Strategy for Children and Young People – CORE20plus5:

- Regular Emergency Department (ED) attendances - affecting the CORE 20% most deprived

- Children on the Dental Extraction pathway – focused on 1 of the 5 clinical priorities, oral health
- And those who have Long-Term Complex Medical Needs – 1 of our locally identified inclusion groups (plus5) including those with Learning Disabilities and Autism

Within each of these pathways there are specific **challenges** posed by the impact of poverty and other social determinants. For those attending the Emergency Department regularly there are challenges relating to accessing services, health and digital literacy, language needs, as well as the impact of poor housing, food and fuel poverty directly on health outcome such as respiratory conditions and home safety. For those on dental extraction pathways this is often an indication of other factors including nutrition and physical exercise, that lead to poor health. Families who have children with long term medical complexities often have multiple physical and neurological needs which impair everyday functions and require specialist and intensive around the clock care. This affects whole families including the ability to work, the impact on housing and social isolation. There is a wider impact on school attendance and mental health and wellbeing for all families across all pathways.

We expect the **impact** to be wide ranging but to include the below elements:

- Each family's confidence and skills to self-advocate will have improved by 20% from their baseline measure.
- Improve financial wellbeing of every family who identify this as a goal through access to benefits and other support.
- Improve health literacy, including navigation of health care and ability to manage child/young person health conditions for all families.
- 50% reduction in Emergency Department attendances by cohort of families supported by Link Workers within the Emergency Department pathway.
- Improved holistic oral health wellbeing for Children and Young People supported by Link Workers embedded in the Dental Extraction pathway.
- Improved school attendance where this has been identified as a goal by families.

Link Worker Service Definition:

Identification and referral process:

Families will be offered Link Workers based on the below draft criteria:

- Child or Young person is under/connected to Sheffield Children's NHS Foundation Trust either due to
 - regular attendance at the Emergency Departments
 - within the Dental Extraction pathway or

- has long-term complex medical needs
- Indication that poverty is directly impacting Child or Young Persons health outcomes (seen in food poverty, poor housing, low access/attendance rates etc)
- Does not require Level 4 on the threshold of need scale for safeguarding



Based on the above criteria the offer of a Link Worker is made to a family and then the below pathway is followed. It is worth noting this is an offer made to a family and they are free to say yes or no. This will not impact any other care they receive. It is an open offer for at least an initial conversation, this could be whilst attending a service, being an in-patient, on the phone or in person within 24 working hours of a request being made.

Shape of Service Offer:

Once an initial conversation has been held and a family are keen to continue, the first step is a gentle 'getting to know you assessment' process using the Outcomes Star tool with potentially both the parent/carers and the child/young person. This enables the family to talk about what matters to them and what goals they want to set. A summary of the whole pathway is described below.

Step 1 - Identification & Consent	Step 2 - Baseline Appointment(s)	Step 3 - Initial Goals delivery	Step 4 - Follow-up Re-Assessment	Step 5 - Ending Well
<ul style="list-style-type: none"> • Clinician offer 'Together' to family (based on defined criteria) • With consent Clinician contacts LWs • Request sent to Link Worker (LW) 	<ul style="list-style-type: none"> • LW and family assess areas of need using tool • Co-designed goals with family 	<ul style="list-style-type: none"> • Working with family on initial goals • Building trust through regular contact (every 2 weeks) 	<ul style="list-style-type: none"> • LW reassesses areas of need using tool at 3 and 6 months • Continues to work on goals set 	<ul style="list-style-type: none"> • Between 9-12 months support on goals ends • Final assessment using tool

Each Link Worker offer is made for up to 12-months and there will be periods of greater involvement and subsequent actions during this time. However, it is expected that as a

minimum, there is contact time with each family between every 1-2 weeks, unless the family specify an alternative preferred frequency or method of contact. Whilst phone contact is valuable it is expected that a significant proportion of contact time is spent in person between Link Workers and families.

So, what do Link Workers do?

Once the assessment tool and goal setting are complete, the Link Workers role is to help the family to reach those goals. This should be finely balanced so that the family are able to lead, build capacity for taking action and enabling first steps whilst recognising when support, advocacy and action are required by the Link Worker.

The below examples have been written to give some examples of the kinds of work/services Link Workers may do:

- Support the family to find and register at a dentist.
- Find age-appropriate resource to support dental hygiene and introduce these to the family.
- Go with the family to buy dental care products using the access fund.
- Work with the family to create a healthy meal plan – contact experts for advice if needed to do this.
- Support with applications for housing improvements and changes.
- Contact Landlord regarding housing concerns.
- Advise family on how to escalate housing concerns and work with them to contact Citizens Advice services.
- Help the family to declutter.
- Work with Citizens Advice to ensure all benefits are being claimed.
- Help the family to find a table so they can sit together and eat.
- Enable behaviour work in schools to take place – talking with schools and other professionals to advocate for the family.
- Support with the completion of EHCP process and help in navigating the process.
- Attend transition meetings with the family to advocate and help them understand.
- Accompany family on visits to local amenities.
- Help get children both registered with a dentist and attending regular check-ups.
- Support family to attend local outdoor activities to improve wellbeing and connectedness.
- Take family on wellness walks with community groups.
- Visit local toddler groups with parents.
- Work with local charity group to get toys/clothes/beds etc for family.
- Ensure family get travel access support so they can attend health appointments.

Over time:

At 3-, 6- and 9-month intervals the Outcomes Star assessment tool is reviewed, this enables families to see how they have progressed with their goals, to set new ones and to compare how far they have changed from their initial baseline assessment. These tools should be seen as a conversational trust building framework not a performance measurement tool.

Supplier Responsibilities include, but are not limited to:

- Deliver a Link Worker service within three defined pathways (Emergency Department, Dental Extraction and Long-Term Complex Medical needs).
- Deliver a Link Worker service that reflects an intensive level of support for families with an average case load for a full time Link Worker being between 15-20 families per annum. Precise numbers will depend on the caseload complexity and will be reviewed regularly.
- Each family can access up to 12-months support depending on need and goals set. Over this time, we expect trust to be built as well as capacity and capability so that the family are more able to independently seek help in the future (see below information on Link Worker Process). This may include a tapering of support from around 9-months depending on each situation.
- Ensure that Link Workers are organised effectively and have the necessary expertise for the pathways they will be working within.
- For the Emergency Department pathway, the supplier needs to recognise that there is an over representation of global majority populations. 14,729 Emergency Department attendances last year were by children who were brought more than 5 times in the year. 59% of these were from the poorest 20% of the city. 43% were from Black, Asian and other European communities (non-white British), which is an over-representation by 22.2% of the Sheffield non-white British population which stands at 20.9%.
- The supplier will need to ensure established approaches to bridging language and cultural navigation especially within the Emergency Department pathway. Sheffield Children's highest demand languages are Arabic, Slovak and Urdu.
- The supplier will need to consider the nature of this cohort of children with Long-Term Complex Medical needs as they who are spread across South Yorkshire. This will have an impact on travel as well as knowledge and access to local support.
- To use the Outcome Star assessment tool <https://www.outcomesstar.org.uk/> to support goal setting with families and undertake reviews at 3- 6- and 9-month intervals and at the end of working with families. Licenses and training for the Outcomes Star tool will be provided for all pathway Link Workers by Sheffield Children's NHS Foundation Trust as part of the provider commitment.
- Ensure that the approach to supporting families is family led and focused on what matters to them. The goals they set and support they get to meet these goals should be holistic.

- Provide line management for Link Workers and any associated support (including one to ones, supervision, appraisal, well-being support and opportunities for training and professional development).
- Manage travel reimbursement, expenses and training costs for Link Workers activities.
- To ensure all Link Workers have Safeguarding level 3 (or booked on this within 3-months).
- Provide a key contact to liaise with throughout mobilisation of the project to ensure that the service is set up effectively with operational activity defined and agreed and deliverable within a 3-month period before the service launches. This will include data sharing agreements and other protocols.
- Provide a Link Workers service within the aggregate budget envelope of £396,000. This budget covers a 2-year delivery programme and a 3-month mobilisation period across all pathways. The costed provision should include a 3-month set up phase (January - March 25), the trained Link Workers, appropriate management, administration, supervision, contract management and other associated costs, (with the exception of a dedicated discretionary 'budget busting' fund).
- Manage a discretionary fund 'budget busting' resource. The budget for this resource is up to £2,000 per pathway, per annum. This discretionary fund should be used to support families' specific needs either for basic equipment that cannot be sourced elsewhere or to enable access to other social prescribing opportunities or involvement. Reporting against this spend will be required.
- It is the supplier's responsibility to plan for uplift and the impact of inflation over the course of the 2-year contract.
- To work collaboratively with Sheffield Children's NHS Foundation Trust to enable Link Workers to hold honorary contracts, which will include the provision of enhanced DBS checks.
- Work collaboratively with Sheffield Children's NHS Foundation Trust colleagues in each of the pathways, both clinical and managerial, to understand the service, family's needs and establish ways to identify families who may benefit.
- Work collaboratively with Citizens Advice Service (CAS) provision through Sheffield Children's NHS Foundation Trust on behalf of families as needed.
- It is currently envisaged that the Link Workers will be present at times within Sheffield Children's/various sites but will also be meeting families in places agreed by them including homes. A lone worker policy will therefore need to be in place.
- Clear systems and processes to enable Sheffield Children's NHS Foundation Trust to refer eligible children and their families. This will include some clear key performance indicators such as expected response times and time taken from request to initial conversation with a family. These indicators will be agreed collaboratively between Sheffield Children's NHS Foundation Trust and all suppliers during the set-up phase.

- To identify, in collaboration with CAS, families who meet the Building Successful Families criteria and to log the support given to these families on Liquid Logic.
- Appropriate systems for record keeping that also work within the confines of the Trusts confidentiality policy.
- To provide a senior contact who can provide support for any issues or concerns. In the event the person identified is unable to perform this role an alternative person will be provided.
- Provide contingency plans in case of extended absence or absenteeism, ensuring that a family's experience with a Link Worker is consistent, negating rotation.
- Provide agreed quarterly report metrics to look both at the delivery of the service and the potential impact. Metrics may be developed over time, especially in the light of research and/or evaluation work. Reporting using metrics from Star tool, basic family feedback and the provision of case studies will be expected within the contract. Any additional evaluation requests will be supported/funded separately.
- Agreed communications plans, considering both the sensitive nature of the service and the impact that 'stories' make. This will include the provision of case studies to report to charity funders on a regular basis.

The Trusts Responsibilities

- Set up and manage honorary contracts for all Link Workers employed by the supplier – including the provision of ID badge/access.
- Provision of a laptop, phone and IT support for each Link Worker
- Provision of an NHS email address to enable easy communication with NHS employees.
- Provide a point of operational contact for each pathway will be provided.
- Provide a point of contact for issues and strategic/contract conversations will be provided.
- Provision of a suitable induction/orientation programme to support the integration of Link Workers.
- To provide hotdesking space while at the hospital sites to enable connection with pathway teams and other services.
- Provide the necessary mandatory training.
- Provide basic health promotion training such as understanding oral health messages or how to give Very Brief Advice (VBA) on smoking.
- To work with suppliers to set up Data Sharing agreements.
- To purchase licences for the Outcomes Star tool chosen for Link Workers to use in conversations with families.
- Provide access to the training on using the chosen Outcomes Star tool provided by the licensing organisation, Triangle.
- Support the provision of training on using Liquid Logic portal for recording Building Successful Families activity provided with Sheffield City Council counterparts.

- To organise and provide access to the 2-day Health Coaching PCI accredited course, provided by Peak Health Coaching and funded by Sheffield Children's.
- To identify families who may benefit from a Link Worker in line with the agreed criteria.
- To provide assistance to Link Workers with engaging with eligible families with Link Worker and building trust.

Relevant legislation

- Employment Legislation
- Modern Slavery Act (2015)
- General Data Protection Regulation (GDPR) 2018
- Bribery Act (2010)
- Equality Act (2010)
- Chronically Sick and Disabled Persons Act (1970)
- Housing Grants, Construction and Regeneration Act (1996)
- Care Act (2014)
- Freedom of Information Act (2002)
- Human Rights Act (1998)
- Children Act (1989)
- Children Act (2004)
- The Children and Social Work Act (2017)
- Children and Young Persons Act (2008)
- Care Standards Act (2000)
- Children and Families Act (2014)
- Safeguarding Vulnerable Groups Act (2006)
- Health and Safety Act (1974)

Complaints and Incident Management

- All parties should work to resolve operational challenges and issues collaboratively as soon as they occur.
- Complaints made by the Link Workers about Sheffield Children's NHS Foundation Trust colleagues should be made to the contract manager, who will investigate within 5 working days, providing escalation where necessary.
- Complaints made by Sheffield Children's NHS Foundation Trust colleagues about Link Workers should be made to the contract manager initially, who will work with the Supplier lead to investigate within 5 working days, providing escalation where necessary.
- Any complaints by patients/families should follow the Trusts normal complaints process.



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- The Supplier is required to report any incidents which occur whilst undertaking the Contracting Authority duties, no matter how minor, to the Contracting Authority as soon as they occur.
- In addition to its own procedural requirements, the Supplier must also comply with any actions requested by the Contracting Authority following the occurrence of the incident. The Contracting Authority has a statutory duty to record all incidents through the Datix Reporting Form.
- If requested by the Contracting Authority, in the event of a Major Incident, the Supplier will be expected to participate in the Contracting Authority's emergency plans. This will require the co-operation of both parties to meet the demands of the situation.

Performance and Contract Management

- During the first 3-months of the contract, work to deliver initial contact with families who are offered the service within 24 working hours.
- Informal delivery meeting to be held monthly initially for the first 3-6 months, to ensure good working practices and develop improvements.
- At 3-months, review KPIs and ensure that evidence is provided to support delivery of these KPIs.
- Formal contract management meeting to be held every 3-months. Notice of any required improvements will be provided within specific timescales as discussed within the regular review meetings.
- Operational and Learning Forums to be held every 3-months across all pathways to evaluate the impact of link workers.
- Establish routine family listening and feedback to inform performance and contract management.

Monitoring Information

See KPI table below. These are to be reviewed and either added to or amended after 3-months as agreed within the contract management meetings.

KPI	Method for KPI measurement	Target achievement for KPI	Frequency
Deliver an intensive wrap-around support Link Worker service to families within all clinical pathways.	Management information	15-20 Families Per Annum	Monthly

Percentage of Link Worker's time spent directly with families within the outlined clinical pathways.	Management information	40-50%	Monthly
Percentage of responses to requests/referrals responded with the minimum of a phone call within 24 working hours.	Management information	90%	Monthly
Percentage of positive feedback from families who have been engaged rating the service as good/excellent.	Management information	80%	Quarterly
Resolution of complaints and incidents including completion of the relevant Trust's incident report form within 5 working days.	Management information	100%	Monthly
Percentage of families continuing to receive a Link Worker service after initial contact or an in-depth conversation with a Link Worker.	Management information	80%	Quarterly
Percentage of families supported in any pathway to be from IMD 1&2 2 (Index of Multiple Deprivation – 20% most deprived).	Management information	75%	Quarterly
Percentage of families supported within the Emergency Department pathway to be from Non-white British/Global Majority.	Management information	40%	Quarterly
Compliance with requirement to record relevant data with agreed format.	Management information	90%	Monthly

Certification, Qualifications, Competencies Training and Policy Requirements

- Enhanced DBS provided via honorary contract process
- Safeguarding Level 3
- Trauma informed training
- Training on using Liquid Logic portal for recording Building Successful Families activity provided
- Training on using the Outcomes Star tool provided by Triangle and funded by Sheffield Children's
- Health Coaching – PCI accredited 2-day course, provided by Peak Health Coaching and funded by Sheffield Children's

Business Continuity Plan

Over the course of the first year a research/evaluation plan will be developed to support business continuity, as well as the provision on impact data and case studies to the Charity to support expansion and development.

Supplier to submit a copy of their own Business Continuity Plan to show how they plan to maintain or resume business functions in the face of disruption.

ICT, Networking Requirements, Access to The Trust Systems

A data sharing agreement will be established and with honorary contracts in place network access will be possible. Access will not be required to any clinical systems.

Information Governance

The supplier will have access to some personal data and therefore Data Protection Legislation will apply. Patient contact details will be shared with Link Workers, with consent recorded in clinical notes by a clinician.

A data sharing agreement will be established and with honorary contracts in place network access will be possible. Access will not be required to any clinical systems.

Social Value

- The contract enables greater connectivity with Voluntary Community Social Enterprises across the city and enhances the organisations understanding of this sector
- The ability to provide support for families directly reduces our travel footprint and increases our commitment to sustainable healthcare and the climate crisis
- Understanding of the impact of social determinants on health and increasing health literacy in households, which spreads to neighbourhoods and communities impacts the health and wellbeing of more children, young people and their families

Sustainability & Ethical Supply

- We actively encourage all suppliers to consider their impact on climate change and sustainable production. Evidence of understanding this and attempting to minimise their impact on delivery models is welcomed.
- We actively encourage all suppliers to consider their impact on all aspects of healthy living – physical, mental and environmental (physical activity, healthy nutrition, immunisation, oral health, sleep, avoiding harmful substances and mental

health and wellbeing). Evidence of understanding this and amplifying this in delivery models is welcomed.

Obligations for the last 6 months of the contract period

- **Transition Assistance:** The Supplier shall provide transition assistance to facilitate a smooth handover of any residual responsibilities to the Trust or any designated party. This may include transferring relevant documentation, providing training or awareness, and offering guidance on ongoing matters.
- **Final Reporting:** Within 30-days after the contract expiry date, the Supplier shall deliver a final brief report outlining the contracts outcomes, actions taken, achievements, and any pending or recommended actions for the Trust's consideration.
- **Document Transfer:** The Supplier shall transfer all relevant documents, records, and data pertaining to the project to the Trust or any designated party in a secure and organised manner. This includes invoices, receipts, correspondence, and any other contract documentation.
- **Confidentiality and Data Protection:** The Supplier shall continue to uphold confidentiality and data protection obligations concerning any sensitive information or proprietary data obtained during the course of the project. All Trust-related information shall be securely managed and, upon request, returned or securely disposed of in compliance with data protection regulations.
- **Post-Contract Support:** The Supplier shall offer reasonable post-contract support to address any queries, concerns, or follow-up requirements from the Trust within a specified period (to be agreed) after the contract expiry. This support may include responding to inquiries and providing clarifications.