


REPORT TO CABINET

14 October 2020

Subject:	Assertive Outreach for treatment resistant individuals
Presenting Cabinet Member:	Councillor Shaeen, Cabinet Member for Living Healthy Lives
Director:	Lisa McNally, Director of Public Health
Contribution towards Vision 2030:	
Key Decision:	No
Cabinet Member Approval and Date:	Yes
Director Approval:	Yes
Reason for Urgency:	Urgency does not apply
Exempt Information Ref:	Exemption does not apply
Ward Councillor (s) Consulted (if applicable):	Boroughwide
Scrutiny Consultation Considered?	Scrutiny not consulted
Contact Officer(s):	Mary Bailey

DECISION RECOMMENDATIONS

That Cabinet:

Approve a variation to the current Adult Alcohol and Drug Service contract to include assertive outreach capacity for treatment resistant individuals for a period of 4 months, from 1st February 2021 to 31 May 2021 for the total value of £35,560.00

1. PURPOSE OF THE REPORT

- 1.1 For Cabinet to consider a recommendation for Public Health to vary the existing Alcohol and Drug Service contract to provide funding to support 4 months of costs for assertive outreach capacity totalling £35,560.00

2 IMPLICATION FOR VISION 2030

- 2.1 Ambition 1 - Sandwell is a community where our families have high aspirations and where we pride ourselves on equality of opportunity and on our adaptability and resilience: maximising access and engagement with substance misuse support enables people, including those affected by someone else's use, to begin to address their substance misuse often benefitting themselves, their families and the community.
- 2.2 Ambition 2 – Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for: Sandwell's approach to treatment resistant individuals (including assertive outreach capacity) ensures that those who are often the most vulnerable are identified and supported through a multi-disciplinary case management approach. Good practice in respect of this client group involves assertive outreach and multidisciplinary case management approaches: <https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>
- 2.3 Ambition 5 – Our communities are built on mutual respect and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods: Sandwell's approach to treatment resistant individuals (including assertive outreach capacity) ensures that those who are often the most vulnerable are identified and supported through a multi-disciplinary case management approach. Good practice in respect of this client group involves assertive outreach and multidisciplinary case management approaches: <https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 Sandwell's Blue Light approach was initially established in October 2015 to enable engagement and support for treatment resistant drinkers – a client group who are often overlooked and who place a disproportionate demand on emergency services. The approach is based on bringing partner agencies together towards coordinated care and support and includes a total of 11 partner agencies including key emergency services, local substance misuse treatment services, mental health, criminal justice and other support services. Further details on the approach are available via: <https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>
- 3.2 In July 2018 a proposal was presented to the Better Care Fund Board seeking funds to expand Sandwell's Blue Light approach. Subsequent to Better Care Fund approval the proposal was then presented to the Joint Partnership Board in September 2018.
- 3.3 Interim evaluation findings were presented to the Better Care Fund Board. These detailed the ability of the project to join up care across health, social care and other support services, as well as evidencing cost savings for emergency services since the set-up of the project - therefore supporting key tenets of the Better Care Fund approach. The evaluation findings (which included qualitative research with stakeholders) also identified a key gap within the approach to date – that of assertive outreach capacity.
Full details of the evaluation are available via:
<https://alcoholchange.org.uk/publication/the-sandwell-multi-agency-management-group-for-high-impact-problem-drinkers-interim-evaluation>

Better Care Fund Board were therefore asked to approve funds to secure 2 assertive outreach workers to enhance the capacity and impact of the existing approach. Furthermore, funds were also requested to secure a coordinator role who would further enhance the approach to coordinate the care of these complex clients across all other local multi-agency groups, including hospital frequent attenders, Multi-Agency Risk Assessment Conferences, Multi-Agency Public Protection Arrangements and anti-social behaviour focused groups.

The additional resource would not only enable larger scale and more intensive interventions with one of the highest impact and most costly client groups in the community but would allow eligibility criteria for those whose care would be co-ordinated through the Blue Light mechanism to be extended to encompass both alcohol and drug misuse (previously only alcohol).

- 3.4 The amount of funding requested from Better Care Fund Board therefore totalled £213,358 which was to cover 2 years of provision. A detailed breakdown of funding requested is given in Table 1

Table 1: Funding breakdown

	Annual Cost	Total over 2 years
Engagement worker x 2	£62,677	£125,355
Coordinator role	£39,002	£78,004
Expenses	£5,000	£10,000
Total	£106,679	£213,358

- 3.5 Following approval from Better Care Fund Board and subsequent ratification at the October Joint Partnership Board for the full amount, funds were transferred to Sandwell Public Health to manage the enhanced approach.
- 3.6 Given the skills set of the posts required, the requirement for appropriate clinical supervision and clinical governance it was decided to vary the Adult Alcohol and Drug Treatment contract (delivered by Cranstoun) to include these funds. The local Alcohol and Drug Treatment service had been a key player in the approach to date which requires close links to their service given the specialist treatment knowledge and provision required for such individuals.
- 3.7 A variation was therefore made to include the Better Care Fund funds commencing 1st June 2019 up until the end of the main contract 31st January 2021 (20 months of funding). Legal Services were consulted when the initial variation was implemented and were satisfied that the inclusion of the assertive outreach capacity and the associated costs were in accordance with Regulation 72(5) (b) of the Public Contract Regulations 2015, which allows for modifications to be made during the term of the contract as long as the modification does not alter the nature of the contract and falls below the relevant procurement threshold and 10% of the aggregated contract value. However, internal procurement and contract rules require cabinet approval for the additional 4 months funding.

The contract for the Adult Drug & Alcohol Treatment service was awarded for three years with a reducing annual budget of £3.1 million 2018/19, £2.8 million in 2019/20 and £2.5 million in 2020/21 with an option to extend the contract for two years at £2.5 million per annum. The total value of the contract across the 3 years is £8,134,062; factoring in the permissible 2-year extension period this equates to a total of £13,152,031

4. THE CURRENT POSITION

- 4.1 An initial variation was made to include the assertive outreach capacity for treatment resistant individuals into the main substance misuse contract, to align with the original contract term commencing 1st June 2019 until 31st January 2021. Subsequently the main contract with Cranstoun has been extended for the further permissible 2 years (Key Decision Ref. No. SMBC1607).

Better Care Funds were secured for the assertive outreach capacity for a period of 24 months. The initial variation to include this accounts for 20 months of this funding. This Cabinet approval seeks approval to vary the contract to include 4 months delivery of assertive outreach capacity, from the 01 February 2021 to 31 May 2021. This will allow for the full 2 years of provision. The 4 months provision will be at a total cost of £35,560.00

- 4.2 Since the Better Care Fund monies allowing the introduction of the assertive outreach and coordinator posts, the project has:
- offered a much more intensive and proactive engagement regime - often daily - allowing for an increased level of interaction with individuals. The team are able to accompany clients to appointments, ensuring engagement with other support services to address physical and mental health needs, education and employment, housing issues, debt management etc. which have been impacting on the client's wellbeing and ability to engage. Over the first year more than 3,300 client contacts have been made.
 - resulted in an increase in the number of individuals who have been subject to the Blue Light multi-disciplinary case management approach from an average of 16 per annum prior to BCF funding to an average of 49 per annum. All clients subject to the Blue Light approach have a robust risk assessment ensuring the safeguarding of vulnerable individuals and advocacy for additional support from appropriate agencies.
 - supported an additional 87 individuals not suitable for Blue Light due to the presence of the coordinator post attending other local multi-disciplinary meetings such as MARAC (Multi Agency Risk Assessment Conference), MAPPA (Multi Agency Public Protection Arrangements), Town Tasking and offering knowledge and experience to support other professionals to manage clients with complex needs
 - enabled a reduction in offending behaviour including acquisitive crime and anti-social behaviour; reduced presentations to hospital emergency departments and reduced call-outs to emergency services for ambulance, fire and police support. Of those closures on the Blue Light caseload to date, a third have been supported to make the transition into structured substance misuse treatment.

4.3 Monitoring of the current project outputs and outcomes continues to be reported to the Better Care Fund Board. A full evaluation including cost savings to emergency services and qualitative service user and stakeholder feedback is part of the enhanced project delivery requirements.

5. CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

5.1 The proposal for an enhanced model was based on qualitative evaluation findings (interviews with Blue Light operational partners and those with lived experience) and was presented to the Blue Light Strategic Group in March 2018. Members of the Blue Light Strategic Group include senior managers of all partner agencies involved with the Blue Light approach from across statutory, non-statutory and voluntary sector. A full list of partners can be found in the Appendices.

Evaluation findings are accessible via:

<https://alcoholchange.org.uk/publication/the-sandwell-multi-agency-management-group-for-high-impact-problem-drinkers-interim-evaluation>

5.2 The Better Care Fund Manager has been consulted with in respect of the proposed variation covering the remaining 4 months

6. ALTERNATIVE OPTIONS

6.1 Do not approve the variation for the remaining 4 months of money: the enhanced project capacity will end sooner than expected. This will impact engagement with individuals who are case managed through the Blue Light approach. Due to the complex needs of individuals, support is often long-term and ongoing therefore the cut-off date for new referrals will need to be brought forward 4 months earlier than expected, and numbers benefitting from the approach will be impacted. This would also impair evaluation timescales whereby only 8 months of follow up outcomes for the cohort from year one will be available and even less for those from year 2.

6.2 Utilise the money to secure internal Council provision: we do not envisage this is a viable option given the clinical supervision, clinical governance and specific skills and knowledge required. The existing provision via Cranstoun makes use of close links to their structured treatment provision including a fast track for appropriate pharmacotherapy options.

7. STRATEGIC RESOURCE IMPLICATIONS

7.1 Financial resource has already been secured from the Better Care Fund for the full 2 years of funding.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services. It has been created to improve the lives of some of the most vulnerable people in society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life. The BCF Policy Framework can be accessed via:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821676/Better_Care_Fund_2019-20_Policy_Framework.pdf
- 8.2 Government attach a set of conditions requiring the BCF funding to be used to alleviate pressures on the NHS. In securing BCF funds the projects ability to reduce emergency service activity and costs was evidenced and was judged to meet BCF funding conditions at the July 2018 BCF Board and subsequently ratified at the September 2018 Joint Partnership Board. Furthermore, quarterly reporting in relation to this funding is aligned with Better Care Fund aims.
- 8.3 The contract for the Adult Drug & Alcohol Treatment service was awarded for three years with a reducing annual budget of £3.1 million 2018/19, £2.8 million in 2019/20 and £2.5 million in 2020/21 with an option to extend the contract for two years at £2.5 million per annum. The total value of the contract across the 3 years is £8,134,062; factoring in the permissible 2-year extension period this equates to a total of £13,152,031. Under the Public Contract Regulations 2015, Regulation 72(5) (b) allows for modifications to a contract as long as the modification does not alter the nature of the contract and falls below the relevant procurement threshold and 10% of the aggregated contract value. This contract falls under the light touch regime. The recommendations in this report will not take the total value of variations over this threshold.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 An Equality Impact Assessment has been completed and the proposal would have no negative impact on protected groups. The proposal ensures that some of the boroughs most vulnerable individuals are supported

10. DATA PROTECTION IMPACT ASSESSMENT

- 10.1 This proposal would result in no impact on data protection.

11. CRIME AND DISORDER AND RISK ASSESSMENT

- 11.1 This proposal would result in no impact on crime and disorder. If the proposal is not accepted and the assertive outreach capacity is impacted as a result, there may be an increase in acquisitive crime rates and anti-social behaviour where individuals are unable to access support.

12. SUSTAINABILITY OF PROPOSALS

- 12.1 Financial resource has been allocated via Better Care Fund for 2 years of funding. Should the variation be approved a full evaluation will be possible to capture outcomes and cost savings from the enhanced project delivery. Evaluation findings will allow for evidence of the approach to submit within future funding bids. Furthermore, the role of the coordinator post has allowed us to build up skills and knowledge across a range of frontline professionals to help embed the approach much more widely beyond those of operational Blue Light partner members.

13. HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

- 13.1 This proposal would result in positive implications for health and well-being (including social value). Should the proposal not be accepted and the assertive outreach capacity is impacted as a result, there is very likely to be an escalation in alcohol and drug related harms where individuals are unable to access support resulting in increased hospital admissions and ambulance call outs.

14. IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

- 14.1 This proposal would result in no impact on any council managed property or land.

15. CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 15.1 The Adult Alcohol and Drug Treatment contract has been extended for a permissible 2 year period. An associated variation made prior to the permissible extension approval is due to end in line with the pre-extension contract end date (31st January 2021).

15.2 The associated variation covers funding to support assertive outreach and coordinator capacity for Sandwell's Blue Light project – an approach to support treatment resistant individuals. Sandwell Public Health have secured 2 years of funding for this via Better Care Funds however the variation only covered 20 months of funding given it was made prior to the main contract extension approval.

15.3 We would recommend that Cabinet approve a variation to the current Adult Alcohol and Drug Service contract varying the contract value to include the remaining 4 months of funding for assertive outreach capacity totalling £35,560.00

16. BACKGROUND PAPERS

16.1 Better Care Fund funding proposal and Joint Partnership Board Investment Case:



Better Care Fund -
Blue Light Project Fori



JPB REPORT FRONT
SHEET LATEST MB.doc



JPB Minutes - 12 Oct
18.doc

16.2 Better Care Fund Monitoring report:



BCF Highlight Report
- Sandwell Blue Light

16.3 The Better Care Fund Policy Framework:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821676/Better_Care_Fund_2019-20_Policy_Framework.pdf

16.4 The Blue Light approach to treatment resistant drinkers:

<https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>

17. APPENDICES:

A list of Sandwell Blue Light partners:

- Cranstoun Sandwell
- West Midlands Police
- West Midlands Ambulance Service
- West Midlands Fire Service
- Sandwell & West Birmingham Hospital Trust Alcohol Care Team
- National Probation Service
- Community Rehabilitation Company
- Black Country Healthcare NHS Foundation Trust

- Community Mental Health Social Work Team
- Floating Support Team
- Community Safety/Anti-Social Behaviour Team
- Black Country Women's Aid
- Adult Social Care Social Work Teams

Equality Impact Assessment



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