

Equality Impact Assessment Template

Please complete this template using the [Equality Impact Assessment Guidance document](#)

Version 4: January 2019

Title of proposal (include forward plan reference if available)	Assertive Outreach for treatment resistant individuals
Directorate and Service Area	Adult Social Care, Health and Well-Being – Public Health
Name and title of Lead Officer completing this EIA	Mary Bailey – Addictive Behaviours Programme Manager
Contact Details	Mary_bailey@sandwell.gov.uk 0121 569 5143
Names and titles of other officers involved in completing this EIA	Mary Bailey – Addictive Behaviours Programme Manager
Partners involved with the EIA where jointly completed	N/A
Date EIA completed	24 th August 2020
Date EIA signed off or agreed by Director or Executive Director	
Name of Director or Executive Director signing off EIA	
Date EIA considered by Cabinet Member	

1. The purpose of the proposal or decision required

See [Equality Impact Assessment Guidance](#) for key prompts that must be addressed for all questions

(Please provide as much information as possible)

The purpose of the proposal is to seek approval for a variation to the current Adult Alcohol and Drug Service contract to vary the contract value to fund 4 months of costs for assertive outreach capacity for Sandwell's Blue Light project totalling £35,560.00

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>

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.

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).

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

	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

Following approval from Better Care Fund Board and subsequent ratification at the 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. 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 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. 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

2. Evidence used/considered

Little guidance exists on how to deal with treatment resistant drinkers. Models of Care for Alcohol Misusers mentions clients who need “multiple treatment episodes” but does not provide any significant guidance on what to do with this group. Other texts such as the various NICE guidance documents on tackling alcohol misuse and reference works like Professor Griffiths Edwards’ The Treatment of Drinking Problems fail to provide guidance on how to deal with those who do not want to change their drinking.

National evidence and Government guidance supports the case for investment in assertive outreach (evidence predominantly from the mental health field to date). The three key arguments for outreach are:

- Because requiring motivation fails the most vulnerable substance misusers
- Because attending services may be difficult for some substance misusers
- Because outreach can reduce both impact and cost burden.

It is noteworthy at this point to say that the Sandwell Blue Light approach has been a key player in developing the evidence base in relation to treatment resistant drinkers.

Such an approach is needed locally given the Local Alcohol Profiles for England (LAPE) show that Sandwell is statistically significantly worse compared to the national average across a range of alcohol relevant health measures – in particular alcohol related mortality and hospital admissions due to alcohol. A range of interventions are required to tackle this impact across prevention, treatment and the case management of the highest risk drinking behaviours. The data can be seen at:

<https://www.gov.uk/government/collections/local-alcohol-profiles-for-england-lape>

It is estimated there are approximately 4,673 dependent drinkers in the borough. During 2016/17 community treatment services engaged 16% of

such drinkers. Despite the improvements made in increasing treatment penetration over the last three years (and now on a par with regional and national averages) there yet remains over 80% of estimated drinkers unknown to commissioned treatment/ support services. A smaller sub-population of whom will be high impact treatment resistant drinkers.

Alcohol Concern has calculated that high impact problem drinkers cost Sandwell approximately £24.5 million per annum in costs from health care, to policing to housing and anti-social behaviour.

Furthermore it is estimated there are approximately 2,143 opiate and crack users (OCUs) within the borough -community treatment services engage almost half (50%) of these each year with many remaining in contact with services well into their recovery. Sandwell has a higher rate of dependent drinkers and OCUs amongst its population than regionally or nationally.

Evidence underpinning the BCF funding proposal was taken from the Sandwell Blue Light interim evaluation that was funded, quality assured and published by a national body (Alcohol Research UK). The evaluation caught national attention and Public Health England have flagged it as a model of national good practice.

A copy of the Sandwell interim evaluation findings is available via:
<https://alcoholchange.org.uk/publication/the-sandwell-multi-agency-management-group-for-high-impact-problem-drinkers-interim-evaluation>

3. Consultation

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:

- 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

Evaluation findings are accessible via:

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

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

4. Assess likely impact

We don't envisage any negative impact on equality groups should the proposal be approved. The proposal ensures that some of the boroughs most vulnerable individuals are supported

Please complete the table below at 4a to identify the likely impact on specific protected characteristics

4a. Use the table to show:

- Where you think that the strategy, project or policy could have a negative impact on any of the equality strands (protected characteristics), that is it could disadvantage them or if there is no impact, please note the evidence and/or reasons for this.
- Where you think that the strategy, project or policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.

Protected Characteristic	Positive Impact ✓	Negative Impact ✓	No Impact ✓	Reason and evidence (Provide details of specific groups affected even for no impact and where negative impact has been identified what mitigating actions can we take?)
Age	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>

Disability	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>
Gender reassignment	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>
Marriage and civil partnership	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p>

				No negative impacts have been identified.
Pregnancy and maternity	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>
Race	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>

Religion or belief	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>
Sex	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p> <p>No negative impacts have been identified.</p>
Sexual orientation	X			<p>The proposal will ensure there is capacity to proactively engage and coordinate care for one of the most challenging yet vulnerable groups in the community: treatment resistant individuals. Whilst this group are diverse in their needs and presenting issues, they place a disproportionate demand on acute emergency services - often leading chaotic lifestyles and having a pattern of non-engagement with support services.</p>

				No negative impacts have been identified.
Other				N/A

Does this EIA require a full impact assessment? Yes No

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then you do not need to go any further. You have completed the screening stage. You must, however, complete sections 7 and 9 and publish the EIA as it stands.

If you have answered yes to the above, please complete the questions below referring to the guidance document.

5. What actions can be taken to mitigate any adverse impacts?

N/A

6. As a result of the EIA what decision or actions are being proposed in relation to the original proposals?

N/A

7. Monitoring arrangements

The additional capacity afforded by the assertive outreach and coordination functions continues to be monitored quarterly by Public Health who hold the contract and associated variation with the Alcohol & Drug Treatment provider. Monitoring returns are also sent to the Better Care Fund monitoring officer on a quarterly basis.

Monitoring parameters allow an oversight of individuals being managed under the approach including:

- Client demographics including age, ethnicity, town of residence
- Pre and post status re: benefit and/or employment status; mental and physical health, substances used and level of use; emergency service demand and criminal justice involvement
- Number of Blue Light contacts with client and type of contact
- Number of referrals on behalf of client to other support services

- Number of closures and reason
- Issues affecting delivery during quarter

8. Action planning

N/A

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress

9. Publish the EIA

Where can I get additional information, advice and guidance?

In the first instance, please consult the accompanying guide “Equality Impact Assessment Guidance”

Practical advice, guidance and support

Help and advice on undertaking an EIA or receiving training related to equalities legislation and EIAs is available to **all managers** across the council from officers within Service Improvement. The officers within Service Improvement will also provide overview quality assurance checks on completed EIA documents.

Please contact:

Kashmir Singh - 0121 569 3828