

Report to Cabinet

Monday 24 May 2021

Subject:	Assertive Outreach for Treatment Resistant Individuals: continuation of funding
Cabinet Member:	Councillor Shaeen, Cabinet Member for Living Healthy Lives
Director:	Dr Lisa McNally Director of Public Health
Key Decision:	Yes - An executive decision which is likely to incur significant expenditure or have a significant effect on the community
Contact Officer:	Mary Bailey Addictive Behaviours Programme Manager mary_bailey@sandwell.gov.uk

1 Recommendations




- 1.1 That Cabinet approve a variation to the current Adult Alcohol and Drug Service Contract to fund an additional 20 months of assertive outreach capacity totalling £179,464.
- 1.2 That the Director of Public Health, in consultation with the Director of Law and Governance and Monitoring Officer, be authorised to vary the existing Adult Alcohol and Drug Service contract allowing the assertive outreach provision to be extended until the end of the overarching Drug and Alcohol contract term on the 31st January 2023.



2 Reasons for Recommendations

- 2.1 To allow a variation of the current Adult Alcohol and Drug Service Contract value to fund an additional 20 months of costs for assertive outreach capacity totalling £179,464. This will ensure the approach can continue for the remainder of the Adult Alcohol & Drug Service contract period.

3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people: Maximising access and engagement with substance misuse support to benefit those including individuals affected by someone else's use, such as children, family members and the wider community.</p>
	<p>People live well and age well: Ensuring engagement and support for a cohort who, for various reasons, struggle to engage with mainstream services. It will help individuals live longer and enjoy a better quality of life – <i>adding years to life and life to years</i>. Assertive outreach capacity forms a key element of the local Blue Light approach to treatment resistant individuals which ensures our most vulnerable are identified and supported through a multi-disciplinary case management approach.</p> <p>Good practice in respect of this client group involves assertive outreach and multidisciplinary case management approaches which can be found in the following link: https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project</p>
	<p>Strong resilient communities: Sandwell's approach to treatment resistant individuals, ensures our most vulnerable are identified and supported through a multi-disciplinary case management approach. This contributes to a community that is 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.</p>



4 Context and Key Issues

4.1 Background

The impact from drug and alcohol misuse in Sandwell is particularly pronounced compared to regional and national levels of harm. Sandwell has a higher than national rate of dependent drinkers and opiate/crack users, and the harms associated with this substance misuse are evident from our local alcohol specific mortality rate (6th worst in England), and our higher than national rate of alcohol related admissions.¹ Besides the more immediate consequences to health and quality of life, there is also a cost to the public purse in terms of health, care, policing, housing and anti-social behaviour.²

4.2 Sandwell's Blue Light approach for treatment resistant drinkers 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 disproportionate demand on emergency services. The approach is based on bringing partner agencies together towards coordinated care and 14 partner agencies (including key emergency services, local substance misuse treatment services, mental health, criminal justice and other support services).

In 2019 Sandwell's Blue Light Project won 2 prestigious national awards:

- Royal Society for Public Health Healthier Lifestyles Award 2019
- The Guardian Public Health and Wellbeing Award 2019

Please see Appendix A for a full list of Blue Light partners.

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>



- 4.3 Several years after setting up the Blue Light project, an evaluation of the approach was presented to Better Care Fund (BCF) Board to present evidence of its cost savings to the public purse, and to secure funding to further enhance delivery by addressing a key gap within the approach – that of assertive outreach capacity. BCF Board, and subsequently the Joint Partnership Board (JPB) agreed to fund the assertive outreach capacity (x2 posts) alongside a coordinator post in Oct 2018 for a period of 2 years at a total of £213,358.

Full details of that evaluation are available via:

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

Details of the BCF and JPB decision via: *Appendix B – Original Blue Light Project BCF Bid and Appendix C – Joint Partnership Board Minutes 12 October 2018.*

- 4.4 Given the skill 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 agreed to include the BCF funds commencing 1st June 2019 up to the end of the main Alcohol & Drug Treatment service contract end 31st January 2021 (20 months of funding). Subsequently, the remaining 4 months of BCF funding was included within a subsequent variation given that the main contract with Cranstoun was extended for a further permissible two-year period from 1st February 2021 to 31st January 2023. Details of the Cabinet approval decision reference and cabinet report via: Appendix D



4.5 Current Position

4.6 Current Assertive Outreach and Coordinator capacity afforded by the BCF funding is due to end 31st May 2021. In light of this, a subsequent paper was taken to JPB on 26th Feb 2021 to present details of the enhanced project outcomes allowed from the BCF funds as well as to secure further subsequent funding to allow the approach to continue until the end of the current Alcohol & Drug Treatment contract term extension period (ending 31st Jan 2023). JPB agreed to this and will fund on-going assertive outreach and coordinator capacity for the approach covering the period 1st June 2021 to 31st January 2023 (20 months of funding at a total of £179,464). A variation to the main Alcohol & Drug Treatment contract is necessary to ensure the approach can continue in its current format beyond 31st May 2021.

Please see Appendix E for a copy of the bid presented at JPB 26th February 2021

4.7 A summary of the enhanced delivery and outcomes afforded by the existing BCF monies to date are as follows:

4.7.1 A greater number of individuals have been able to benefit from the approach from an average of 16 clients per annum pre-BCF funding to an average of 49 clients per annum

4.7.2 A greater range of substance misuse needs are being addressed due to the widening out of eligibility criteria encompassing both drugs and alcohol (as opposed to previously alcohol only referrals)

4.7.3 More intensive interventions (frequent and consistent contact with this client group is essential to build trust and rapport) -over a 12-month period more than 6,000 contacts with clients have been made.



- 4.7.4 Better integration and coordinated care across the system afforded from the addition of the coordinator post who works across all other local multi-agency groups to coordinate care of complex clients including hospital frequent attenders, Multi-Agency Risk Assessment Conferences, Multi-Agency Public Protection Arrangements and Borough/Town Tasking groups.
- 4.7.5 Extended reach of the approach across other care planning groups and forums - to date the coordinator post has contributed to care planning discussions in respect of an additional 241 individuals with complex needs who though not suitable for Blue Light, have been raised as problematic within the borough.
- 4.7.6 Reduced emergency service use and costs (a reduction of emergency service demand costs of, on average, £12,000 per individual per annum)

Please see Appendix E for a copy of the bid presented at JPB 26th February 2021 including detailed evaluation findings and outcomes

5 Alternative Options

- 5.1 Not approving the variation to extend the funding of assertive outreach and coordinator capacity for a further 20 months would impact engagement with individuals who are currently case managed through the Blue Light approach.

Due to the complex needs of the individuals, support is often long-term and ongoing therefore clients will need to be supported to transfer to other available services (though the risk here is that we lose them as they have a history of non-engagement with such services already) and any new referrals to the Project will need to stop immediately and we would not be able to capture information from those with complex needs as stated in 4.7.5 for data purposes.



- 5.2 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 their close links to their structured treatment provision including a fast track for appropriate pharmacotherapy options.

6 Implications

Resources:	The proposal will cost £179,464 over the period 1 June 2021 to 31 January 2023 and this will be funded by a contribution from the Better Care Fund Pool Budget.
Legal and Governance	<p>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</p> <p>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 February 2021 Joint Partnership Board. Furthermore, quarterly reporting in relation to this funding is aligned with Better Care Fund aims.</p> <p>With regards to the variation to the main Alcohol & Drug Treatment Contract, the contract for this 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.</p>



	<p>The total value of the contract across the 5 years including the approved permissible 2-year extension period is £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.</p>
Risk:	<p>The recommendations from this report will mitigate the risk of the assertive outreach support not being available to complex needs individuals from 1st June 2021 onwards.</p> <p>Both health and criminal justice related risk will be mitigated from approval of the variation by ensuring individuals are supported in an on-going and assertive manner rather than reaching crisis point and causing demand on both health and criminal justice emergency services.</p> <p>Risks around the provision being funded by BCF funding have been minimised by securing funds to last the remainder of the main Drug & Alcohol Treatment contract term. In ensuring future provision is not reliant on securing additional monies there will need to be discussion on whether such activity can be incorporated and costed within any future commissioned Drug & Alcohol treatment model using Public Health grant monies</p>
Equality:	<p>An Equality Impact Assessment has been conducted and the proposal would have no negative impact on protected groups. The proposal ensures that some of the boroughs most vulnerable individuals are supported.</p>
Health and Wellbeing:	<p>This proposal would result in positive implications for health and well-being. 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, ambulance call outs and ultimately substance misuse related deaths.</p>



<p>Social Value</p>	<p>The approach that the Blue Light team uses in engaging treatment resistant individuals and its resulting outcomes will generate social value through its ability to transform lives and provide potential peer to peer support amongst the client group. Such opportunities are often the first step towards longer term employability.</p>
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7. Appendices

Appendix A - List of Current Blue Light Partners



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Appendix B – Better Care Fund Interim Evaluation and Funding Bid October 2018



Appendix B - Original Blue Light Project BCF

Appendix C - Joint Partnership Board Minutes 12 October 2018



Appendix C - Joint Partnership Board Minutes

Appendix D – Assertive Outreach Cabinet report 14 October 2020 and Cabinet Minutes approval reference: 95/20 Assertive Outreach for Treatment Resistant Individuals



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Risk_RegisterAssOutreachMBAug20.xlsx



EIA_AssOutreachMBAug20.docx



Cabinet Minutes 17 - 14 102020.docx

Appendix E – Better Care Fund/Joint Partnership Board: BCF funded outcomes and Funding Bid February 2021.



1 Blue Light Project Next Steps - Better Care Fund



8. Background Papers

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>



Nice Guidelines:

<https://www.nice.org.uk/guidance/qs11/chapter/quality-statement-11-psychological-interventions-and-relapse-prevention-medication-for-adults>

<https://www.nice.org.uk/Guidance/CG51>

Hughes et al., (2013) Salford alcohol assertive outreach team: a new model for reducing alcohol-related admissions:

<http://fg.bmj.com/content/early/2013/01/22/flgastro-2012-100260.full.pdf#>

¹ Sandwell has 1,670 dependent drinkers per 100,000 population compared to 1,340 per 100,000 in England (the 28th highest rate of dependent drinkers out of 151 local authorities in England). Sandwell has 1,168 opiate/crack users per 100,000 population compared to

885 per 100,000 in England:

<https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

Furthermore only 18% of dependent drinkers and 50% of opiate/crack users are known to local community treatment services: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england> Public Health England (2018). Public Health Dashboard.

In 2018/19 there were 2,754 per 100,000 population hospital admissions in Sandwell compared to 2,367 per 100,000 in England as evidenced via Local Alcohol Profiles for England (LAPE):

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132832/pat/6/par/E12000005/ati/102/are/E08000028/cid/4>

²Alcohol Change UK has estimated that the high impact problem drinkers cost Sandwell approx. £24.5 million per annum in costs from health, care, policing, housing and anti-social behaviour

