

# Public Document Pack

## Executive Member Decisions

Friday, 23rd August, 2019

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### AGENDA

1. **Green Lane MUGA Refurbishment**  
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**March 2019**  
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**EIA-Checklist PHE alcohol capital bid**

Date Published: 23<sup>rd</sup> August 2019  
Denise Park, Chief Executive

## EXECUTIVE MEMBER DECISION



**REPORT OF:** Executive Member for Environmental Services

**LEAD OFFICERS:** Director of Environment and Operations

**DATE:** 31<sup>st</sup> July 2019

**PORTFOLIO/S AFFECTED:** Environmental Services Public Health and Wellbeing

**WARD/S AFFECTED:** Mill Hill and Moorgate

**SUBJECT:** Green Lane MUGA Refurbishment

### 1. EXECUTIVE SUMMARY

The Multi-Use Games Area (MUGA) on Green Lane, Blackburn, is in a poor state of repair and has been subject to vandalism over the last few years. Health and safety of children and young people using the facility is the primary concern. Local ward councillors are keen to ensure the facility is available for the benefit of local children and young people and consultations with the local community have shown they would like to continue using the facility and would utilise it more if the condition was improved, critically they do not want to see it closed.

The Council has attempted asset transfer of the facility to attract external funding, unfortunately this process was not formally progressed by parties who showed some initial interest and this option may have restricted community access.

An opportunity is available to allocate Section 106 contribution for open space amenities to this project. The Council has sought quotes to complete a sustainable refurbishment that allows the facility to be refurbished in a safe and sustainable way that protects open community access to the facility.

### 2. RECOMMENDATIONS

That the Executive Member:

1. Formally approves refurbishment of Green Lane MUGA using Section 106 open space funding.

### 3. BACKGROUND

The Green Lane Multi Use Games Area also known as 'MUGA' is used for informal play by children and young people in the local community. Unfortunately, over a number of years the facility has been subject to repeated vandalism and is now in a dangerous state of disrepair. There is no revenue funding allocated to maintain this facility.

### **Consultations and Feedback**

Regular meetings have been held with local ward councillors, consistent feedback is that any type of closure would be considered as a negative outcome for the local community, in particular for children and young people.

Ward councillors and Neighbourhood staff completed a consultation in the local community, the feedback was that local people would not be happy to see it close and would use it more if the condition was improved. Two local groups showed an informal interest in managing the MUGA. Following this interest, a tender exercise was completed in September 2017, unfortunately no formal interest was received and the MUGA remains in a poor state of repair.

### **Proposed Development**

An opportunity has become available to allocate Section 106 contribution for open space amenities to this project. A sustainable refurbishment would allow the facility to be enjoyed by local children and young people in future years. This investment would also protect open community access and remain a valuable local community play facility.

In order to refurbish this facility, three quotes have been obtained, one of which would allow the asset to be improved within the available budget. New durable fencing would be installed (removing the current kickboards) and a new hard surface would be laid (in replacement of the current synthetic carpet) with appropriate line marking. This would ensure that the facility is not easily vandalised and low-maintenance intensive to ensure it would be an asset in the community for the long-term.

## **4. KEY ISSUES & RISKS**

- Future-proof Asset: Funding available would allow a full refurbishment. This refurbishment will be mindful to ensure the materials used during the refurbishment are not easily vandalised and low-maintenance intensive to ensure it would be an asset in the community for the long-term.
- Ongoing maintenance: Once refurbished, this site would be added to the Environment Department's Play Assets Register and would be regularly monitored and maintained, to ensure it remains a safe space for children and young people in the local community.

## **5. POLICY IMPLICATIONS**

NONE

## **6. FINANCIAL IMPLICATIONS**

- Section 106 funds of £44,933 to be allocated to the project to allow refurbishment of Green Lane MUGA.

## **7. LEGAL IMPLICATIONS**

- Green Lane MUGA located on Green Lane BB2 3SR is a Council Asset in a poor state of repair with potential Health & Safety risks, this refurbishment would improve the asset and reduce the risks presented significantly.

## 8. RESOURCE IMPLICATIONS

- The refurbishment would be completed through an external contractor with oversight from existing Council staff.

## 9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

## 10. CONSULTATIONS

- Ward Councillors
- Local resident
- Greenfields Community centre
- Mill Hill Junior Football Club
- Green Lane Community Association
- Greenviews Nursery

## 11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

## 12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

<b>VERSION:</b>	<b>1</b>
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<b>CONTACT OFFICER:</b>	<b>Martin Eden</b>
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<b>DATE:</b>	31 <sup>st</sup> July 2019
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<b>BACKGROUND PAPER:</b>	
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## EQUALITY IMPACT ASSESSMENT CHECKLIST

**This checklist is to be used when you are uncertain if your activity requires an EIA or not.**

An Equality Impact Assessment (EIA) is a tool for identifying the potential impact of the organisation's policies, services and functions on its residents and staff. EIAs should be actively looking for negative or adverse impacts of policies, services and functions on any of the nine protected characteristics.

The checklist below contains a number of questions/prompts to assist officers and service managers to assess whether or not the activity proposed requires an EIA. Supporting literature and useful questions are supplied within the [EIA Guidance](#) to assist managers and team leaders to complete all EIAs.

<b>Service area &amp; dept.</b>	Environment Department	<b>Date the activity will be implemented</b>	02/09/2019
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<b>Brief description of activity</b>	The Multi-Use Games Area (MUGA) on Green Lane, Blackburn, is in a poor state of repair and has been subject to vandalism over the last few years. Health and safety of children and young people using the facility is the primary concern. An opportunity is available to allocate Section 106 contribution for open space amenities to refurbish the MUGA and make it a safe play space for local children and young people.
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Answers favouring doing an EIA	Checklist question	Answers favouring not doing an EIA
<input type="checkbox"/> Yes	Does this activity involve any of the following: - Commissioning / decommissioning a service - Change to existing Council policy/strategy	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	Does the activity impact negatively on any of the protected characteristics as stated within the Equality Act (2010)?	<input checked="" type="checkbox"/> No
<input type="checkbox"/> No <input type="checkbox"/> Not sure	Is there a sufficient information / intelligence with regards to service uptake and customer profiles to understand the activity's implications?	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<b>Does this activity:</b> Contribute towards unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity creates or increases disadvantages suffered by people due to their protected characteristic)</i>	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Reduce equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity fail to meet the needs of people from protected groups where these are different from the needs of other people)</i>	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Foster poor relations between people who share a protected characteristic and those who do not <i>(i.e. the function prevents people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	<input checked="" type="checkbox"/> No
<b>FOR = 0</b>	<b>TOTAL</b>	<b>AGAINST = 6</b>

**Will you now be completing an EIA?**

Yes

No

The EIA toolkit can be found [here](#)

<b>Assessment Lead Signature</b>	M. Eden 
<b>Checked by departmental E&amp;D Lead</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	01/08/2019

## EXECUTIVE MEMBER DECISION



<b>REPORT OF:</b>	Executive Member for Public Health and Wellbeing Executive Member for Finance & Governance
<b>LEAD OFFICERS:</b>	Director of Public Health and Wellbeing Director of Finance & Governance
<b>DATE:</b>	30 July 2019

<b>PORTFOLIO/S AFFECTED:</b>	Public Health & Wellbeing
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<b>WARD/S AFFECTED:</b>	All
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<b>SUBJECT:</b> Alcohol Capital Bid Funding from Public Health England
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### EXECUTIVE SUMMARY

Alcohol related harm is a significant local and national public health problem. The local Blackburn with Darwen (BwD) alcohol strategy outlines senior level partnership commitment and life course approach to tackling this issue, in order to improve the health and wellbeing of the Borough's residents.

To support this strategic approach to reduce alcohol related harm, the Council submitted a successful joint bid with Lancashire County Council (LCC) to Public Health England (PHE) for additional capital investment for the local alcohol treatment and recovery provision, to be delivered by the Change Grow Live (CGL) service who are the Local Authority commissioned drug and alcohol treatment provider.

The collaborative bid was developed by Public Health leads in both BwD and LCC, along with the CGL Service Lead, as the incumbent provider.

The bid included five strands of work or capital projects across BwD and Lancashire. For BwD two capital projects were identified based on service development needs:

- i. Mobile engagement unit (Strand 4): Purchase of a mobile engagement and treatment suite for BwD to increase engagement and access to treatment for dependent drinkers from across the Borough.
- ii. St Johns Court (Strand 5): Refurbishment of an identified building at St John's Court in BwD with multi-functional use.

The additional investment in the Borough's capital infrastructure for alcohol treatment and recovery service will result in improved service quality and effectiveness by providing increased engagement opportunities for dependent drinkers and their families, to access support.

## 2. RECOMMENDATIONS

That the Executive Member:

- Approves the receipt of the additional funding to BwDBC from PHE.
- Agrees that the capital funding received should be used for the purposes set out within the funding bid application form to Public Health England.
- Agrees that CGL organisation can receive the funding as the existing alcohol and substance misuse treatment provider.
- Agrees the timescales for the implementation of the two BwD capital projects set out in the bid application form.

## 3. BACKGROUND

Alcohol related health indicators, including those associated with liver disease, cancer, and life expectancy are significantly worse than the England average across both Lancashire and BwD. There is a significant link between alcohol and Adverse Childhood Experiences (ACEs) which can cause longer term health and social care challenges.

As part of the strategic vision across Public Health and Adult Social Care, there is a need to consider options for multiple disadvantage, vulnerabilities and complex needs as the financial and human costs for the Borough are significant. The overall life chances of dependent drinkers, and their families, are poor, so it is important that services develop innovative engagement strategies to help intervene as early as possible to prevent health and wellbeing issues escalating, and to avoid the need for utilising expensive crisis and emergency services on a regular basis.

The approach outlined in the Alcohol Capital bid is in line with strategic aims and priorities of the local, Pennine, and Lancashire and South Cumbria strategic plans. In particular, this Alcohol Capital bid supports a number of established partnership programmes, including Transforming Lives, Making Every Adult Matter (MEAM), and ACEs.

The aim will be to target an increased number of dependent drinkers and those with an increasing risk profile, who have recognised complex needs or parental responsibilities in the 'right place' at the 'right time'.

This Capital bid will ensure:

- Alcohol service delivery is attractive and accessible.
- Alignment with strategic developments of the Lancashire and South Cumbria Integrated Care System.
- Provision and renovation of identified spaces to increase numbers in alcohol treatment.
- Increased assertive outreach and behaviour change interventions for people who have not traditionally come forward.
- Consideration of the wider impact of high rates of alcohol dependency on individuals, families, and communities.
- Dedicated clinical / supportive wellbeing offers within homeless service environments across Lancashire.
- Multi-speciality treatment and recovery hubs.
- A dedicated mobile engagement, treatment and clinical unit for BwD, building on the success of Drug Outreach Recovery Intervention Service (DORIS) in East Lancashire.

The bid included five strands of work across BwD and Lancashire, which focussed on two capital projects where the need for improvements had been identified. For BwD the two capital projects are:

#### **Mobile engagement unit (strand 4)**

Aim: The purchase of a mobile engagement and treatment suite for BwD to increase engagement and access to treatment for dependent drinkers from across the Borough.

To provide:

- Opportunities for wider engagement with individuals and families aligned to the four developing Primary Care Neighbourhoods (PCNs).
- Targeted outreach for the most vulnerable who are experiencing multiple health and social care complexities.
- Practically facilitated alcohol support within a bespoke environment for rough sleepers, beggars, sex workers, residents of Hostels.
- Improved visibility and accessibility for a wider cohort of dependent drinkers including those who are less obvious and living in more affluent areas, those who have not traditionally accessed treatment, the lonely and isolated, the over 65s.
- Increased access to assessment and advice for dependent drinking parents via community neighbourhood locations e.g. near Children's Centres, Job Centres.
- Destigmatised access to confidential alcohol advice, extended brief interventions, reduction plans, detox, health and wellbeing checks, harm reduction, blood-borne viruses testing and sexual health screening.

#### **Project timescales (strand 4):**

<b>Capital project work to be achieved:</b>	<b>By When:</b>
Purchase of mobile unit	By end of August 2019
Fully facilitated and fit for purpose unit to be established	By end of Sep 2019
<b>Outcomes to be achieved:</b>	
Programme of outreach sessions to be fully agreed and commenced via CGL staff and key partners	By end of October 2019
Increased engagement of homeless people who have involvement in their own multi-disciplinary plan of support (evidenced by case studies)	To be evidenced quarterly as of end of Dec 2019
Increased engagement of dependent drinking parents in treatment (from across all 4 PCNs)	By end of March 2020
Increased engagement of dependent drinkers in treatment (from across all 4PCNs)	By end of March 2020
Improved engagement of prison and hospital discharges in the community to reduce demand on the wider system.	By end of March 2020

#### **St John's Court refurbishment (Strand 5):**

Aim: To refurbish an identified building at St John's Court in BwD with multi-functional use.

To provide:

- Newly established treatment and recovery hub that is inviting and engaging.
- Opportunities for improved multi-disciplinary care planning / case coordination with key partner agencies e.g. Housing Needs, Social Workers, Community Rehabilitation Company, Mental Health Practitioners, Council's Wellbeing Team.
- Increased access to treatment and a multipurpose ambulatory detox room.
- Space for recently detoxed people to support sustainable recovery.
- Bespoke therapeutic space for acupuncture, mindfulness techniques, wider wellbeing offers.
- A peer group room to support connectedness and structured treatment with improved access to social prescribing, healthy nutrition and exercise.



- Welcoming furniture, decorations, equipment and software to enable improved engagement via the latest digital therapeutic packages.

#### Project timescales (strand 5):

Capital project work to be achieved:	By When:
Full refurbishment to be undertaken at St Johns Court	By end of August 2019
Outcomes to be achieved:	
Increased engagement of dependent drinkers accessing treatment	By end of March 2020
Increased engagement of dependent drinking parents in treatment	By end of March 2020
Successful completion of alcohol treatment to remain above national average	Ongoing
Family friendly environments achieved and approved by service users	By end of March 2020

## 4. KEY ISSUES & RISKS

### 4.1 Governance

Public Health leads from BwD BC and LCC have set up a Capital Bid Project Steering Group to oversee the expenditure and delivery of the project milestones. The group will be responsible for managing and mitigating any associated risks to ensure the projects are implemented in line with the agreed timescales (See Appendix 1 for Risk Register).

### 4.2 Asset transfer

The Capital assets funded by this bid belong to CGL for the two projects outlined in strands four and five. The Public Health Contract with CGL, as the Substance misuse provider in BwD, provides details of asset ownership, and the asset transfer arrangements to a potential new provider following a re-procurement exercise of this contract when that becomes necessary in terms of procurement regulations. This will account for both the mobile vehicle and also the lease for the property at St Johns Court. Public Health England sought assurance that this would transfer to any new provider at the clarification stage at the interview in London as a requirement of the funding to ensure sustainability. This is agreed with CGL as the incumbent provider.

### 4.3 Asset Maintenance

CGL will be responsible for maintenance and operation of the mobile asset which - is set out contractually. We can of course as commissioners influence its use and location for service delivery. Any contractual obligations and transfer of the liabilities to the incumbent provider, and possible subsequent transfer following future procurement processes, would need to incorporate and consider this capital investment. Future tender exercise documentation will need to include these liabilities and their transfer to potential new providers.

This will ensure no future liability to the Local Authority, and also ensures sustainability of the funding resource that featured as part of the interview clarification process with PHE in order to secure this funding.

### 4.4 Lease arrangements

In March 2019, CGL moved premises from Regents House to St. John's Court following the end of an inherited 10-year lease arrangement held by NHS Property Services and a private landlord. CGL had occupied Regents House since the start of their contract in April 2015, which was an asset transferred to the council following the closure of the Primary Care Trust in March 2013, as a result of the Health and Social Care Act. In recent years, the complicated lease arrangement became increasingly problematic and untenable. The council commissioner and the service lead agreed to move to new premises once the lease came to end, with an agreement to share the financial pressure this created. The opportunity to bid for PHE capital funding was therefore timely, and presented a much needed opportunity to seek investment to refurbish the newly occupied St John's Court, to meet the shared aspirations to provide an improved, high quality therapeutic environment for service users and their families.

#### 4.5 Transfer of funds to CGL

Based on guidance from PHE, the application and proposal for Alcohol Capital funding was co-produced with the current alcohol treatment service provider. As CGL is the incumbent provider of alcohol treatment and recovery services across BwD and Lancashire, Public Health commissioners from both Councils worked with both the Service leads and services users as joint named applicants to develop the bid. The PHE grant funding outlined for each capital project will be transferred from the council to CGL via Contract Variation, on the current Public Health Contract.

#### 4.6 Press release

Following the PHE's announcement of the successful bid, communication leads from LCC and BwDBC developed a joint press release which was published on 2<sup>nd</sup> April 2019.

### 5. POLICY IMPLICATIONS

The National Alcohol Strategy was published in March 2012 under the 2010 to 2015 Conservative and Liberal Democrat coalition government. The Alcohol Strategy sets out proposals to crackdown on a 'binge drinking' culture, cut the alcohol fuelled violence and disorder that blights too many of our communities, and slash the number of people drinking to damaging levels.

The strategy includes commitments to:

- consult on a minimum unit price for alcohol
- consult on a ban on the sale of multi-buy alcohol discounting
- introduce stronger powers for local areas to control the density of licensed premises including making the impact on health a consideration for this
- pilot innovative sobriety schemes to challenge alcohol-related offending.

Blackburn with Darwen's Alcohol Strategy (2014 / 2017) 'Preventing Harm Improving Outcomes' outlines its commitment and a Public Health partnership approach to tackling alcohol related harm in the borough, which remains a local priority for health improvement:

<http://blackburn.gov.uk/Public%20health%20docs/Alcohol-Strategy-2014-2017.pdf>

[Together A Healthier Future](#) is a programme to improve our health and care system in Pennine Lancashire, which is made up of East Lancashire and BwD. Blackburn with Darwen Public Health Team have played a key role in developing the 'Pennine Plan' working with the Local Delivery Partnerships), including residents, with the aim of improving the health, care and wellbeing of people.

[Healthier Lancashire and South Cumbria](#) is a partnership of organisations working together to improve services and help the 1.7 million people in Lancashire and South Cumbria live longer, healthier lives. **The partnership is made up of Local Authority, Public Sector NHS and voluntary and community organisations coming together to improve outcomes and care for local people, reduce pressures on services and make best use of our financial resources. Blackburn with Darwen Public Health leads are working with the Lancashire and South Cumbria Integrated Care System (ICS) to support the development and implementation of the strategic ICS plan.**

### 6. FINANCIAL IMPLICATIONS

Public Health England have agreed to award the total sum of £478,272 Alcohol Capital grant monies to BwD BC and LCC, for the five projects across this footprint. A Memorandum of Understanding has been developed between PHE and LCC as the agreed mechanism to transfer the grant for both areas.

Blackburn with Darwen Public Health and Wellbeing Directorate will receive the sum of £221,431 from

LCC, for the two BwD capital projects (strands 4 and 5), as outlined below. This will be transferred following a signed grant agreement between LCC and BwD BC:

Strand 4: Mobile engagement unit	£57,500
Strand 5: Refurbishment of St John's Court	£163,931
<b>TOTAL BwD</b>	<b>£221,431</b>

The project steering group will be responsible for providing the financial monitoring and oversight in line with the project plan, with accountability to both Directors of Public Health and PHE. Implementation will commence in June 2019, with all capital projects will be completed by March 2020.

All Revenue costs are accounted for outside of this bid and feature within annual contract budgets.

## 7. LEGAL IMPLICATIONS

As a result of the Health and Social Care Act 2012, Local Authority Public Health Directorates are responsible for commissioning alcohol and substance misuse treatment services to meet the identified needs for their local population.

Public Health has sought legal advice and guidance from the council over the years associated with the alcohol and substance misuse treatment programme, which included estates and assets, property leases, asset transfer and maintenance responsibilities.

The Public Health Contract particulars, used for all Public Health commissioned services, has been developed to define the responsibilities of both the Council, as commissioner, and the service provider, relating to buildings and assets. The Council's existing contract with CGL will be varied to include the purchase of these assets. The variation shall be in a form approved by Legal Officers. This variation shall be in accordance with section 72 of the Public Contracts Regulations 2015.

## 8. RESOURCE IMPLICATIONS

The collaborative Alcohol Capital bid was co-produced by Public Health leads in both BwD BC and LCC, along with the CGL alcohol treatment service lead and with service users, as the incumbent provider.

Public Health leads from BwD BC and LCC have set up a Capital Bid Project Steering Group to oversee the expenditure and delivery of the project milestones. The group will be responsible for managing and mitigating any associated risks to ensure the projects are implemented in line with the agreed

Public Health leads and CGL staff are funded by the ring fenced Public Health Prevention grant to Local Authorities, from the Department of Health.

## 9. EQUALITY AND HEALTH IMPLICATIONS

**Please select one of the options below. Where appropriate please include the hyperlink to the EIA.**

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision ([Page 11 EIA link here](#))

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

## 10. CONSULTATIONS

VOICE substance misuse service user network is consulted on a regular basis by commissioners from Public Health with regards various service developments. Requirements and feedback from their latest report have been considered in development of this funding bid. Two service users were part of the local delegation that travelled to London to be interviewed for this funding by PHE in March this year. They will form part of the Capital monies steering group that is being set up as part of the implementation and monitoring process for this element of the funding.

Public Health leads and CGL staff are involved in the joint developments of PCNs which are at the heart of the ten year NHS Plan. The mobile unit for BwD will link with all four PCNs and the St. John's Court refurbishment will enable key partners to come together in a local setting, which will feel safe for people who lack the confidence to fully integrate while they build their social capital and confidence.

The bid application was shared with key Directors and senior council officers for approval and sign off as part of the submission requirements in January 2019.

Following the announcement of the award of the Alcohol Capital bid in March 2019, the Chief Executive Officer has been fully briefed on the details of the delivery plan.

## 11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

## 12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

<b>VERSION:</b>	<b>3</b>
<b>CONTACT OFFICER:</b>	<b>Lee Girvan / Shirley Goodhew</b>
<b>DATE:</b>	04.06.19
<b>BACKGROUND PAPER:</b>	Appendix 1: Project risk register Appendix 2: Final alcohol capital bid submission

Delivery Area	Risk Description	Risk Level	Risk After Action	Risk Owner	Mitigating Action
<b>Implementation (across all 5 strands)</b>	Inadequate coordination and overall project management. Competing operational priorities	Med	Low	Commissioners and Providers	<ul style="list-style-type: none"> <li>Commissioners and providers agree to form a Capital Bid Project Steering Group (CBPSG) which will oversee the expenditure and delivery of the milestones outlined in this bid. Risk Register reviewed regularly.</li> <li>CGL have significant experience of implementing large projects.</li> <li>Lead Commissioners and CGL Director lead to have oversight of Implementation.</li> </ul>
<b>Finance / Delivery</b>	Unexpected reductions in revenue. CGL service budgets impacting on capacity to deliver the projects	Med	Low	Commissioners and Providers	<ul style="list-style-type: none"> <li>All strands will enhance delivery without additional resource, e.g. shift delivery from base to Mobile unit.</li> <li>Revenue budgets agreed at point of award of contracts and monitored in partnership.</li> <li>Utilise central resources to maximise efficiency savings &amp; collaboratively develop plans for mitigation.</li> <li>Develop prioritisation approach to achieve outcome.</li> </ul>
<b>Delivery</b>	CQC Compliance (strand 5)	High	Low	CGL - Registered Manager (RM) & Service Managers (SMs)	<ul style="list-style-type: none"> <li>CGL experienced in delivering buildings to CQC and other regulatory standards</li> <li>Building specification, design and costings include achieving CQC Standard.</li> <li>Continue to manage via established CQC relationships &amp; Registered Manager.</li> <li>Resourcing &amp; support for all relevant staff.</li> <li>Existing service delivery, operational staff and service user experience will be maintained and enhanced in new environments.</li> </ul>
<b>Delivery</b>	New premises / venues not known to service users (SUs) & other stakeholders	Med	Low	CGL Head of Service (HoS) and SMs	<ul style="list-style-type: none"> <li>Communication plan agreed in advance of service change over, ensuring SU &amp; stakeholders are aware (Strand 5).</li> <li>Signage agreed with landlords - directing to new premises.</li> <li>Changes to website advising of change - printable/google maps.</li> <li>Communication plan in place for all strands.</li> </ul>
<b>Delivery</b>	Key stakeholders not aware of: - <ul style="list-style-type: none"> <li>New building (Strand 5)</li> <li>Outreach facility / vehicle arrangements (Strand 4)</li> </ul>	Med	Low	CGL HoS and SM	<ul style="list-style-type: none"> <li>Newsletters / bulletins / digital communication plans agreed and supported by commissioners and key stakeholders.</li> <li>Service users, volunteers and peer mentors involved in communication.</li> <li>Previous experience of delivery of all types of projects held by CGL. i.e. East Lancashire launched and implemented use of Clinical Van which is fully utilised.</li> </ul>
<b>Delivery</b>	Disruption to progress made on performance improvements	Med	Low	Commissioners / Providers	<ul style="list-style-type: none"> <li>To be monitored via contract review processes.</li> <li>Adequate leadership resource available within structures.</li> <li>Monitored and managed via (CBPSG).</li> <li>Internal provider monitoring.</li> <li>Consistent lead established prior to change to maintain firm grasp &amp; leadership of steps taken, coaching of staff &amp; monitoring of performance.</li> </ul>
<b>Finance / Delivery</b>	New premises / venues / refurbishment not fully completed in line with project timescales	Med	Low	Provider Facilities / HoS and Commissioners	<ul style="list-style-type: none"> <li>CGL has scoped, costed &amp; planned works with potential contractors in line with all CQC requirements for all Strands.</li> <li>Experienced in establishing services from full refit within short timescales.</li> <li>The timescale from Capital award to go live is planned.</li> <li>Will be managed via (CBPSG)</li> </ul>
<b>Delivery</b>	Project disruption due to severe weather	Low	Low	Provider Facilities	<ul style="list-style-type: none"> <li>Localised Business Continuity Plan would be actioned</li> <li>Will be managed via (CBPSG)</li> </ul>
<b>Delivery</b>	Project interrupted by Fire/flood/electrical fault	Med	Low	Provider Facilities	<ul style="list-style-type: none"> <li>Facilities will ensure Health &amp; Safety Compliance</li> <li>Project timescales would be adjusted</li> <li>Will be managed via (CBPSG)</li> </ul>
<b>Delivery</b>	Inability to resource / provide staff needed to ensure achievement of increased targets in line with the projects	Med	Low	Commissioners / CGL HoS and SM	<ul style="list-style-type: none"> <li>Prioritisation will be considered via contract management and monitoring processes</li> <li>Will be overseen also by (CBPSG)</li> </ul>
<b>Delivery</b>	Establishing a robust agreement with the landlord (strand 5)	Med	Low	Facilities / SMs	<ul style="list-style-type: none"> <li>CGL secure occupation agreements through a structured commercial conveyancing process. This initially starts by agreeing head of terms with the landlord/owner before instructing our legal partners (DMH Stallard).</li> </ul>

					<ul style="list-style-type: none"> <li>• CGL work hard to maintain good relationships with our landlords through regular contact but also have legal recourse through the agreement should it be necessary.</li> </ul>
<b>IT</b>	IT connectivity not in place on go live	Low	Low	Providers IT	<ul style="list-style-type: none"> <li>• IT national mobilisation to be tasked with resolving all issues identified that affect mobile/in situ access.</li> <li>• Paper documentation to be available, local business continuity plan already in place for this occurrence using other CGL services for scripting, 2nd contingency line in place &amp; back-up server can be deployed in minutes.</li> </ul>



## Application Form: Alcohol treatment capital grant 2019-20

Please Note: Applications should be submitted to PHE centre teams in Word format only (Excel for budget workings) no later than 9am on Monday 21<sup>st</sup> January 2019

### Section 1 – The project

1.1 Local authority contact details	
<b>Name of local authority submitting the bid</b>	Lancashire County Council In partnership with Blackburn with Darwen Borough Council
<b>Name of lead commissioner</b>	Chris Lee in partnership with Shirley Goodhew (Consultant in Public Health at BwDBC)
<b>Job title / position in local authority</b>	Public Health Specialist
<b>Telephone number</b>	07876844078
<b>Address and postcode</b>	Lancashire County Council, County Hall Preston PR1 8RE
<b>E-mail address</b>	<a href="mailto:Chris.lee@lancashire.gov.uk">Chris.lee@lancashire.gov.uk</a> <a href="mailto:Shirley.goodhew@blackburn.gov.uk">Shirley.goodhew@blackburn.gov.uk</a>

If different to the above

<b>Designated project lead</b>	As above as needs to be a LA
<b>Job title / position in local authority</b>	
<b>Telephone number</b>	
<b>Address and postcode</b>	
<b>E-mail address</b>	

## 1.2 Capital bid details

### 1.2.1 Summary of the capital bid (250 words maximum).

Alcohol related health indicators, including those associated with liver disease, cancer, and life expectancy are significantly worse than the England average across both Lancashire and Blackburn with Darwen (BwD). There is a significant link between Alcohol and Adverse Childhood Experiences (ACEs) which can cause longer term health and social care challenges.

The aim will be to target an increased number of dependent drinkers and those with an increasing risk profile, who have recognised complex needs or parental responsibilities in the 'right place' at the 'right time'.

This Capital bid will ensure: -

- Alcohol service delivery is attractive and accessible.
- Alignment with developments of the Integrated Care System.
- Provision / renovation of identified spaces to increase numbers in alcohol treatment.
- Increased assertive outreach and behaviour change interventions for people who have not traditionally come forward.
- Consideration of the wider impact of high rates of alcohol dependency on individuals, families, and communities.
- Dedicated clinical / supportive wellbeing offers within homeless service environments across Lancashire.
- Multi-speciality treatment and recovery hubs.
- A dedicated mobile engagement, treatment and clinical unit for BwD building on the success of DORIS in East Lancashire.
- Accessibility and safe places for people to connect and acknowledge the need for change, to improve health, wellbeing, social functioning and life chances.
- Improved multi-disciplinary approaches within environments where people can access specialist treatment alongside wider support.
- Improved health and social care outcomes for people from across the life course
- Improvement of alcohol related performance demonstrated via local monitoring reports and via PHE DOMES.

### 1.2.2 Please provide details of the capital expenditure you are proposing; addressing the eligibility criteria (800 words maximum).

#### Strand 1:

Creation of clinical / therapeutic spaces across Lancashire to improve outcomes for homeless people experiencing multiple disadvantage. These will be in buildings that are familiar to this cohort providing opportunities for: -

Increased identification and rapid access to nurse led alcohol assessments / health &



wellbeing checks e.g. blood pressure, Co2 monitoring, liver function testing, fibro-scanning, nutritional advice, harm reduction, commencement of specialist alcohol reduction, treatment, detoxification, residential rehabilitation, blood borne virus testing, relapse prevention, longer-term recovery support.

Multi-disciplinary case management which includes wider health and social care professionals e.g. GPs/Pharmacy/Hospitals/ Social Workers.

In partnership with homelessness services the following provision will have dedicated access to renovated clinical areas and clinical equipment:

- Foxton Centre, Preston
- Lancaster District Homeless Action Service (LDHAS), Lancaster
- Gateway, East Lancashire

### **Strand 2:**

Refurbishment of an identified building in Lancaster for multi-functional use with two separate entrances.

Entrance A: dedicated, accessible, safe family orientated community living room.

Entrance B: relocated Adult Substance Misuse Provider, Early Intervention & Prevention Behaviour Change Team (NewYou) and LDHAS to work on an integrated basis in one building with dedicated space for homeless people.

To provide:

- Rapid access to Alcohol Treatment, Harm Reduction, Ambulatory and In-patient Detox
- A shower and launderette equipment
- Volunteer led, non-stigmatised community asset-based living room to meet the needs of different alcohol users e.g. parents, students, professionals, ageing populations
- Free WIFI hotspot, quiet spaces for working / study
- IT equipment, access to digital interventions to improve health and wellbeing / aid benefit claims
- Community activity space for Skill Sharing and Swap Shops e.g. for Prom Dresses/School Uniforms/Dog Walking/Time Credits
- Child friendly environments e.g. 'little free library', children's & family activities & technology
- Space for events with other health professionals e.g. MOTs for the over 50's males/COPD support groups with working links to PCNs.
- Needs led community activities e.g. Job Club, Mother and Toddler groups
- Evening openings for wider community groups e.g. Young Carers/Mutual Aid
- Community alcohol awareness courses

### **Strand 3:**

Refurbishment at the "Academy" Burnley to promote innovative use of the space and assets within a familiar setting for dependent drinkers who are rough sleeping / homeless.

To provide:

- A shower and laundry equipment.
- Space for food parcels, donated clothing / bedding.
- Space for involvement of people with lived experience of homeless to promote next

steps, access to treatment, motivation and change.

- Rapid access to treatment, ambulatory detox, transitional housing support, harm reduction, aftercare.
- Improved access to Wellbeing (PSI)
- A safe space to connect.
- Improved functional kitchen to improve skills and healthy eating
- Collocation opportunities for in-reach e.g. debt advisors, housing providers to support transitional housing / tenancy agreements, BBV treatment / Hepatology liaison, Respiratory Service, Smoking Cessation, Community Mental Health and Rough Sleeper Panel.
- Enhanced arrangements with CRC, STEP (hospital liaison service) enabled by a separate entrance
- Educational sessional space for key partners to utilise e.g. for criminal justice orders, raising awareness of the impact of alcohol and the benefits of treatment.
- Access to digital technology, free wifi, wider health promotion

#### **Strand 4:**

Purchase of a mobile engagement and treatment suite for BwD to increase engagement and access to treatment for dependent drinkers from across the Borough.

To provide:

- Opportunities for wider engagement with individuals and families aligned to the developing Integrated Primary Care Networks (PCNs).
- Targeted outreach for the most vulnerable who are experiencing multiple health and social care complexities.
- Practically facilitated alcohol support within a bespoke environment for rough sleepers, beggars, sex workers, residents of Hostels.
- Improved visibility and accessibility for a wider cohort of dependent drinkers including those who are less obvious and living in more affluent areas, those who have not traditionally accessed treatment, the lonely and isolated, the over 65s.
- Increased access to assessment and advice for dependent drinking parents via community neighbourhood locations e.g. near Children's Centres, Job Centres
- Destigmatised access to confidential alcohol advice, extended brief interventions, reduction plans, detox, health and wellbeing checks, harm reduction, BBV testing and sexual health screening.

#### **Strand 5:**

Refurbishment of an identified building at St John's Court in BwD with multi-functional use.

To provide:

- Newly established treatment and recovery hub that is inviting and engaging.
- Opportunities for improved multi-disciplinary care planning / case coordination with key partner agencies e.g. Housing Needs, Social Workers, CRC, Mental Health Practitioners, Council's Wellbeing Team.
- Increased access to treatment and a multipurpose ambulatory detox room
- Space for recently detoxed people to support sustainable recovery.
- Bespoke therapeutic space for acupuncture, mindfulness techniques, wider wellbeing

offers.

- A peer group room to support connectedness and structured treatment with improved access to social prescribing, healthy nutrition and exercise.
- Welcoming furniture, decorations, equipment and software to enable improved engagement via the latest digital therapeutic packages.

Engagement of both vulnerable individuals (to compliment the MEAM and Transforming Lives work) and families to support the strategic aim of ACE prevention.

**1.2.3. Please outline the key milestones and deliverables for the capital bid.**

*Include a project timeline clearly identifying the key stages.*

Project plans are attached for each of the strands as detailed above.



Strand 1 - Project Management Timeline



Copy of Strand 2 - Project Management Timeline



Copy of Strand 3 - Project Management Timeline



Strand 4 - Project Management Timeline



Strand 5 - Timeline - Lancashire.xls

**Strand 1:**

<b>Capital project work to be achieved:</b>	<b>By When:</b>
Creation of a bespoke Clinical Room with required equipment, facilities, furniture and safe storage at: The Foxton Centre, Preston	End of Sep 2019
Creation of a bespoke Clinical Room with required equipment, facilities, furniture and safe storage to be utilised by: - Lancaster District Homeless Action Service (LDHAS), Lancaster	End of Sep 2019
Creation of a bespoke Clinical Room with required equipment, facilities, furniture and safe storage at: - Gateway, East Lancashire	End of Sep 2019
<b>Outcomes to be achieved:</b>	<b>By When:</b>
Increased engagement of homeless people agreeing to a general health care assessment	End of March 2020 and beyond
Increased number of homeless people with a registered GP	End of March 2020 and beyond
Increased engagement of homeless people into alcohol treatment – (i.e. recognised as having a housing need at the start of treatment - TOPs)	End of March 2020 and beyond
Increased no. of homeless people with BBV screenings undertaken	End of March 2020 and beyond
Increased engagement of homeless people who have involvement in their own multi-disciplinary plan of support	End of March 2020 and beyond

(evidenced by case studies)	
<b>Strand 2:</b>	
<b>Capital project work to be achieved:</b>	<b>By When:</b>
Refurbishment of a building in Lancaster for multi-functional use with <b>two</b> separate entrances	By end of Dec 2019
Creation of the Community Living Room	By end of Dec 2019
Full IT access within the building – with service user access to free WiFi	By end of Dec 2019
<b>Outcomes to be achieved:</b>	
Programme of asset-based community events / activities established for delivery on an ongoing basis via the Community Living Room	End of January 2020
Programme of Family Activities established for delivery on an ongoing basis	End of January 2020
Programme of alcohol awareness courses established for delivery on an ongoing basis	End of Feb 2020
Increased engagement of dependent drinkers in treatment	By end of March 2020
Increased engagement of dependent drinking parents in treatment	By end of March 2020
Increased access to Digital support platforms being developed in-partnership across Lancashire and in line with the Lancashire Digital Strategy	By end of March 2020
Increased number of over 50's undertaking a health MOT	By end of March 2020
<b>Strand 3:</b>	
<b>Capital project work to be achieved:</b>	<b>By When:</b>
Fully equipped laundry room established	By end of Sep 2019
Service user shower fitted and available	By end of Sep 2019
Improved kitchen facilities to meet required standards	By end of Sep 2019
Improved security facilitation and use of separate entrance	By end of Sep 2019
Full IT access within the building – with service user access to free WiFi	By end of Sep 2019
<b>Outcomes to be achieved:</b>	
Programme of alcohol educational sessions to be established with key partners for delivery	By End of July 2019
Increased engagement of dependent drinkers in treatment	By end of March 2020
Increased engagement of homeless people who have involvement in their own multi-disciplinary plan of support (evidenced by case studies)	Baselines achieved by end of September 2019 To be evidenced quarterly as of end of Quarter 2 2019/20

**Strand 4:**

<b>Capital project work to be achieved:</b>	<b>By When:</b>
Purchase of mobile unit	By end of June 2019
Fully facilitated and fit for purpose unit to be established	By end of Sep 2019
<b>Outcomes to be achieved:</b>	
Programme of outreach sessions to be fully agreed and commenced via CGL staff and key partners	By end of October 2019
Increased engagement of homeless people who have involvement in their own multi-disciplinary plan of support (evidenced by case studies)	To be evidenced quarterly as of end of Dec 19
Increased engagement of dependent drinking parents in treatment (from across all 4 neighbourhoods)	By end of March 2020
Increased engagement of dependent drinkers in treatment (from across all 4 neighbourhoods)	By end of March 2020
Improved engagement of prison and hospital discharges in the community to reduce demand on the wider system.	By end of March 2020

**Strand 5:**

<b>Capital project work to be achieved:</b>	<b>By When:</b>
Full refurbishment to be undertaken at St Johns Court	By end of June 2019
<b>Outcomes to be achieved:</b>	
Increased engagement of dependent drinkers accessing treatment	By end of March 2020
Increased engagement of dependent drinking parents in treatment	By end of March 2020
Successful completion of alcohol treatment to remain above national average	Ongoing
Family friendly environments achieved and approved by service users	By end of March 2020

**1.2.4 Please provide the value of funding you are bidding for.**

*Please refer to section 2 in the guidance notes.*

The overall budget required is **£478,272** which is broken down as follows: -

**Lancashire County Council projects: -**

Strand 1	£10,500 per space x3 = £31,500
Strand 2	£188,667
Strand 3	£36,674
<b>TOTAL LCC</b>	<b>£256,841</b>

**Blackburn with Darwen Council projects: -**

Strand 4	£57,500
Strand 5	£163,931
<b>TOTAL BwD</b>	<b>£221,431</b>

The Local Authorities involved in this bid have agreed that if successful Lancashire County Council can be the banker on behalf of Blackburn with Darwen and both commissioners will collaborate for monitoring and reporting purposes.

**1.2.5 Please provide a clear financial breakdown of how the funds will be used. Also assurance that the fund will be spent by the end of March 2020**

*Please use the embedded template and return with your application form*


**Budget - PHE Grant  
Application Form 2019**

Please find attached the financial breakdowns for each strand detailed above.



Financials for  
strand 1 Lancashire.



Financials for  
Strand 2 - Lancashii



Financials Strand 3  
- Lancashire.xlsx



Financials Strand 4  
- BwD Lancashire.xls



Financials Strand 5  
St Johns Crn - BwD L

**NB. All Revenue costs are accounted for outside of this bid and feature within annual contract budgets.**

Both service providers and commissioners are committed to spending the financial allocations of Capital Funding in line with the Capital Grant Conditions and within the timescales provided.

**1.3 Supporting criteria (please refer to section 00 in of the guidance notes)**
**1.3.1 Please provide evidence that the bid is jointly owned by the appropriate partnership (250 words maximum).**

*The proposal should contain evidence to show that it has been jointly agreed and endorsed, and that it is part of the strategic commissioning approach of the local partnership.*

This proposal is supported by commissioners from Lancashire County and BwD Councils and the work is aligned to the strategic direction of the developing Integrated Care System established as 'Healthier Lancashire and South Cumbria'.

The capital projects will enable delivery which encourages greater engagement of people from across the life course whose health and social functioning is seriously affected by alcohol.

The projects will build on innovative service delivery and strong partnerships that are already well established as they become more joined up to deliver the Integrated Care Partnerships across PAN Lancashire.

Public Health commissioners and CGL staff are already well involved in the joint developments of Primary Care Networks (PCNs) which are at the heart of the 10 year NHS Plan e.g. the project in Burnley outlined as 'Strand 3' considers the opportunities to link geographically with the potential early accelerator project area of Stoneyholme and Danehouse. The mobile unit for Blackburn with Darwen will link with all 4 PCNs and the other 3 strands will enable key partners to come together in settings which feel safe for people who lack the confidence to fully integrate while they build their social capital and confidence.

The vision associated with all 5 strands within this proposal, is to address the need for improved identification, engagement, joined up care planning and case coordination for individuals and families who are affected by alcohol in the 'right place at the right time' ensuring that people 'live healthier and longer lives'.

**1.3.2 Please describe and provide evidence of how the increase in alcohol treatment will be sustained (400 words maximum).**

*The proposal should show how the increase in alcohol treatment will be continued once the grant payment has been made.*

The various strategic partnerships involved in developing the Integrated Care Partnerships recognise the financial challenges that all partners face and this proposal encourages improved joined up working via a range of multi-disciplinary responses in settings that are both accessible and visible for people who live challenging and sometimes complex lives. It is anticipated that there will be a need to utilise a number of suitable multi agency hubs for people with more complex needs and not just those that can be facilitated in traditional Health or Council Service buildings.

Across Lancashire and Blackburn with Darwen there are a number of developing opportunities that provide a strong foundation on which to build integrated alcohol treatment offers to improve outcomes for both families with alcohol dependent parents and also adults with multiple and complex needs.

For example: -

- There is a strong acknowledgement that ACE prevention and trauma informed services need to be embedded within the Integrated Care System.
- There needs to be greater penetration of alcohol dependent parents via family focussed package of support.
- Preston City Council and Blackburn with Darwen Council are already signed up to working in partnership with the National MEAM Coalition to improve the life chances of people who are sleeping rough or living in poor standard temporary accommodation and this approach is being broadened across Lancashire.
- A number of projects have been robustly evaluated and the evidence provides examples of the return on investment.

This proposal provides an opportunity to cascade these developments beyond the current geographical boundaries and for the alcohol treatment sector to drive forward visible change within a number of already well established service contracts. These are in place across East, North, Central Lancashire and Blackburn with Darwen. All works undertaken to buildings and purchases made will be registered as transferrable assets to ensure long term benefit to service users.

The commissioned services have already achieved a positive reputation, improved

outcomes and significant trust among key partners.

In addition, the models of delivery outlined above significantly align to the wider acceptance among key partners that both areas need to: -

- Engage with more alcohol dependent people
- Promote improved wellbeing
- Provide access to social prescribing, exercise on prescription and digital interventions

All of the projects align to the various jointly owned strategies and plans from across the sub region e.g. 'Together and Active Future' and "Our Digital Future'.

### **1.3.3 Please describe how the capital bid will provide value for money (400 words maximum).**

*The proposal should provide evidence that the planned capital spend is value for money and outcomes can be measured using SMART (Specific, Measurable, Achievable, Realistic and Timely).*

The Public Health England guidance 'Health Matters: Harmful Drinking and Alcohol Dependence', Published 2016 states; for every £40,000 spent nationally on treating 100 dependent drinkers society saves a further £60,000 in terms of health and social related harms.

BwD Commissioners have utilised the PHE VFM cost benefit analysis tool which considers the costs to LAs /NHS/Crime and Economic/Crime and Social/Quality of Life Years (QUALYs). Based on initial data they are confident that the yield on investment for alcohol clients is as follows: -

1:6.3 for the In-treatment population

1:57.1 when considering longer term recovery over 3, 5 and 10 years.

Lancashire County Council commissioners have also suggested 1:7.7 when considering longer term recovery over 3,5 and 10 years.

Both Local Authorities have acknowledged that there is more work needed to ensure all potential data is included but the figures demonstrated are just early indicators. However, it is felt that the work detailed in this bid demonstrates that further investment in the various capital projects will improve engagement of the most complex individuals as well as an increasing the number of alcohol dependent parents engaged in treatment, saving the local Integrated Care System and wider Criminal Justice partners money.

The guidance mentioned above tells us that the cost of alcohol on society is around £21 Billion with a large proportion attributable to alcohol related crime, economic inactivity / worklessness and costs to the NHS. By improving case management and joined up responses the providers aim to reduce these escalating costs.

The projects seek to improve engagement of an increased number of dependent drinkers utilising existing contracted provision with revenue budgets that have been reducing year on year.

In terms of individuals who are rough sleeping who have multiple needs; the economic impact of not acting is staggering and the national MEAM collation have indicated that



cumulative costs of multiple needs across England are estimated at £1.1bn–2.1bn annually . The work outlined in this bid aims to improve opportunities for joint working and engagement of the most complex and vulnerable who have often experienced childhood adversity, trauma and both physical and mental health problems.

Alcohol related harm presents a significant challenge to the health and wellbeing of our residents and their families with 15% of domestic abuse repeat victimisation and 35% of assaults being alcohol related. By increasing the numbers of alcohol users in to treatment year on year further costs savings will be provided.

**1.3.4 Please provide evidence that the bid has been informed by service user and carer consultation (250 words maximum).**

*The proposal provides evidence that where appropriate it has been informed and supported via service user and carer consultation.*

Recent service user engagement from across both Lancashire and Blackburn with Darwen has provided us with key points for consideration which we have acknowledged as part of this bid.

Some of the key points are outlined below: -

- The Academy at Burnley is under used, lack of breakfast clubs / activities
- In Blackburn, the building at Regents House is not SU friendly, the reception area - not great, whole building needs decorations and work required hence the agreement to move to St Johns Court.
- Would welcome better communications about support in one place
- Feel better having support from one key worker with one plan
- Value family clubs and breakfast clubs in Blackburn
- Value opportunities to do fun things with their children in a setting which feel safe
- Like to connect with volunteers, people who understand their struggles
- Would appreciate help with clean clothes and somewhere to shower

Several HEALTHWATCH reports have raised that SUs would value a plan of support that considers both their physical and mental health alongside any drug or alcohol problems.

Several SU forums have been attended by service managers and staff. CGL as a provider is keen to demonstrate a 'You Said / We Did' response.

Feedback is regularly sought via the Lancashire User Forum (LUF) and via VOICE in BwD.

In services monthly SU groups are facilitated and there is a two-way conduit to managers meetings.

SUs have been involved in the recent CQC inspections and were supported to lead several areas of the discussion.

## 1.4 Risks and monitoring

### 1.4.1 Please provide details of any possible risks to delivery (both overall and specifically in relation to the milestone identified in 1.2.3) and actions to mitigate these risks.

Commissioners and Providers do not anticipate any major risks associated with any of the strands detailed within this bid as buildings have been identified and work plans and discussions have already commenced.

Mitigation of risk:

Commissioners and providers agree to form a Capital Expenditure Steering Group which will oversee the expenditure and delivery of the milestones outlined in this bid.

A risk register will be developed which will be aligned to the project plans and where relevant any escalating risks will be notified to the PHE regional leads and Grant leads.

### 1.4.2 Please identify the key performance indicators (KPI's) that will be used to measure the progress of the project.

*KPI's should use the SMART approach (as per the Value for Money examples). These should reflect what success looks like for the project and be definitive, measurable indicators. Identify what constitutes success against the indicators described, what value against which indicator would indicate success for that metric?*

Overarching KPIs are suggested below : -

Increased numbers of Alcohol clients accessing treatment - KPI to reduce the % of unmet need among Alcohol clients over the next 3 years

	<u>Baseline from Q2 DOMES 18-19</u>	<u>By end of Year 1 31<sup>st</sup> of Mar2020</u>	<u>By end of Year 2 31<sup>st</sup> Mar 2021</u>	<u>By end of Year 3 31<sup>st</sup> Mar 2022</u>
National Average	82.9%			
BwD	85.3%	75%	70%	65%
Lancashire	84.4%	75%	70%	65%

Increase the Proportion of New Alcohol Presentations to Treatment who live with children under 18 years of age.

	<u>Baseline from Q2 DOMES 18-19</u>	<u>By end of Year 1 31<sup>st</sup> of Mar2020</u>	<u>By end of Year 2 31<sup>st</sup> Mar 2021</u>	<u>By end of Year 3 31<sup>st</sup> Mar 2022</u>
National Average	23.6%			
BwD	18.3%	25%	30%	35%
Lancashire	22%	25%	30%	35%

Maintain or improve the rates of successful completions of treatment for Alcohol clients who live with children under 18 years of age.

	<u>Baseline from Q2 DOMES 18-19</u>	<u>By end of Year 1 31<sup>st</sup> of Mar2020</u>	<u>By end of Year 2 31<sup>st</sup> Mar 2021</u>	<u>By end of Year 3 31<sup>st</sup> Mar 2022</u>
National Average	41.7%			

BwD	68.3%	>65%	>67%	>69%
Lancashire	53.4%	>55%	>60%	>65%

In addition to the Key Indicators above a number of local measurement tools and reporting procedures will be developed locally to demonstrate progress in relation to the outcomes outlined above in section 1.2.3 under each specific strand. These may also be finalised in partnership with representatives from the relevant local partnerships.

## Section 2 – Additional information

### 2. Additional information (500 words maximum)

*Please use this space to provide any additional information you feel is appropriate:*

It is recognised and acknowledged via the Community Safety District Profiles that Alcohol presents a number of common challenges across PAN Lancashire but most specifically across the geographical areas that relate to each of the strands within this bid.

- Alcohol is related to repeat victimisation in 13% of cases across Blackburn with Darwen 18% in Burnley.
- Alcohol is related to 23% of violence against the person offences in Blackburn with Darwen.
- Alcohol is related to 28% of violent crimes in Burnley, 33% in Lancaster and 43% in Preston.
- All areas relating to this bid have high rates of Alcohol related hospital admissions and high rates of alcohol related benefit claims.
- Between 1/4 and 1/3 of all recorded domestic violence offences are alcohol related.

A report was commissioned recently to consider Social Return on Investment with regards to the CGL model of delivery and this model is becoming more aligned across the geographical landscape of Lancashire, sharing good practice and improving outcomes overall.

Please see attached as a reflection of the social value achieved:



CGL infographic  
FINAL.pdf

## EQUALITY IMPACT ASSESSMENT CHECKLIST

***This checklist is to be used when you are uncertain if your activity requires an EIA or not.***

An Equality Impact Assessment (EIA) is a tool for identifying the potential impact of the organisation's policies, services and functions on its residents and staff. EIAs should be actively looking for negative or adverse impacts of policies, services and functions on any of the nine protected characteristics.

The checklist below contains a number of questions/prompts to assist officers and service managers to assess whether or not the activity proposed requires an EIA. Supporting literature and useful questions are supplied within the [EIA Guidance](#) to assist managers and team leaders to complete all EIAs.

<b>Service area &amp; dept.</b>	Public Health	<b>Date the activity will be implemented</b>	01/07/2019
---------------------------------	---------------	--	------------

<b>Brief description of activity</b>	Alcohol PHE capital bid to support buildings changes for alcohol treatment engagement and a mobile vehicle to support user engagement in support and treatment for alcohol issues across the Borough
--------------------------------------	--


Answers favouring doing an EIA	Checklist question	Answers favouring not doing an EIA
<input type="checkbox"/> Yes	Does this activity involve any of the following: - Commissioning / decommissioning a service - Change to existing Council policy/strategy - Budget changes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	Does the activity impact negatively on any of the protected characteristics as stated within the Equality Act (2010)?	<input checked="" type="checkbox"/> No
<input type="checkbox"/> No <input type="checkbox"/> Not sure	Is there a sufficient information / intelligence with regards to service uptake and customer profiles to understand the activity's implications?	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	<b>Does this activity:</b> Contribute towards unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity creates or increases disadvantages suffered by people due to their protected characteristic)</i>	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Reduce equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity fail to meet the needs of people from protected groups where these are different from the needs of other people)</i>	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Not sure	Foster poor relations between people who share a protected characteristic and those who do not <i>(i.e. the function prevents people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	<input checked="" type="checkbox"/> No
<b>FOR = 0</b>	<b>TOTAL</b>	<b>AGAINST = 6</b>

**Will you now be completing an EIA?**

Yes

No

The EIA toolkit can be found [here](#)

<b>Assessment Lead Signature</b>	
<b>Checked by departmental E&amp;D Lead</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	04/06/2019