

# 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. *(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

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