



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 21st January 2019

Section 1 – The project

1.1 Local authority contact details	
Name of local authority submitting the bid	Lancashire County Council In partnership with Blackburn with Darwen Borough Council
Name of lead commissioner	Chris Lee in partnership with Shirley Goodhew (Consultant in Public Health at BwDBC)
Job title / position in local authority	Public Health Specialist
Telephone number	07876844078
Address and postcode	Lancashire County Council, County Hall Preston PR1 8RE
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If different to the above

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

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:

Capital project work to be achieved:	By When:
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
Outcomes to be achieved:	By When:
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)

Strand 2:

Capital project work to be achieved:	By When:
Refurbishment of a building in Lancaster for multi-functional use with two 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
Outcomes to be achieved:	
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

Strand 3:

Capital project work to be achieved:	By When:
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
Outcomes to be achieved:	
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:

Capital project work to be achieved:	By When:
Purchase of mobile unit	By end of June 2019
Fully facilitated and fit for purpose unit to be established	By end of Sep 2019
Outcomes to be achieved:	
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:

Capital project work to be achieved:	By When:
Full refurbishment to be undertaken at St Johns Court	By end of June 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

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
TOTAL LCC	£256,841

Blackburn with Darwen Council projects: -

Strand 4	£57,500
Strand 5	£163,931
TOTAL BwD	£221,431

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.



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 31st of Mar2020</u>	<u>By end of Year 2 31st Mar 2021</u>	<u>By end of Year 3 31st 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 31st of Mar2020</u>	<u>By end of Year 2 31st Mar 2021</u>	<u>By end of Year 3 31st 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 31st of Mar2020</u>	<u>By end of Year 2 31st Mar 2021</u>	<u>By end of Year 3 31st 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