

Cabinet

Supplementary Information



Date: Tuesday, 1 December 2020

Time: 4.00 pm

Venue: Virtual meeting via Zoom Cloud Meetings

**21. APR15 - Rough Sleepers Drug and Alcohol Treatment Grant -
Updated Report**

(Pages 2 - 6)

Issued by: Corrina Haskins, Democratic Services

City Hall, Bristol, BS1 5TR

Tel: 0117 35 76519

E-mail: democratic.services@bristol.gov.uk

Date: Wednesday, 25 November 2020



Decision Pathway – Report Template

PURPOSE: Key decision

MEETING: Cabinet

DATE: 02 December 2020

TITLE	Rough Sleeping Drug and Alcohol treatment grant		
Ward(s)	<i>All</i>		
Author:	Paul Moores	Public Health commissioning officer (drugs and Alcohol)	
Cabinet lead:	Asher Craig / Helen Godwin	Executive Director lead: Jacqui Jensen	
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>			
Timescales: Application for the grant was submitted in October. We are awaiting a decision on the amount allocated to Bristol.			
<p>Bristol has been identified by the Ministry for Housing Communities and Local Government (MHCLG) and Public Health England as a priority area for funding to support drug and alcohol treatment services for the rough sleeping and homeless population of Bristol.</p> <p>Bids were invited to address the following</p> <ol style="list-style-type: none"> a) To ensure that the engagement that people have had with drug and alcohol treatment services whilst in emergency accommodation is maintained as they move into longer term accommodation (continuity of care) b) To Support people to access and engage in drug, alcohol treatment who have not yet done so (access and engagement) c) To build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years (resilient and sustainable models of care) <p>The funding application has to be to provide additional support to people who are experiencing or have recently experienced rough sleeping. It is not to fund posts or a service which has already been delivered or that would happen anyway. It is a 4 year funding programme with costs for posts being guaranteed for at least the first 2 years in the first instance.</p> <p>Bristol's bid was developed with colleagues in housing services and covers the following areas:</p> <ul style="list-style-type: none"> • Strengthening proactive floating support work: BCC to employ five specialist drug & alcohol tenancy support workers to work within the Supported Lettings Team, enhance the drug and alcohol support offer within the team and create a team leader specialist post. • Increasing drug and alcohol support for people within the target group who have complex needs: Additional workforce both within BCC and across partner agencies to ensure better engagement with this cohort. Throughout the pandemic both housing and substance use support services have identified areas where additional support is required. The proposed 			

would include targeted GP's sessions and a specialist nurse prescriber.

- **Helping to sustain longer term accommodation:**

There is clear evidence that supporting people who are experiencing multiple disadvantage impacts positively on the likelihood of them sustaining their tenancies. The funding will pay for additional specialist tenancy support workers to work in partnership with existing providers and ensuring clients are able to access services in an appropriate and timely manner. The 'Housing First Model', which is currently being trialled in Bristol, advocates for exactly this approach.

- **Strengthening partnership work with tenancy support teams:**

Not only would the additional specialist tenancy support workers hold a case load, they would also work alongside the generic tenancy support workers to train and support them in offering ongoing advice and guidance on substance misuse, to this cohort.

- **Increased capacity for the ROADS peer support service:**

The additional funding would allow us to expand the current ROADS peer support service. Peer supporters would be able to work across the city, offering valuable lived experience of recovery and sustaining tenancies. An example of this might be to accompany clients to appointments at drug and alcohol services.

- **Additional programme management and commissioning support:**

This would allow for an additional role within the substance use commissioning element of the public health team to manage this additional funding and the development of the services and the additional reporting requirements

- **Increased Inpatient detoxification and stabilisation,**

This would allow for any additional inpatient detox and stabilisation needs as well as placements in residential rehab. The funding would enable us to develop a specific pathway, prioritising clients from this cohort.

We have not been informed of the exact funding envelope and therefore what of the above will be possible but have been told that there is approximately £23 million to share between around 40 local authorities. The value of the Bristol bid will be approximately £600,000.

Evidence Base: Evidence shows that alcohol and drug treatment is effective in helping people to recover and also that it provides good value for money. Evidence on the cost benefits of drug treatment is drawn together by PHE (2017) and it suggests that every £1 spent on drug treatment results in a £2.50 benefit to society in terms of further health costs and criminal activity. PHE (2016) also reports that specialist alcohol treatment shows favourable returns on investment. Williams et al (2017) suggest that every £1 spent on psychosocial treatment for alcohol dependence results in a £5.00 benefit to society.

PHE (2017) gives an overview of evidence showing the strong link between housing status and drug use, and the benefits of having access to both housing and treatment. This evidence shows that:

- Better access to drug treatment and supported housing results in improved mental and physical health.
- Access to housing can have a positive impact on a person's motivation to change drug using behaviours
- Access to both housing and treatment are associated with a reduction criminal activity
- Access to both housing and treatment are associated with improved relationships with families and carers.
- Absence of stable accommodation can have an impact on treatment engagement and

retention.

- Homelessness has been seen to increase the use of hospital beds because drug users may seek hospital admission as a means to temporarily avoid rough sleeping
- The risk of premature mortality from a range of causes is increased among substance misusers who experience persistent homelessness
- Rough sleeping is associated with higher levels of injecting drug use, increasing the risk of drug related death
- A long history of homelessness, and rough sleeping, is a predictor of withdrawal from treatment and/or relapse following treatment.
- A healthy home is important for recovery while unhealthy accommodation may be a contributory factor to initiating problematic drug use and may affect choices such as whether to sleep rough or use drugs.

References

PHE (2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England

<https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

PHE (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.*

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

Williams, R., Alexander, G., Armstrong, I., Baker, A., Neeraj, B., Camps-Walsh, G et al. (2017). Disease burden and costs from excess alcohol consumption, obesity, and viral hepatitis: fourth report of the Lancet Standing Commission on Liver Disease in the UK. *The Lancet*, Nov 29, 2017 pp.1097-1107.

JSNA Substance misuse

<https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Substance+misuse+%28updated+Dec+2019%29.pdf/8afda7b5-160c-e0d3-f68f-9407ea21f9f8>

JSNA Alcohol misuse

<https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Alcohol+%28Updated+Sep+19%29.pdf/5a1e98b0-7314-9af8-7a3a-dded750bcacc>

Cabinet Member / Officer Recommendations

1. Approve, subject to successful grant award, the acceptance of the grant award from MHCLG
2. Authorise the Executive Director of People in consultation with the Cabinet Member for Public Health to take all steps required to allocate the funding including the procurement of all contracts (goods, services or works) in accordance with the proposals contained in the report.

Corporate Strategy alignment:

The proposed spending of the grant addresses the corporate strategy priorities as well as the Covid business plan recovery priorities and the City Plan aspirations.

These are all focussed on 1) Reducing harm from alcohol and substance misuse by reducing hospital admission and substance misuse related deaths. 2) Making communities safer by ensuring the numbers of people rough sleeping and in temporary accommodation is reduced c) Reducing inequalities in health by promoting physical and mental health and ensuring access to health care d) Reduction in anti-social behaviour.

City Benefits: The funding will allow Bristol to build on the 'move on' project initiated as a response to Covid 19 and ensuring accommodation was available for those homeless and in temporary accommodation. Ensuring people at risk of homelessness have access to drug

treatment and support will have many benefits as outlined in the cities aspirations, to be a caring and inclusive city. This programme should ensure individuals have a chance to thrive, antisocial behaviour will be reduced and communities are safer.

Consultation Details:

There has been no public consultation as the grant clearly lays down what can be applied for and funded. There has been discussion internally and with commissioned services about where services funded by this grant are best placed.

Background Documents:

PHE (2017) An evidence review of the outcomes that can be expected of drug misuse treatment in England

<https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

PHE (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

Revenue Cost	Approx 600k	Source of Revenue Funding	<i>MHLG/Public Health England</i>
Capital Cost	£	Source of Capital Funding	
One off cost <input type="checkbox"/>	Ongoing	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>
cost <input checked="" type="checkbox"/>			

Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: Bristol has submitted a bid for funding in accordance with guidance received from Public Health England. The bid is looking for c£600k, which is for a mix of internal posts and externally funded services. In the event of a successful bid, contracts would only be awarded depending on the guarantee of future funding. In the event that less than £600k is awarded, then any plans would need to be flexed downwards, based on PHE guidance to match a reduced budget envelope. Any spending decisions would need to be authorised by the Executive Director for People in consultation with the Cabinet Member for Public Health.

Finance Business Partner: Denise Hunt 25.11.20

2. Legal Advice: The submission of the bid for grant funding raises no particular legal issues. The procurement process must be conducted in line with the 2015 Procurement Regulations and the Councils own procurement rules. Legal services will advise and assist officers with regard to the grant agreement, the conduct of the procurement process and the resulting contractual arrangements.

Legal Team Leader: Husinara Jones, Solicitor/Team Leader, 24 November 2020

3. Implications on IT: There are no specific IT implications to consider

IT Team Leader: Simon Oliver, Director, Digital transformation.

4. HR Advice: The report seeks approval to accept a grant if successful and to allow the Executive Director: People to allocate the funding as appropriate. Once this report is agreed there may be HR implications going forward but as the report is currently presented there are no HR implications for Bristol City Council Employees.

HR Partner: Lorna Laing People and Culture HR business partner 24/11/20		
EDM Sign-off	Jacqui Jensen	25th November
Cabinet Member sign-off		
For Key Decisions - Mayor's Office sign-off		

Appendix A – Further essential background / detail on the proposal	
Appendix B – Details of consultation carried out - internal and external	
Appendix C – Summary of any engagement with scrutiny	
Appendix D – Risk assessment	
Appendix E – Equalities screening / impact assessment of proposal	
Appendix F – Eco-impact screening/ impact assessment of proposal	
Appendix G – Financial Advice	
Appendix H – Legal Advice	
Appendix I – Exempt Information	
Appendix J – HR advice	
Appendix K – ICT	
Appendix L – Procurement	