Public Health England

Protecting and improving the nation's health

# Funding Proforma Part 1: Rough sleeping drug and alcohol treatment grant 2020/21

Please Note: Applications should be submitted to the relevant PHE regional team

| Local authority contact details | |
|---|---|
| **Name of local authority submitting the bid** | Birmingham City Council |
| **Name of lead commissioner** | Saba Rai |
| **Job title / position in local authority** | Service Lead – Health and Homelessness<br>Interim lead – Universal and Prevention Services |
| **Telephone number** | 07704 539752 |
| **Address and postcode** | Birmingham City Council<br>10, Woodcock Street, Birmingham. B7 4BL. |
| **E-mail address** | Saba.Rai@birmingham.gov.uk |

| Section 1 – Numbers of people from the rough sleeping population requiring drug and alcohol treatment |
|---|
| **Please complete full section (questions 1a-1h) in the population tab of the attached Excel document.**<br><br>**217 CLIENTS.** Details on the Population tab of the excel document – Funding Proforma Part 2. |

| Section 2 – Current drug and alcohol treatment provision for the rough sleeping population.<br><br>*Please note: This funding is to provide additional support to people who are experiencing or have recently experienced rough sleeping. It is not able to fund posts or a service which has already been delivered or that would happen anyway.* |
|---|
| **2a. Please list your current drug and alcohol service provision (for people who have experienced / are experiencing rough sleeping). (300 words max)** |

Change Grow Live (CGL) are commissioned to provide drug and alcohol services in Birmingham and are contracted until 28th February 2022.

The commissioned contract does not specify roles related to homelessness but CGL provide 2-FTE dedicated specialist Homelessness Recovery Coordinators.

CGL also receive separate funding from the Rough Sleepers Initiative (RSI). This funds 2-FTE Outreach Workers and 1-FTE Non-Medical Prescriber (NMP) who work alongside the Homelessness Recovery Coordinators.

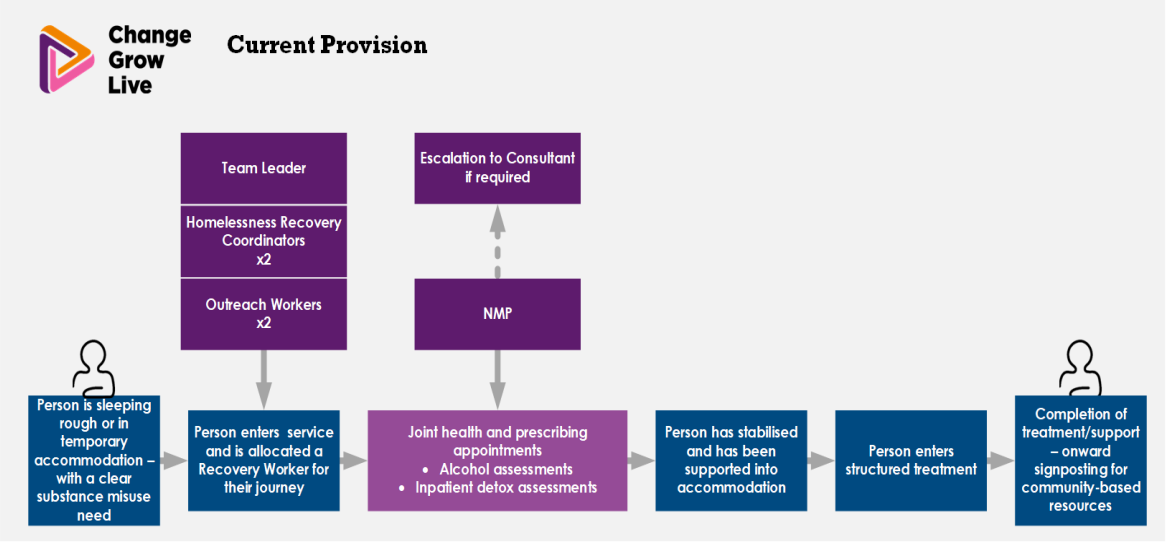
The RSI funding is currently confirmed until March 2021.

The team currently engage with 154 service users, which includes a mix of individuals in hostel and emergency accommodation and rough sleepers. Some individuals in hostels also have regular periods of rough sleeping.

CGL provide rapid prescribing for opiate substitute treatment (OST) and clinical and psychosocial interventions. The team assess physical and mental health and refer and signpost to mental and physical health care, housing and voluntary services. The team complete blood borne virus (BBV) testing and BBV vaccinations. Alcohol assessments and other clinical interventions are completed by a Nurse in the core substance misuse service. The team have established partnership/pathways with statutory and voluntary services including Birmingham City Council, housing providers and Birmingham and Solihull Mental Health Trust.

Prolonged periods of rough sleeping can make it more challenging for workers to engage individuals into drug or alcohol support. Entrenched rough sleeping is often associated with complex needs and building trust can take considerable time. Both factors impact on the capacity of the current provision.

Current funding is limited to the city centre. During the pandemic there has been a significant increase in rough sleepers displaced to areas outside the city centre (e.g. Erdington/Moseley). This limitation makes it challenging for the workers to work effectively with these individuals.



**2b. Please describe the gaps in service provision that you would address with the funding provided. (300 words max)**

Rough sleepers or those at risk of rough sleeping in Birmingham currently have no provision outside of the city centre**.** The new model will engage rough sleepers across a much wider geographic area and ensure all those at risk of, or currently rough sleeping can quickly/easily access individualised support that addresses co-occurring mental health/substance dependence in a trauma/psychologically informed way. Thus, preventing them from returning to rough sleeping/enabling sustainment of accommodation.

The new model will bring additionality to the established Homelessness Team including:

- Complex Needs Navigators.
- Homelessness Recovery Coordinators.
- Outreach Nurse.
- Outreach Health Care Assistant.
- SPOA/Admin Workers.
- Hospital/Prison Outreach.
- Project Manager and Team Leader.

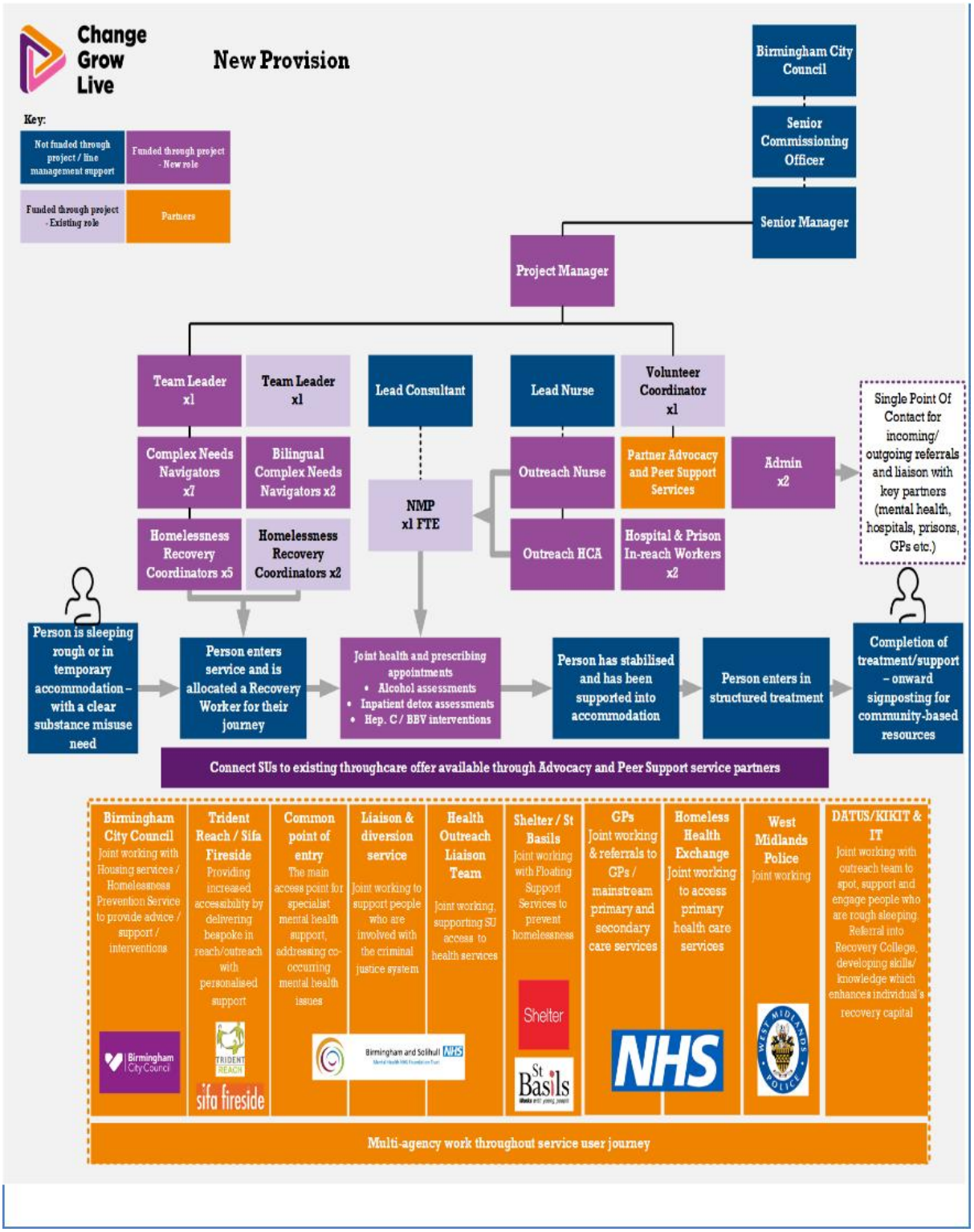
The 1-FTE Project Manager will provide strategic oversight and manage the project from set-up to delivery and will liaise with Commissioners and other partners/stakeholders.

The new team will also support the established city-wide MDT, ensuring effective pathways to mental health and primary care services, and that service users coming in/out of hospital or prison also receive an engaging and effective service.

Birmingham has a large population of SUs where English is not their first language. We will recruit 2-FTE specialist Bilingual Complex Needs Workers (e.g. Polish speaking) to ensure effective engagement across the city, by breaking down barriers and cultural differences.

A new 1-FTE Outreach Nurse and 1-FTE HCA will bring healthcare interventions to rough sleepers across the city and ensure they are supported to access primary care and BBV/Hep-C services through existing treatment pathways.

The new team will work with CGL's existing Volunteer Coordinator to build a network of Peer Mentors to support those who are rough sleeping. Peer Mentors will adopt a multi-agency approach model, ensuring that the support is meaningful and person-centred. They will promote access to treatment and other services (e.g. peer support/SMART via Datus, Hep-C treatment via Queen Elizabeth Hospital).


Change Grow Live
New Provision
Key:
Not funded through project / line management support
Funded through project - New role
Funded through project - Existing role
Partners
Birmingham City Council
Senior Commissioning Officer
Senior Manager
Project Manager
Team Leader x1
Team Leader x1
Lead Consultant
Lead Nurse
Volunteer Coordinator x1
Complex Needs Navigators x7
Bilingual Complex Needs Navigators x2
NMP x1 FTE
Outreach Nurse
Partner Advocacy and Peer Support Services
Admin x2
Homelessness Recovery Coordinators x5
Homelessness Recovery Coordinators x2
Outreach HCA
Hospital & Prison In-reach Workers x2
Single Point Of Contact for incoming/ outgoing referrals and liaison with key partners (mental health, hospitals, prisons, GPs etc.)
Person is sleeping rough or in temporary accommodation – with a clear substance misuse need
Person enters service and is allocated a Recovery Worker for their journey
Joint health and prescribing appointments
Alcohol assessments
Inpatient detox assessments
Hep. C / BBV interventions
Person has stabilised and has been supported into accommodation
Person enters in structured treatment
Completion of treatment/support – onward signposting for community-based resources
Connect SUs to existing throughcare offer available through Advocacy and Peer Support service partners
Birmingham City Council
Joint working with Housing services / Homelessness Prevention Service to provide advice / support / interventions
Trident Reach / Sifa Fireside
Providing increased accessibility by delivering bespoke in reach/outreach with personalised support
Common point of entry
The main access point for specialist mental health support, addressing co-occurring mental health issues
Liaison & diversion service
Joint working to support people who are involved with the criminal justice system
Health Outreach Liaison Team
Joint working, supporting SU access to health services
Shelter / St Basils
Joint working with Floating Support Services to prevent homelessness
GPs
Joint working & referrals to GPs / mainstream primary and secondary care services
Homeless Health Exchange
Joint working to access primary health care services
West Midlands Police
Joint working
DATUS/KIKIT & IT
Joint working with outreach team to spot, support and engage people who are rough sleeping. Referral into Recovery College, developing skills/ knowledge which enhances individual's recovery capital
Multi-agency work throughout service user journey

**2bi. Where there are gaps in local intelligence, what steps will be taken to address them? (200 words max)**

Due to the size of Birmingham, the complexities and transient nature of the rough sleeping population, and the number of partner agencies involved in addressing the issue of rough sleeping; it is acknowledged that in Birmingham there are gaps in local intelligence including accessing qualitative data in a timely manner:

- Having accurate data on the number of rough sleepers with co-occurring mental ill-health and substance dependence and whether a formal diagnosis has been undertaken.
- Timely access to hospital discharge and prison release data.
- Data sharing amongst existing service providers, including Mental Health and Rough Sleeping Outreach Teams.

The proposal will address these gaps by:

- Providing a framework and capacity (1-FTE Project Manager) to link with partners thus facilitating greater integration with all service providers who contribute to rough sleeping in terms of formal data sharing protocols and subsequent governance via the Birmingham Homeless Forum and Rough Sleeper Action Group.
- Enabling access to citywide local intelligence in order to continuously monitor gaps via the accessibility, engagement and sustainability in the new service.
- Embedding the new CGL Rough Sleeper Model as part of the wider health and social care system.

**Section 3 – Planned wrap around interventions to support individuals and services to enable access, engagement and sustained engagement with drug and alcohol treatment.**

**3a. Please describe how current services work to support this population with access to and engagement with drug and alcohol treatment and where you have identified gaps in service provision. (300 words max)**

Rough sleepers are currently referred into the drug and alcohol treatment service through:

- CGL's SPOC.
- Outreach Workers via RSI partners.
- CGL's assertive outreach engagement.

However, a dedicated Homelessness SPOC to coordinate referrals would be more effective/efficient.

Outreach Workers conduct drug screens and arrange NMP assessments for OST. Assessments are currently virtual, so Outreach Workers hand deliver prescriptions to the individual or nominated pharmacy.

Clinical interventions, including alcohol assessments are completed by a CGL Nurse. However, this role also has other responsibilities and is not fully allocated to the needs of rough sleepers.

Frequent multi-disciplinary RSI meetings with housing, health and voluntary services support ongoing engagement and planning of appropriate interventions. Outreach Workers often 'hand-hold' rough sleepers to attend appointments, however the frequency of required outreach interventions is limited by the high numbers in this cohort and the Outreach Worker's caseloads.

There have been significant increases in requests to support rough sleepers in areas outside the city centre. Rough sleepers will often not readily engage at CGL's hubs and since COVID-19, the core service has seen an increase of 700 individuals accessing treatment, further limiting capacity for specialist outreach to rough sleepers. The new Complex Needs Navigators are essential to engage rough sleepers and support access to treatment.

An estimated 10% of rough sleepers are frequently admitted to hospital or receive custodial sentences. The new Hospital and Prison In-reach Workers (supported via the SPOC) will ensure their needs are met on the day of discharge.

The new model will enhance the existing Homelessness Team, with multi-disciplinary-team meetings supporting citywide links to health and social care services, peer support networks, community assets and mutual aid.

The new 1-FTE Project Manager will work with Social Prescribing Networks, Associated Social Prescribers and the LA Neighbourhood Network Scheme to facilitate sustained recovery for service users.

**3b. Please complete corresponding table (question 3b) in the staff tab of the attached Excel document.**

Details on the Staff tab of the excel document – Funding Proforma Part 2.

## Section 4 – Commissioning and project coordination

**Please complete full section (questions 4a-4b) in the staff tab of the attached Excel document.**

Details on the Staff tab of the excel document – Funding Proforma Part 2.

## Section 5 – London specific question

**5a. How many of the London 'Target One Thousand' cohort remain either in emergency accommodation or rough sleeping in your borough? Of these, please specify how many require drug and alcohol treatment. (100 words max)**

**N/A**

## Section 6 – Service integration

**6a. Please explain how the new funding will be integrated with existing service provision, as part of a wider health and care pathway for this population. (150 words max)**

CGL will provide governance and leadership for the new model which will be embedded within their existing Drug and Alcohol Treatment Service (commissioned, managed and monitored by Birmingham Public Health). The model will be integrated within existing Local Authority operational and strategic groups, including monitoring of outcomes and future direction.

There is commitment from all partners to work holistically to fully integrate the model within existing services and wider health and care pathways, including:

- The RSI Model.
- BCC Rough Sleeping Outreach Team.
- Mental Health Rough Sleeping Team.
- Adults Transition Centre.
- Vulnerable Adults, Prison Release & Young People's Hubs.
- Adult Social Care.
- Homeless Hostels and Charities.
- Health Xchange (Primary Care Services for the Homeless).
- Rough Sleeping MDT.
- Hospitals.
- Prisons.

When deemed ready, rough sleepers will transition to mainstream services to ensure continuity of care, improved health outcomes and sustained recovery.

**6b. Where an individual is accommodated out of the local authority, please describe how continuity of care arrangements will work to ensure that people are supported to access the local drug and alcohol services. (150 words max)**

When an individual is accommodated out of area, their Complex Needs Navigator/Homelessness Recovery Co-ordinator will coordinate their transfer. This will include referral to and liaison with their new drug and alcohol service and pharmacy, and provision of bridging prescription until an appointment and prescription is provided. The Complex Needs Navigator/Homelessness Recovery Co-ordinator will liaise with other services involved in their care and support (e.g. mental health), to ensure appropriate and secure transfer of all care needs.

The Admin/SPOC workers will send all relevant information (e.g. assessments and service user plans).

The Complex Needs Navigator/Homelessness Recovery Co-ordinator will continue to work with the service user for a minimum of 4 weeks or until such time that the service user has met the new service and an effective handover has taken place.

Service users returning to Birmingham will be able to re-access treatment within 48 hours.

## Section 7 – Impact of additional funding and agreed outcomes

**7a. Please describe how this funding will impact on the following outcomes: (300 words max)**

(i) access to treatment
(ii) sustained engagement
(iii) successful completion
(iv) stable accommodation
(v) co-occurring drug and alcohol dependence and mental ill health needs
(vi) GP registration
(vii) general health care engagement
(viii) access to inpatient detox/residential rehab (where appropriate)

The new funding will deliver the following outcomes:

(i) Increased access to treatment through increased outreach, more intensive support and improved pathways and partnerships. Complex Needs Navigators will support rapid access to treatment, with access to prescribing within 48hrs. The new SPOC will ensure SUs gain access/linkage to community services within 24hrs of release from hospital/prison.

(ii) Holistic packages of care including psycho-social interventions, clinical prescribing, BBV/Hep-C screening/immunisations/treatment and peer-support, will promote sustained engagement. Referral to multi-agency rough sleeper daily tasking meetings and weekly local MDTs with safeguarding leads and clinical staff present will ensure support is effectively coordinated across providers.

(iii) Increased numbers of individuals previously rough sleeping/in emergency accommodation who remain engaged with treatment and are no longer in emergency accommodation/rough sleeping.

(iv) Reduced numbers of long-term and repeated rough sleepers decreased evictions/abandonments from commissioned services and independent living directly attributed to substance use, and increased throughput in supported accommodation to more independent living.

(v) Increased assertive outreach and case management capacity will support SUs to access mental health services. The Project Manager will develop/improve referral pathways between homelessness and mental health services.

(vi) All SUs will be referred to a GP within 48 hours (supported by their Complex Needs Navigator and SPOC to ensure referrals are accepted). This will include a virtual offer of support.

(vii) The new service will improve joint working with Health & Social Care and other providers. Complex Needs Navigators/Homelessness Recovery Co-ordinators will utilise existing/new networks and pathways to broker support from strategic partnerships and other providers.

(viii) Service users who are currently residing in the local authority area will have access to Park House (CGL's Inpatient Detoxification Unit, with 9 dedicated beds), or other specialist units based on individual need/risk (including access to CGL's national framework of inpatient and residential rehabilitation providers).

**7b. Please describe any additional local outcomes you would hope to see from this additional funding. (150 words max)**

Further outcomes include:

- A service model which enables people to sustainably move on from rough sleeping and homelessness rather than just responding to immediate presenting need.
- Improved relationships with local communities and businesses.
- Greater capacity to engage with individuals rough sleeping outside of the city centre.
- Enhanced partnership working with primary care, mental health services, housing and other voluntary organisations who are supporting rough sleepers.
- Increased numbers of service users previously 'closed', re-engaged with CGL and mental health services.
- Increased numbers of service users engaged with CGL previously with no access to primary and secondary care now engaged in treatment pathways.
- A reduction in rough sleepers who are repeatedly accommodated and return to rough sleeping.
- Personalised/holistic support packages for all service users including specialist interventions (e.g. female & older rough sleepers).
- Culturally appropriate interventions for hard to reach individuals from the Eastern European and Sub-Saharan African rough sleeping communities.

## Section 8 – Commitment to evaluation, monitoring and reporting

**8. Please confirm you will comply with all monitoring, reporting and evaluation requirements set by PHE.**

Birmingham confirms that it will comply with all monitoring, reporting and evaluation requirements set by PHE. Birmingham is also willing to work in partnership with PHE in terms of evaluating the project.

## Section 9 – Key milestones, risks and mitigations

**9a. Please outline the key milestones and deliverables.**

***** All dates listed below are reliant upon Birmingham City Council being notified of the bid outcome week commencing 26th October 2020. Any slippage to this date will impact on the delivery dates listed below.

| **Key milestones/Deliverables** | **Delivery Date:** |
|---|---|
| Bid outcome decision received from PHE | w/c 26th October 2020 |
| Key partners informed of bid outcome | w/c 26th October 2020 |
| Role Recruitment – CGL prepare job descriptions for each post. | w/c 26th October 2020 |
| Discuss pathways in and out of the model with key partners | w/c 9th November 2020 |
| Confirm membership and dates of relevant local operational and strategic groups | w/c 9th November 2020 |
| Identify potential caseload with key partners and initiate engagement | w/c 9th November 2020 |
| Job adverts published by CGL | w/c 9th November 2020 |
| Job interviews take place | w/c – 21st December 2020 |
| Initial caseloads, KPIs, Outcomes and implementation plan shared with key partners and discussed. | w/c – 4th January 2021 |
| Funding allocated and paid to BCC | TBC |
| New staff in post at CGL | w/c 8th February 2021<br>(dependant on successful role recruitment |
| New Model operational | February 2021 |
| First 2 monthly monitoring submission to PHE | March 2021 |

**9b. Please provide details of any possible risks to delivery (both overall and specifically in relation to milestones identified) and actions to mitigate these risks.**

| Possible Risks impacting on successful delivery | Likelihood of Risk (1-5) Severity of Risk (1-5) | Mitigating Actions |
|---|---|---|
| *CGL are unable to successfully recruit to posts.* Successful recruitment is a critical success factor of the project/COVID may present additional barriers | Likelihood (3) Severity (5) | CGL are highly experienced at recruitment including to specialist posts. Recruitment will be supported by a specialist HR-Business Partner, with oversight from CGL's central Implementation team. Secondments from CGL's core drug and alcohol service. |
| *Lack of engagement from key partners.* | Likelihood (1) Severity (5) | Key partners have been actively involved in the preparation of the bid, have identified gaps in current provision and are fully committed to working in partnership moving forward. Joint working relationships and governance arrangements already exist. |
| *Lack of engagement and refusal of support from the rough sleeping cohort.* The cohort have multiple complex needs and may refuse help as at the time it is not right for them as an individual. | Likelihood (3) Severity (5) | The new proposed model has been designed with input from key partners and offers flexibility to the caseload. The new model addresses previous gaps in service provision and offers additionality to previous service offers (e.g. increased outreach, more intensive support), and will offer a more engaging proposition to individuals within the rough sleeping cohort. |
| *Gaps in local intelligence and impact on service capacity.* As identified within this bid it is acknowledged that there are gaps in local | Likelihood (3) Severity (5) | The caseloads for new positions detailed within this bid have been determined by the data available. |

| | | |
|---|---|---|
| intelligence in terms of being able to access qualitative data in a timely manner. | | As described within the bid formal data sharing protocols will be agreed and implemented with key partners in order to have accurate data in terms of rough sleeping numbers. |

| **Section 10.1 – Signatories** | |
|---|---|
| **Local authority director of public health / consultant in public health** | |
| **Signed** |  |
| **Name** | Elizabeth Griffiths – Assistant Director of Public Health |
| **Email** | Elizabeth.griffiths@birmingham.gov.uk |
| **Telephone** | 07548 713687 |

| **Section 10.2 – Signatories** | |
|---|---|
| **Local authority director of housing and/or senior housing or homelessness commissioner** | |
| **Signed** |  |
| **Name** | Julie Griffin - Assistant Director Housing |
| **Email** | julie.griffin@birmingham.gov.uk |
| **Telephone** | 07958 218742 |

| **Section 10.3 – Signatories** | |
|---|---|
| **Chief executive of the local authority (or individual with delegated authority to sign on behalf of the chief executive)** | |
| **Signed** |  |
| **Name** | Chris Naylor – BCC Chief Executive |
| **Email** | Chris.Naylor@birmingham.gov.uk |
| **Telephone** | 0121 303 4961 |

| Section 10.4 – Signatories | |
|---|---|
| **Executive approval for lead CCG (i.e. director of commissioning; mental health commissioning lead; clinical lead for mental health)** | |
| **Signed** |  |
| **Name** | Joanne Carney - Director of Joint Commissioning, Mental Health, Children and Maternity, Personalisation, Birmingham & Solihull CCG |
| **Email** | joanne.carney@nhs.net |
| **Telephone** | 07500 604943 |

| Section 10.5 – Signatories | |
|---|---|
| **Local authority director of adult social services** | |
| **Signed** |  |
| **Name** | Graeme Betts – BCC Director Adult Social Care |
| **Email** | Graeme.Betts@birmingham.gov.uk |
| **Telephone** | 0121 303 2992 |

| Section 10.6 – Signatories | |
|---|---|
| **Other local strategic partner (please specify name of organisation)** | |
| **Signed** |  |
| **Name** | Charity Easton – Director, Change, Grow, Live (CGL) |
| **Organisation** | Change, Grow, Live (CGL) |
| **Email** | Charity.easton@cgl.org.uk |
| **Telephone** | 07557 058068 |