Public Health England

Funding Proforma Part 2: Rough sleeping drug and alcohol treatment grant 2020/21

Local authority:	Birmingham
Population	Numbers of people from the rough sleeping population requiring drug and alcohol treatment
Staff	Staff levels and additional staff required

Public Health England

Section 1: Population

Numbers of people from the rough sleeping population requiring drug and alcohol treatment	Number	Notes
Q1ai: How many people are currently in emergency accommodation set up to support people experiencing rough sleeping during the Covid-19 pandemic?	71	
Q1aii: How many people housed in emergency accommodation during the Covid-19 pandemic have been moved on into other accommodation?	142	
Q1aiii: How many people are currently sleeping rough in your area?	40*	*This figure is likely to be in excess of 96 as for each individual physically observed as rough sleeping there will be a further 3 who are in custody, sofa surfing, living in a squat etc. In addition to this figure CGL (Birmingham Adult Substance Misuse Service Provider) have 154 individuals allocated to their homeless team which includes rough sleepers, of which 98% have opiate dependency.
Q1bi: From all the groups in questions i-iii, what is the total number that are currently problematically using, or are dependent upon alcohol and/or drugs?	217	This is a combination of rough sleepers, those in emergency and temporary accommodation or recently moved into other accommodation. This is based upon those service users currently opened to drug and alcohol treatment; those that were previously known and continue to use and those that have never been engaged. This information has been gathered from MDT's and partnership meetings.

Q1bii: how many of this population are already engaging in structured treatment?	157	This is a combination of rough sleepers, those in emergency and temporary accommodation or recently moved into other accommodation.	
Q1biii: Of the population in emergency accommodation during the pandemic and problematically using or dependent upon alcohol and/or drugs:			
a. How many are still in emergency accommodation?	76	330 individuals moved into Washington Court Hostel from 20.03.20 to 31.08.20. Of those 76 are still there and have problematic substance misuse issues.	
b. How many have moved into other interim or temporary accommodation within the local authority?	16	12 individuals moved into emergency accommodation and 4 individuals into temporary accommodation.	
c. How many have been accommodated in more settled / medium / long term accommodation within the local authority?	84	19 individuals moved into exempt accommodation 22 individuals moved into Complex Needs provision 8 individuals moved into in to long term accommodation 2 individuals returned to family 26 individuals acquired their own tenancy 7 individuals moved into long term supported accommodation Additional information: 7 individuals went to prison 5 individuals were admitted to hospital 11 individuals whereabouts not known	
d. How many have been accommodated in more settled / medium / long term accommodation out of the local authority area?	1		
	Number	Area	Notes
Please list these local authority areas and numbers accommodated in each:	1	Leeds	Staying with family

Q1biv: Of those who are still in emergency accommodation (and problematically using or dependent upon alcohol and/or drugs), during the next six months how many do you expect to be:	Number	Notes
a. Accommodated in the local authority area?	76	330 individuals moved into Washington Court Hostel from 20.03.20 to 31.08.20. Of those 76 are still there and have problematic substance misuse issues.
b. Accommodated out of the local authority area?	0	

	Number	Area	Notes
Please list these local authority areas and numbers expected to be accommodated in each	0	N/A	

The next three questions are mutually exclusive i.e. a person should only be counted once.

Answer below should cover those who are already engaged in treatment, those you are planning to engage in treatment and those who you would plan to engage in treatment, in the immediate short term should you receive additional funding.

	Number	Notes
Q1c: How many of the population that are currently using opioids have you engaged in treatment or are planning to do so? (this includes both those housed in emergency accommodation during the pandemic and those currently sleeping rough in your area)	154 (plus 35 see note)	64 are rough sleepers or in emergency accommodation. A further 90 are in temporary accommodation or sofa surfing. In total 89% are known to be poly drug users of which 35 use NPS. In addition, Trident Housing have advised there are a further 35 who are not known to CGL who are problematic drug users. These have not been included in the numbers.
Q1d: how many of the population are currently using other drugs (and not opioids) have you now engaged in treatment or are planning to do so? (this includes both those housed in emergency accommodation during the pandemic and those currently sleeping rough in your area)	16	12 are rough sleepers on in emergency accommodation. 4 are in temporary accommodation. Due to frequent non-engagement the substances being used are unknown. In addition, Trident Housing have advised there are a further

		35 who are not known to CGL who are problematic drug users. These have not been included in the numbers.
Q1e: how many of the population ONLY problematically using alcohol have you now engaged in treatment or are planning to do so? (this includes both those housed in emergency accommodation during the pandemic and those currently sleeping rough in your area)	12	7 are rough sleeping or in emergency accommodation. 5 are in temporary accommodation or sofa surfing. In addition, Trident Housing have advised there are a further 35 who are not known to CGL who are problematic drug users. These have not been included in the numbers.
Q1f – how many would you expect to require an in-patient detox over the next two months?	Unable to accurately confirm	At this juncture it is not possible to give an accurate figure. Each individual will be assessed by CGL for suitability and eligibility and based on their needs in-patient detox will be considered and offered where deemed appropriate by CGL and the SU shows a level of motivation and commitment. Q4B on the ***Staff*** tab details an annual cost for in-patient detox and residential rehabilitation that will be drawn upon as required. Prior to in-patient detox a 2 weeks period of stabilisation is required; the service user would be housed in hostel/hotel/emergency accommodation in order to undertake pre-detox preparation, allow for the necessary GP engagement and blood work. Following in-patient detox a further 2 weeks accommodation via Housing First/other temporary suitable stable accommodation will be required. It should be noted that based on intelligence that in-patient detox's will be predominantly required for SU's using NPS.

Q1g – how many would you expect to require residential rehabilitation over the next two months?	Unable to accurately confirm	As with in-patient detox at this juncture it is not possible to give an accurate figure. Each individual will be assessed by CGL for suitability and eligibility and based on their needs residential rehab will be considered where deemed appropriate by CGL and the SU shows a level of motivation and commitment. Q4B on the ***Staff*** tab details an annual cost for in-patient detox and residential rehabilitation that will be drawn upon as required. NICE Guidance, Drug misuse in over 16s states: psychosocial interventions Clinical guideline [CG51]: 1.5.1.2 Residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social (for example, housing) problems. The person should have completed a residential or inpatient detoxification programme and have not benefited from previous community-based psychosocial treatment.
Q1hi: of those who are problematically using or dependent upon alcohol and/or drugs, how many of these individuals have had a formal diagnosis of a severe mental illness?	Unable to accurately confirm	As identified in the Funding Proforma Part 1, Q2bi, there is an intelligence gap in terms of 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. The new model will address these gaps by providing a framework and capacity to link with partners, enabling greater integration with all service providers who contribute to rough sleeping in terms of formal data sharing protocols.
Q1hii: of those who are using drugs and/or alcohol, how many of these individuals have not had a formal diagnosis, but self-report mental ill-health?	78	78 of 154 currently engaged in drug and alcohol treatment self report mental health issues.

Q1 hiii: Of those who have mental health treatment needs, how many are currently receiving treatment for their mental health needs?	Unable to accurately confirm	Those with a formal mental health diagnosis should be receiving treatment. As with Q1hi above and as identified in the Funding Proforma Part 1, Q2bi, there is an intelligence gap in terms of having accurate data on the number of rough sleepers who are currently receiving treatment for their mental health needs. The new model will address these gaps by providing a framework and capacity to link with partners, enabling greater integration with all service providers who contribute to rough sleeping in terms of formal data sharing protocols.

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Section 3 and 4: Staff

Q3b: Please highlight the current staff levels (both public heath grant and MHCLG funded), and additional staff required, to deliver wrap around interventions to:

- Access drug and alcohol treatment
- Engage with drug and alcohol treatment
- Sustain engagement with drug and alcohol treatment
- Support wider needs and engagement with health services and accommodation.

Please include in the notes section:

- How each role is expected to increase access to and engagement with services
- The team the role will be based in
- Line management and support (including any clinical supervision and reflective practice where appropriate)
- Whether the role is expected to be building based and/or part of an in-reach or outreach model

Note that the roles below are included only as a guide. Areas are encouraged to identify staff and interventions that are not listed below that would support wraparound and engagement interventions

Role	Currently employed (FTE)	Additional required (FTE)	Expected annual cost per FTE for additional posts	Notes
Project Manager	0	1	£51,113.00	Including salary, pension, NI and Apprenticeship levy plus all on costs and start- up costs. This role will support the strategic oversight of the funding in terms of outcomes and data returns to PHE. With a city as large as Birmingham there is a need to grow, nurture and develop more effective working relationships with key partners as outlined in the bid. They will attend key forums and strategic groups citywide and broker positive influence across the same.
Team Leader	1	1	£41,239.84	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. Provide line management and leadership to the specialist Rough Sleeping Drug and Alcohol Treatment posts detailed within this bid. Responsible for co-ordinating the activity of the team and reporting on activity and performance to external stakeholders (PHE/MHCLG/BCC) and internally to CGL. Develop and maintain excellent links with all stakeholders, including (but not limited to) rough sleeper/outreach teams, healthcare, criminal justice and Birmingham City Council. Provide line management and leadership to the specialist Rough Sleeping Drug and Alcohol Treatment posts. Responsible for co-ordinating the activity of the team and reporting on activity and performance to external stakeholders (PHE/MHCLG/BCC) and internally to CGL. Develop and maintain excellent links with all stakeholders, including (but not limited to) rough sleeper/outreach teams, healthcare, criminal justice and Birmingham City Council.

Complex Needs Navigators	0	7	£36,258.24	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. They will hold a reduced caseload of service users who present with multiple and complex needs, including substance misuse and are identified as entrenched in rough sleeping. Co-ordinate and lead a proactive solution focused approach, develop holistic personalised action plans identifying goals, aspirations and recovery focused interventions. Work in close partnership with street-based services including healthcare to assertively engage with people who have physical or mental health issues and are involved in substance misuse and rough sleeping. Will use a personalised approach to engaging with hard to reach individuals encouraging them to access drug and alcohol treatment and move away from rough sleeping and other street-based activity such as begging and ASB. Each Complex Needs Navigator will have a caseload of 15 SU's.

Homelessness Recovery Co-ordinator	2	5	£33,312.63	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. Provide line management and leadership to the specialist Rough Sleeping Drug and Alcohol Treatment posts. Responsible for co-ordinating the activity of the team and reporting on activity and performance to external stakeholders (PHE/MHCLG/BCC) and internally to CGL. Develop and maintain excellent links with all stakeholders, including (but not limited to) rough sleeper/outreach teams, healthcare, criminal justice and Birmingham City Council. Will develop strong partnerships with housing and homelessness services to identify and engage with people who are/are at risk of rough sleeping and wish to access drug and alcohol treatment. Provide rapid assessments and take a flexible approach. Actively engage with people in services who are accessing treatment for drug and alcohol issues and are at risk of losing their emergency/temporary accommodation. Work flexibly to complete street-based interventions and needs assessments which will inform action/support plans. Work with service users and relevant partners to encourage engagement with substance misuse support. Use a personalised and creative approach to engage hard to reach people, sustaining contact through street-based outreach. Working alongside existing mental health services to support people experiencing co-occurring mental health and drug and alcohol needs. Each Homelessness Recovery Co-ordinator will have a caseload of 30 SU's.

Hospital/Prison Link Workers	0	2	£33,312.63	Including salary, pension, NI and Apprenticeship levy plus all on costs and start- up costs. Reduce hospital admissions and improve the health and wellbeing outcomes for people with a history of rough sleeping and substance misuse with unmet health needs. Support SU's who are engaged in a cycle of hospital admissions, substance misuse and rough sleeping. Develop partnerships with on-street health services and local hospitals including mental health teams. Complete comprehensive needs assessments and develop individual action plans incorporating relevant community assets and advocating on behalf of SU's. Hold a small caseload of SU's who meet the revolving door criteria. Provide comprehensive assessments and recovery planning (using motivational interviewing techniques). Develop strong partnerships and joint working within prisons, probation and street-based services. Ensure a robust planning process is in place for individuals who are rough sleeping and have substance misuse needs/high levels of re-offending behaviour Reduce reoffending and substance misuse for homeless or rough sleeping SU's. Engage SU's caught in a cycle of reoffending and rough sleeping. Address immediate needs and work with partners within the prison and community to stabilise individuals in meaningful treatment. Each Hospital/Prison Link Worker will hold a small caseload of SU's in order to be able to work intensively with said individuals.
Bi-Lingual Complex Needs Navigators	0	2	£36,258.24	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. As per above for Complex Needs Navigators but ensuring the staff are bi-lingual to engage the known cohort to whom English is not their first language. Each Bi-Lingual Complex Needs Navigators will have a caseload of 15 SU's.

Outreach Nurse	0	1	£42,432.34	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. Improve choice and control for individuals who may be rough sleeping, homeless or at risk of homelessness. Will support access to healthcare and promote the social inclusion of people who are homeless or rough sleeping. Work in an assertive outreach capacity to improve physical and mental wellbeing of service users who are hard to reach. Develop local referral routes to improve access to healthcare services, removing barriers to healthcare for service users by identifying and addressing gaps in local areas. Will have a flexible, creative and innovative approach to reducing health inequalities for street-based service users. Will work in conjunction with health, social care, housing, mental health, other public and voluntary sector providers to ensure a holistic approach is taken to improve the health and wellbeing of the service user. Delivering healthcare interventions including screening, medical reviews, BBV tests and wound care (list not exhaustive). The caseload of the Outreach Nurse will be determined by SU need.
Outreach Healthcare Assistant	0	1	£33,312.63	Including salary, pension, NI and Apprenticeship levy plus all on costs and start-up costs. As per the nurse role, supporting the outreach nurse and supporting sign posting into primary or secondary care provision. The caseload of the Outreach Healthcare Assistant will be determined by SU need.
SPOC/Admin Roles	0	2	£30,457.25	Including salary, pension, NI and Apprenticeship levy plus & all on costs and start-up costs. Provide general administrative support to the workers supporting the rough sleeping cohort. Support any additional data reporting requirements required by the funding To act as a single point of contact for all referrals in and out of the model. Joining up the complexity and those services supporting the client on a daily basis.

			£788,524.88	

Q4a: Areas will be expected to build on funding they receive this year and in further years and ensure that it results in improved drug and alcohol treatment services for people who experience rough sleeping.

Please highlight the current commissioning and coordination capacity and additional requirements that will be required to support this.

Role	**Currently employed (FTE)**	**Additional required (FTE)**	**Expected annual cost per FTE for additional posts**	**Notes**
Commissioning capacity	2	1	£57,969.00	Yearly cost broken down as £39,880.00 salary, £4,291.00 NI, £13,599.00 pension and £199.00 apprenticeship levy. A total of £57,969.00 yearly. This is based on the mid-point salary scale. As the current commissioning capacity at Birmingham City Council is only 2 FTE, there is a capacity issue within the existing team which will impact upon ensuring the new model is fully integrated as part of wider health and care support system alongside rough sleeping services. The fixed term recruitment of a GR5 (Senior Officer) role within the BCC Public Health Commissioning team will facilitate the embedding of the new model into the citywide rough sleeping offer within Birmingham at an operational and strategic level as well as integrating the new model into the wider health and social care system in order to deliver long term sustainability of the model.

Q4b: Please add any additional drug and alcohol treatment service posts or interventions (that haven't already been addressed) that would enable services to adapt, expand and potentially reconfigure to ensure that they meet the needs of this population?

Use the notes field to describe how the role or intervention is expected to support engagement from this population

Role	Additional required (FTE)	Expected annual cost per FTE for additional posts	Notes
In-patient Detox/Residential Rehabilitation	N/A	£100,000.00	£100,000.00 yearly will be used to fund in-patient detox and residential rehabilitation - where deemed appropriate by CGL. It is not possible to provide a figure per service user at this juncture as SU's suitability and eligibility will be assessed by CGL on a case by case basis and SU's will be required to have a level of motivation and commitment to attend in-patient detox and residential rehabilitation. In addition to this, some SU's may require in-patient detox for a period of 2 weeks, whilst other SU's may require in-patient detox followed by residential rehabilitation for a minimum of 4 weeks. In some cases, a period of up to 12 weeks or possibly longer may be necessary. Based on Public Health and national intelligence, costs for a 14 day in-patient detox could be circa. £5,000 to £7,000 and 4 weeks residential rehab circa. £6,500 plus. However, it must be noted that due to COVID there may be a lack of capacity and/or an increase in prices. The funding requested could fund a 2 week in-patient detox for approx. 20 SU's (approx. 10%) of the cohort. Alternatively, it could fund a 2 week in-patient detox for approx. 10 SU's and 4 weeks residential rehabilitation for 7 SU's. These scenarios are an example and as described above the decision on a SU's suitability will be determined by CGL. Due to the costs of in-patient detox/residential rehabilitation it is not anticipated that there will be any underspend in this area.