

The Sandwell multi-agency management group for high impact problem drinkers

Interim evaluation

September 2017

Key findings

- Strategic leadership – Sandwell benefitted from embedding the process in the public health team and having a strategic group of more senior managers to provide further oversight.
- Operational leadership – the group had consistent, active leadership and management from the Council's public health department, with the Alcohol Project Manager operating as a champion for the group and ensuring a consistent approach.
- The local alcohol services – local services need to be central to the Blue Light process and should be encouraged to work assertively with the high impact drinkers coming through the group.

Researchers

Mike Ward (Alcohol Concern), who co-designed Blue Light and helped establish the Sandwell project

Mary Bailey, the Alcohol Project Manager at Sandwell Council

Background

In 2015, the Metropolitan Borough Council of Sandwell, working with Alcohol Concern, adopted the Blue Light approach to develop a local response to high impact, change-resistant problem drinkers.

The two key elements of Blue Light are:

- Training specialist and non-alcohol specialist staff in working with change-resistant drinkers.
- Setting up a multi-agency group to manage the impact of, and encourage change with, this client group through joint working and planning.

This report is an interim evaluation, funded by Alcohol Research UK, of the experience and impact of Sandwell Blue Light on both clients and professional practice.

Establishment of the project

The Sandwell Blue Light process began in July 2015. A multi-agency steering group met three times to agree the terms of reference, operational protocols and information governance framework, including consultation with the council's legal department on information sharing. A strategic group was then formed to oversee the process and an operational group was established to manage clients.

The operational group was launched in November 2015. 16 individuals were identified as meeting the eligibility crite-

ria. We estimate that this group of clients had cost police, ambulance, hospital and Accident & Emergency services £244,154 in the year prior to the establishment of the Blue Light process.

Post-intervention data was sought on the change in the cost impact from these clients. Not all of the 16 clients had been on the case list for a full 12 months; therefore, data was only gathered on the nine clients who had been subject to the approach for one year. Data for the remaining clients will be added to this report when it is available.

Data for the nine clients who have so far been involved for a full year of Blue Light shows a reduction on costs from £244,154 at baseline to £92,730 at the end of Year 1. After adjusting this figure to account for the death of one client and imprisonment of one other, this represents an estimated cost saving of £142,838.

The project costs were £25,000 – this includes £5,000 to Alcohol Concern for support in setting up the group and allocated staff costs in the local authority and local services (see below for details).

On this basis, the estimated return on investment is 471% (i.e. a £25,000 investment for a £142,838 cost reduction).

Of the 16 individuals identified at the start of the process:

- Four (25%) have successfully completed a course of treatment with community alcohol services.
- Three (15%) are currently accessing community alcohol support services with some degree of sustained engagement.
- One died.
- One was imprisoned.

All other individuals are subject to a range of ongoing harm reduction and engagement approaches.

Findings

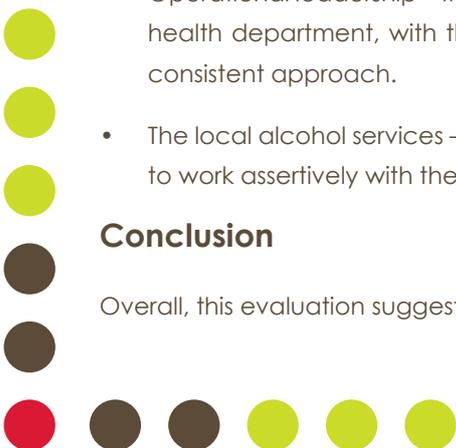
The project in Sandwell has not been without its problems. The key challenge has been to engage hospital and mental health service staff, who did not commit resources to this process. This may reflect specific conditions and relationships in Sandwell. A similar problem has been to secure consistency of membership: the turnover in some services has been considerable. For example, the representation from one emergency service changed twice in the first year.

The success of the group, despite these challenges, has highlighted the importance of:

- Strategic leadership – Sandwell benefitted from embedding the process in the public health team and having a strategic group of more senior managers to provide further oversight.
- Operational leadership – the group had consistent, active leadership and management from the Council's public health department, with the Alcohol Project Manager operating as a champion for the group and ensuring a consistent approach.
- The local alcohol services – local services need to be central to the Blue Light process and should be encouraged to work assertively with the high impact drinkers coming through the group.

Conclusion

Overall, this evaluation suggests that:



- The multi-agency Blue Light process offers the potential for a significant return on investment, with modest up-front investment.
- The effectiveness and cost-effectiveness of the approach is measurable.
- Client benefit is significant and demonstrable through evidence of engagement with substance misuse services.

The interviews and survey also showed that adopting Blue Light led to:

- Improved joint working between agencies.
- Opportunities to challenge poor practice.
- Support to commissioners to identify unmet need, and gaps and blockages in care pathways.

In Sandwell, the Blue Light process was quick to establish and led to enthusiastic engagement from most partner agencies. It was sustainable over the evaluation period, with results that could be captured both qualitatively and quantitatively. As a low-cost intervention, it had potential for significant cost-savings and the capacity to make a tangible difference to the lives of people who both suffer high levels of alcohol-related harm and represent a significant cost to local communities.

Further Information

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