

Report of NHS Hampshire

Committee:	Safe & Healthy People Select Committee
Date of meeting:	23 November 2012
Reference:	4465
Report Title:	Access to Appropriate Services for People with Alcohol Problems – Recommendation Monitoring

Lead contacts:

Liz McGill, Hampshire
DAAT Manager
01962 846458

Christine Jackson, Deputy Director
for Public Health, NHS Hampshire
02380 627634

Report prepared by:

Neil Lockett,
Public Health Manager, NHS Hampshire
02380 627639

1. Purpose of Report

- 1.1 This briefing provides a further update to the Safe and Healthy People Select Committee on the recommendations outlined in the alcohol misuse report of 2008. It also outlines recent work developments to address alcohol misuse in Hampshire since the 2010 update.

2. Contextual Information

- 2.1 The alcohol agenda has been a high priority because of its significant impact and cost burden to Hampshire's public services and communities. In December 2010 a multi-agency stakeholder event reviewed Hampshire's alcohol priorities and the LAA 10 Point Plan. A comprehensive needs assessment was also undertaken to inform the strategy.
- 2.2 A refreshed Hampshire Alcohol Strategy 2011-15, signed off by the joint lead agencies on alcohol (HCC, NHS Hampshire and Hampshire Constabulary) was published following this event.
- 2.3 The Hampshire wide partnership has been revitalised and is now known as the Hampshire Alcohol Partnership. A new Chair, Dr Christine Jackson, Deputy Director of Public Health, NHS Hampshire, has been confirmed.
- 2.4 The new alcohol strategy outcomes retain and build on many of the elements and themes identified within the previous ten point plan:

Outcome 1 Prevention and Education

Sensible drinking is established as the norm and work enables accessible information, advice and guidance on alcohol across a wide range of settings and delivery systems.

Outcome 2 Identification and Treatment

Routine alcohol assessment is available in the widest range of key settings, to ensure children's under-age drinking and adult drinking at increasing or higher risk levels receive interventions; and those people needing specialist support and treatment find the appropriate service. Ensuring quality services deliver effective outcomes.

Outcome 3 Enforcement and Community Safety

Countywide and local deterrents, penalties and initiatives to ensure that partners work in a coordinated approach to minimise misuse and an impact on alcohol is delivered.

Outcome 4 Working with Business and Employers

Employers are aware of the benefits from having a healthy workforce who enjoy drinking sensibly and safely.

2.5 The alcohol strategy aims to establish the vision, actions and outcomes to enable a wide range of partners to deliver services and initiatives that respond to alcohol. This should ensure Hampshire has reduced risk from the adverse impact of alcohol and that the public, its health care services and partner agencies can work together to reduce alcohol-related issues and promote sensible drinking as the norm.

3. Progress Update on Scrutiny Report Recommendations 2008

3.1 The implementation of the strategy has strengthened the response to alcohol treatment in terms of ensuring the recovery focus is embedded within both the community-based service including the response to offenders within the criminal justice system. Alcohol interventions and treatment for offenders is a key strand in the Integrated Offender Management (IOM) approach

3.2 Public health investment in alcohol prevention and earlier intervention has continued as part of a broader health promotion and social marketing function. This has been important for developing capacity outside of the specialist service and treatment commissioning, and providing information and advice to the public to enable sensible and responsible drinking

3.3 Specialist Alcohol Nursing Liaison Services are now commissioned in the main five acute hospitals that serve Hampshire residents. This is a public health led initiative and achieved through joint working with NHS and local authority colleagues in Portsmouth, Southampton, Surrey and Berkshire.

- 3.4 There is increased capacity amongst frontline professionals to deliver alcohol basic screening and the delivery brief advice supports the objective of normalising sensible drinking. Over 240 statutory and voluntary sector professionals have been training in early intervention by Alcohol Concern over 2012
- 3.5 In terms of alcohol treatment the ambitious goal of a countywide accessible, integrated recovery focussed treatment system model is now a reality through the provision of the Hampshire Operational Model for Effective Recovery (HOMER) a service contracted with Solent NHS Trust in partnership with CRI (Crime Reduction Initiatives) from April 2011.
- 3.6 The outcomes from this service are comprehensively captured via the National Alcohol Treatment Monitoring System (NATMS) and this provides a robust method for performance monitoring and improving the quality of services and client outcomes.
- 3.7 See Appendix 1. for further details

4. Numbers in Treatment

- 4.1 Estimates suggest there are 40,000 higher risk drinkers including those dependent on alcohol in Hampshire. NICE guidance suggests that health care and treatment services should work to meet a target of 12-15% of any identified health need.
- 4.2 The new HOMER service for specialist substance misuse was commissioned in April 2011. The following information demonstrates the increased number of clients accessing treatment services over recent years.
- In 2011/12, in open access treatment services there were 1346 clients
 - From April to August 2012 there have been 950 alcohol clients in treatment services, with a projected number of 2280 for the full year.
- 4.3 Whilst the numbers above indicate there are more people that would benefit, the increasing numbers accessing treatment is encouraging and indicates a positive trend in respect of the new treatment service.

5. Way Forward

- 5.1 The 2011-15 timeframe of the strategy recognises the need to sustain investment across the continuum of prevention, earlier intervention and treatment to deliver important outcomes and cost savings. National Audit Office (NAO) evidence highlights that for each £1 invested in alcohol intervention the payback is £1.80. This return on investment is recognised within the alcohol strategy.

- 5.2 The partnership working between HCC through Public Health working together with Adult Services and other key agencies (including acute trusts, clinical commissioning groups (CCGs), the police and the probation service) continues to provide leadership in strengthening our response and achieving the outcomes set out in the strategy.
- 5.3 This integrated approach is being incorporated into commissioning of children and young people's substance misuse service, where the universal prevention and earlier intervention offer will be strong and the demands on specialist treatment will be appropriate and well managed.
- 5.4 We will also use new opportunities with CCGs to establish alcohol health harm reduction as an important focus in CCG investment and planning. This will include links to how levers and incentives in acute hospital contracts are now being used to embed the meeting of public health outcomes and targets against specified funding allocations
- 5.4 Future work will include the inclusion of alcohol in NHS health checks to support the preventative work for those in their middle years of life and contribute towards longer healthy lives.

6. Conclusion

- 6.1 This briefing demonstrates that work addressing alcohol misuse since 2008 has established a solid foundation of integrated and dynamic services where the focus is now on recovery and moving services users towards mainstream living.
- 6.2 The last two years has consolidated the focus and shared priorities around alcohol and led to significant gains and examples of good practice across county.

References:

The updated alcohol needs assessment was completed in 2011 and is available at: <http://www3.hants.gov.uk/factsandfigures/jsna.htm>

The strategy detail concentrates on the delivery of outcomes and identifies how the breadth of Hampshire partners has a role to play in addressing and delivering these. The strategy is available at: <http://www3.hants.gov.uk/hampshire-alcohol-strategy-2011-15.pdf>

A Hampshire Alcohol Partnership website is being built currently and the first phase of this is the campaigns area which has gone live as over 27th October www.hants.gov.uk/drink-less

Appendix 1

Recommendations	Status	
<p>7.1 That the DAAT and partners, as part of the reassessment of population requirements across Hampshire, recognise the importance and promotion of self-help support.</p>	<p><i>Signed off previously.</i></p> <p>Alcoholics Anonymous have continued local representation on the Alcohol Partnership. This provides a forum for AA to liaise and inform wider partners regarding their work and support for the alcohol strategy and its objectives.</p> <p>Self-help support continues to be promoted as a valuable opportunity to enable sustained recovery see 7.4.</p> <p>Self-help encompasses the promotion of health and well being around alcohol e.g. recent social marketing campaigns – Love your liver, 2011, Drink-less 2012, Give me a break 2012.</p>	
<p>7.2 That the DAAT works with partners to develop the Hampshire and Isle of Wight Substance Misuse Services Directory to include reference to categories of tier one services in Hampshire.</p>	<p><i>Signed off previously.</i></p>	
<p>7.3 That the DAAT work with partners and other organisations to establish a way to connect them to the work of the DAAT.</p>	<p>(i) Service Provision</p> <p>The Hampshire Operational Model for Effective Recovery (HOMER) seeks to deliver effective and sustained reduction in the harms caused both to the individual and the wider community by illicit or harmful substance and alcohol misuse.</p> <p>This is achieved through providing an integrated adult community based substance misuse treatment service for both drug and alcohol clients referred from within the community and for those referred for treatment via the criminal justice system and IOM</p>	

	<p>The HOMER model focuses on recovery and social reintegration whilst working with clients, their carers and family to reduce the harm caused by substance misuse and /or enabling service users to become free from their dependence on drug and alcohol use.</p> <p>The HOMER model works within a community based partnership approach with; social and health services, criminal justice services, and social re-integration services (including housing and employment), in addition to other relevant organisations and service user groups, to support the re-integration of people into their communities and families.</p> <p>(ii) Communications Partners and agencies who can support alcohol awareness and education, and harm reduction are supported through engagement in campaigns and social marketing and are offered training on brief advice and early intervention for their frontline staff.</p> <p>To support the long-term future of alcohol work in Hampshire a website is being built and the early operational area supporting campaigns has gone live (October 2012) www.hants.gov.uk/drink-less</p> <p>Alcohol Awareness Week (19-25th Nov.2012) resources are being distributed countywide to including GPs and pharmacies, local authorities, hospitals, community centres, dentists, military and other community-based agencies.</p>
<p>7.4 That commissioners of tier two services emphasise the importance of access to tier one services, encouraging service users and their families to access self-help groups, such as AA, and influence the piloting of an alternative model of self-help to the AA Twelve Step Model in order to promote choice across the county.</p>	<p>Access to SMART recovery has been expanded over the last two years with groups in Havant, Fareham, Andover, Gosport, Winchester, New Forest and Basingstoke.</p> <p>These groups are peer-led in and facilitated by people often in recovery themselves, but who are abstinent and who have been trained as SMART facilitators. The groups work with people at all stages of addiction and the only requirement to attend the groups is</p>

	<p>that you are not intoxicated when you attend. The SMART approach challenges the irrational thinking and behaviours that can drive addiction and drug and alcohol misuse.</p> <p>The Winchester area; DRA – Dual Recovery Anonymous is still active. It is based on the AA 12-Step self-help programme and is specifically aimed at men and women with a dual diagnosis.</p>
<p>7.5 That the Safe and Healthy People Select Committee draws the attention of the Department of Health and the Home Office to the local inequities in access to drug and alcohol services associated with ring fenced funding streams and levels of funding</p>	<p><i>Signed off previously.</i></p>
<p>7.6 That consequences of the impact of cutbacks in national funding for younger people's alcohol interventions should be monitored by the DAAT and reported back to the Safe and Healthy People Select Committee in October 2008</p>	<p><i>Signed off previously.</i></p>
<p>7.7 That the PCT continues to play the lead role in ensuring that adequate resources are available to implement the Ten Point Plan, and outcomes from commissioned services are reviewed.</p>	<p>Ongoing.</p> <p>PCT is committed to the alcohol misuse agenda and continues to invest up to £275k p.a. in alcohol prevention, intervention and specialist alcohol nursing programmes plus social marketing campaigns across the county.</p> <p>The Specialist Alcohol Nurse Liaison Services commissioned in the acute hospitals serving Hampshire residents is active and delivering evidence and outcomes regarding screening, early intervention and beds saved.</p>

Recommendations	Status
<p>7.8 The LAA Executive Group should:</p> <p>i) prioritise the work on developing effective joint commissioning of services for people with alcohol problems, as stated in the Alcohol Flagship Initiative Ten Point Plan</p> <p>ii) give high priority to the Brief Intervention Training elements within the Ten Point Plan</p>	<p><i>Signed off previously</i></p> <p>The DAAT and NHS Hampshire jointly commission the new HOMER integrated substance misuse services from Solent NHS/CRI.</p> <p>Alcohol brief intervention training is a core strategy objective to maintain the capacity for early intervention and public health. Alcohol Concern has been proven to be a high quality provider of this training in Hampshire with 240 frontline workers trained over 2012.</p>
<p>7.9 That the LAA Alcohol Lead be invited to provide an update to the Safe and Healthy People Select Committee, twelve months after the publication of the review report, on progress with the implementation of the Ten Point Plan</p>	<p><i>Signed off previously</i></p> <p>The Alcohol Partnership has adopted a new Chair, Dr Christine Jackson, Deputy Director of Public Health, NHS Hampshire to provide high level leadership and partner support. The partnership continues to meet quarterly and remains well attended by a wide variety of partner agencies working to deliver the outcomes of the Hampshire Alcohol Strategy.</p> <p>Public Health provides the leadership to the Alcohol Strategy and its performance monitoring against agreed local strategy indicators.</p>
<p>7.10 That the DAAT Support Team promotes DANOS to all agencies with an interest in alcohol harm reduction, including tier one services, to ensure that continuing progress is made to embed the standards into the care and support provided to people in Hampshire with alcohol problems</p>	<p><i>Signed off previously.</i></p>
<p>7.11 That the DAAT reviews the balance of attention given to alcohol issues within DARGs and, where necessary, seeks to influence groups to redress any obvious imbalance</p>	<p><i>Signed off previously.</i></p>

<p>7.12 That the SHA (workforce planning, education and training), PCT and Hampshire County Council explore how they can work more closely together to support workforce strategy development in respect of multi agency staff groups responding to the needs of adults with alcohol problems</p>	<p><i>Signed off previously.</i></p> <p>SHA representation (Caroline Vass, Performance Lead) retains a working interest in Hampshire's alcohol strategy and action plan.</p>
<p>7.13 That the PCT and Hampshire County Council ensure that their approaches to learning and skills development providers include a consistent approach to working in partnership with service users, carers and parents.</p>	<p>It is recommended that this will be incorporated into the plan for 2009/10</p> <p>Outstanding item</p>
<p>7.14 That the DAAT Strategic Partnership Board provides assurances to the Safe and Healthy People Select Committee</p> <p>i) that all that can be done to implement the Hampshire DAAT training and development strategy in respect of alcohol</p>	<p>The train the trainer approach has not be seen as a viable and accountable way forward for developing capacity and quality.</p> <p>Over 2012, 12 training sessions have been commissioned from Alcohol Concern to deliver high quality alcohol brief advice and intervention training. This training was specific for workers who work with adults.</p> <p>The training was delivered in the SW, NE and SE Hampshire areas with over 240 frontline workers have been trained and a database built to be able to liaise and communicate with trainees post training. Attendees included workers from housing, family support, police, probation, health care, GPs, health trainers, smoking cessation, CAB and local authority staff. Evaluation and direct feedback from the programme has been excellent and further programmes are being planned for 2013.</p> <p>There is a waiting list of 50 for the 2013 programme. Alcohol Concern has confirmed they are available for this work under the</p>

<p>ii) that any separate adult and young people's workforce initiatives are integrated to avoid duplication and to aid the best use of resources</p>	<p>same costs and arrangements as this year.</p> <p>Alcohol and drug awareness training for Hampshire Youth support Services (YSS) is being commissioned managed by HCC Workforce Development is outside of this report.</p>
<p>7.15 That Hampshire County Council reviews its workforce substance misuse Health and Safety policy as it relates to alcohol, with a view to strengthening its implementation</p>	<p><i>Signed off previously.</i></p>
<p>7.16 That Hampshire County Council's Occupational Health Department</p> <p>(i) builds DANOS into its staff IPP appraisal process, in order to strengthen its ability to deliver tier one interventions to staff with alcohol problems</p> <p>(ii) explores opportunities for joint training with NHS staff on alcohol issues and the use of evidence based screening tools such as AUDIT</p> <p>(iii) reviews its role in facilitating access to tier two services for those in the workforce that it identifies as needing additional support</p>	<p><i>Signed off previously.</i></p>
<p>7.17 That Adult Services increase the number of its staff who access alcohol awareness training, and include DANOS within its appraisal process for appropriate staff groups</p>	<p><i>Signed off previously.</i></p>
<p>7.18 That Adult and Children's Services consider whether volunteers and carers would benefit from Alcohol Awareness Training and, if so, how this might be accessed.</p>	<p><i>Signed off previously.</i></p>

Recommendations	Status
<p>7.19 That the ‘invest to save’ work on transition services includes work on the transition issues in respect of movement between Children’s and Adult’s Substance Misuse Services, and between Children’s and Adult’s Mental Health Services.</p>	<p><i>As previously stated: Initial work between CAMHS & Adult Mental Health has taken place but there is no funding attached to develop this further at present.</i></p>
<p>7.20 That evidenced based examples of good practice with regard to diversionary activities for young people who drink, be communicated county wide via Hampshire County Council Children’s Services and the Alcohol Flagship communication strategy.</p>	<p><i>Signed off previously.</i></p>
<p>7.21 That Children’s Services:</p> <ul style="list-style-type: none"> i) work to encourage Hampshire Schools to review how well embedded alcohol awareness is in their Personal Social & Health Education curriculum and the Healthy Schools initiative ii) ensure that staff in Locality Teams are trained in alcohol problem identification, including awareness of the potential for a child’s problems to be related to parental drinking, with a view to mainstreaming substance misuse tier two services 	<p><i>Signed off previously.</i></p>
<p>7.22 That commissioners of alcohol and domestic violence training for staff ensure this covers awareness of the inter-relationship between alcohol problems and domestic violence, and that frontline staff can signpost clients to appropriate sources of help</p>	<p><i>Signed off previously.</i></p>
<p>7.23 That the LAA Executive Group:</p> <ul style="list-style-type: none"> i) prioritise the possible expansion of the alcohol 	<p>The LAA process concluded in 2011, however the joint working that supported progress around health and wellbeing issues is being built on. The alcohol strategy has taken this forward within its shared priorities and monitoring around local indicators. Partners are supporting this process with data to evidence the impact of the alcohol strategy.</p> <p>Alcohol intervention and treatment activity and performance are</p>

<p>arrest referral scheme to other parts of Hampshire as appropriate, depending on the outcome of the evaluation of the Andover area scheme in March 2008</p> <p>ii) prioritises the work of the proposed alcohol worker in Winchester prison on hazardous and harmful drinkers</p>	<p>monitored via data from IOM and custody sources.</p> <p>A new substance misuse service is now commissioned for HMP Winchester and alcohol is a core element within the service specification for this service. Activity from this service will be monitored through the NATMS and be a contribution to overall treatment numbers and outcomes.</p>
<p>7.24 That when the Hampshire alcohol needs assessment is reviewed and updated by the DAAT, that consideration is given to:</p> <p>i) the need in Hampshire for extended outreach to enable alcohol workers to reach vulnerable groups, including homeless people, who are unlikely to be connected to mainstream services</p> <p>ii) the need in local areas for wet services for people with alcohol problems</p>	<p><i>Signed off previously.</i></p>
<p>7.25 That progress on actions following the 2007 Mental Health and Substance Misuse Dual Diagnosis review is reported by Adult Services to the Safe and Healthy People Select Committee during 2008.</p>	<p><i>Reported and signed off previously.</i></p>