

Derby Substance Misuse Services Consultation

2014-17 Treatment Model

Adult Alcohol Treatment Services

September 2013

Background Information

Between 7th July and 31st August 2013 consultations were undertaken to inform future service design of Derby's Adult Alcohol Treatment services. Postal questionnaires were developed and supported by focus groups with representation from service users, public networks, service providers, healthcare professionals and technical experts. In total over 400 responses received spanning each of the different consultation approaches were used to inform the design of the 2014-17 treatment model.

The increasing consumption of alcohol in the UK has seen alcohol feature as a key priority area for Public Health England. Contextualising the scope of the problem alcohol accounts for almost 1 million crimes in England and Wales and 1.2 million hospital related admissions.

Over the past 3 years, more individuals than ever before have been able to access help and support from local services. This has been underpinned by local reductions in the number of alcohol related crimes being committed and a reduction in the number of alcohol related hospital admissions.

Since originally being developed in 2010, the existing alcohol services have now reached the end of their contract terms which requires a new us to undertake a new tender exercise which this document serves to depict the future alcohol models for Derby.

Visions For The Future:

The key starting point to the development of the new treatment model was to collate high level visions and aspirations around what any future services should achieve and hold as their underlying principles.

Key findings for future visions were that:

Rank	
1	A more joined up approach to alcohol treatment should be used in Derby with greater multi agency working
2	Alcohol treatment interventions should be informed by drinking behaviours
3	Services should evidence the engagement of key groups

Key priorities for the future:

The aggregated priorities for the future were:

Rank	
1	Lifestyle Support
2	Mental Health
3	Alcohol Awareness & Education

The aggregated priorities were the total scores of the three priority domains summarised below:

Rank	1 st Priority	2 nd Priority	3 rd Priority
1	Community drink down/detox	Mental Health	Lifestyle Support
2	Lifestyle Support	Safeguarding & Hidden Harm	Self Help Support Groups
3	Safeguarding & Hidden Harm /Being Alcohol Free	Access to Employment/Education	Access to Employment/Education

Successes & Challenges

Consultation respondents were asked to comment upon what they believed had been the successes of the existing treatment system and the challenges for the future that the new model should strive to address. The most common successes and challenges are summarised below:

Successes	Challenges
<ul style="list-style-type: none">• Single point of entry• Ease of access/engagement• GP Practice Alcohol Worker/Support	<ul style="list-style-type: none">• Multi agency working/split services• Aftercare needs to be sooner in treatment• Custody suite support for alcohol

Adult Treatment Services

Since originally being established in 2010, Derby's local alcohol treatment systems have played a significant role in helping more individuals than ever before access treatment and receive support whilst also helping to reduce the number of hospital related admissions. Looking to the future the key priorities for the new treatment models were:

Rank	
1	There should be more joint working between primary care (GP), alcohol treatment services and mental health services
2	Treatment services should be accessible to all communities in Derby and provide interventions and literature that accommodate diverse cultural backgrounds
3	Services should offer rapid access to care within 48 hours of initial referral

Comments:

- *"There should be greater integration of services."*
- *"Support for friends and families should be more widely promoted"*
- *"Pharmacies could offer a role in providing alcohol brief interventions"*

Primary Care Support

During 2012 and 2013, we piloted the use of a city wide alcohol taskforce working to support GP practices in the city to identify, screen and signpost individuals to treatment services. In addition to the alcohol taskforce, a service was created to work in collaboration with GPs to provide additional support to individuals with addictions to medicines. Following comments received during the consultation the future remit of primary care support will also be reviewed in conjunction with the support and crucial role pharmacies have to play as a primary care service.

Rank	
1	Future service design should include a service providing support for individuals with addictions to medicines
2	To assist the identification of individuals who may benefit from alcohol support, GP practices should be proactively worked with
3	In addressing addiction to medicines, services should provide support to lower or detox the medication whilst ensuring the underlying cause is addressed.

Comments:

- *"An addictions to medicines service is needed"*
- *"More GP support should be offered"*
- *"There should be increased links within pharmacies in relation to addiction to medicines"*
- *"The target for the alcohol taskforce to provide an outreach service should be lowered"*

Criminal Justice Interventions

Significant work has been done since the previous service design in 2010, especially in improving criminal justice services and their integration. New local models of alcohol court orders (ATRs and ASARs) have been developed and launched jointly with Derbyshire Probation Service in September 2013 and will continue to play a key role in the future models.

The top ranked priorities for in response to Criminal Justice interventions for the new alcohol treatment system were:

Rank	
1	Offenders who have an alcohol problem should continue to be a priority group for community treatment
2	A new model should seek to improve the reintegration of individuals leaving prison and returning to the community
3	Offenders in drug treatment who also have problems with alcohol should receive specialist alcohol interventions

Comments:

- *"Better co-ordination required for prison releases"*
- *"Greater alcohol visibility within police custody suites"*
- *"Need to continue and further develop joint working with Derbyshire Probation Service"*

Supporting Recovery

There is no single one sized fits all pathway to recovery owing to the wide differences in need amongst service users. New treatment models will strive to support a progressive recovery orientated treatment system focussing on maximising recovery capital across the domains of:

- Substance use
- Psychological health
- Physical health
- Community involvement
- Social support
- Meaningful activities
- Housing & safety
- Risk taking
- Coping & life functioning
- Recovery experience

Some components of recovery capital will be lead by treatment services and interventions directly commissioned by the substance misuse team whilst other domains will require the continued development of links with local partners in maximising recovery potential.

Consultation responses within the Supporting Recovery section of the document largely echo the need to develop recovery capital through having a balanced treatment system:

Rank	
1	Recovery support should include a range of activities from local and voluntary sector organisations to improve individuals health and wellbeing
2	Services should be equipped to monitor at regular intervals individuals progress through treatment and empower individuals to make changes
3	A local network of self help and self care services should be created, used by services and made available to service users

Comments:

- *"Structured activities are needed"*
- *"Community hubs are a good idea to reduce changes of relapse and better integration"*

Pharmacy & Needle Exchange

In April 2013, following the disestablishment of Primary Care Trusts and the transfer of Public Health into local authorities, the responsibility for commissioning local needle exchange programmes moved to Public Health with Derby City Council. The key priorities for the future of needle exchanges in Derby were:

Rank	
1	Pharmacy services should receive additional support and training to cater for the needs of steroid users
2	All pharmacy needle exchanges should be able to clearly demonstrate work they undertake in relation to harm minimisation work
3	A system should be developed to report needle exchange activity back to drug treatment services to help better inform treatment activity.

Comments:

- *"Better pharmacy communications"*
- *"Good to see focus on steroid use"*

General Comments

The consultation packs also incorporated free text space for any additional comments surrounding the local delivery of alcohol treatment. The common themes within this section included:

- *"Remove duplication/develop a single treatment model as per drug treatment"*
- *"Social support needed"*
- *"Drink downs and community detoxes should be the predominant model in the future"*
- *"Consideration for potential future segregation within St Andrews House"*
- *"Aftercare needs to happen earlier in treatment"*

About Those Who Responded

Gender:

19 Males	27 Females	4 Not Stated
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Roles:

1 Clinical Network	10 Patients/Carers
1 Commissioner (non Substance Misuse)	11 Providers of Services
2 Community/Ley Members	3 Public Networks
18 Health Professionals	4 Not Stated

Disability:

6 People considered themselves to have a form of disability.

Supplementary Consultation Contributions:

These were underpinned by a first of its kind UK study into attitudes, behaviours and requirements around alcohol consumption in the home and spanned:

- Criminal Justice Custody Suite interviews
- 300 Street Surveys in Derby
- Health Professional Questionnaires
- Criminal Justice Staff Questionnaires
- 12 Focus Groups around Alcohol, Drinking and influences on behaviour and perceptions of treatment

The consultation document together with the research findings have been incorporated to develop the new alcohol treatment model for Derby 2014-17.

Next steps:

Two stakeholder events were held on 10th and 17th September 2013 with internal and external stakeholders and potential bidders for future services. These events offered further opportunities to refine and review the proposed treatment models.

Public Health plan to launch a formal tender process in late September 2013 with a view to awarding contracts to successful bidders in early January 2014. This will enable the new alcohol treatment system to commence operation in April 2014.

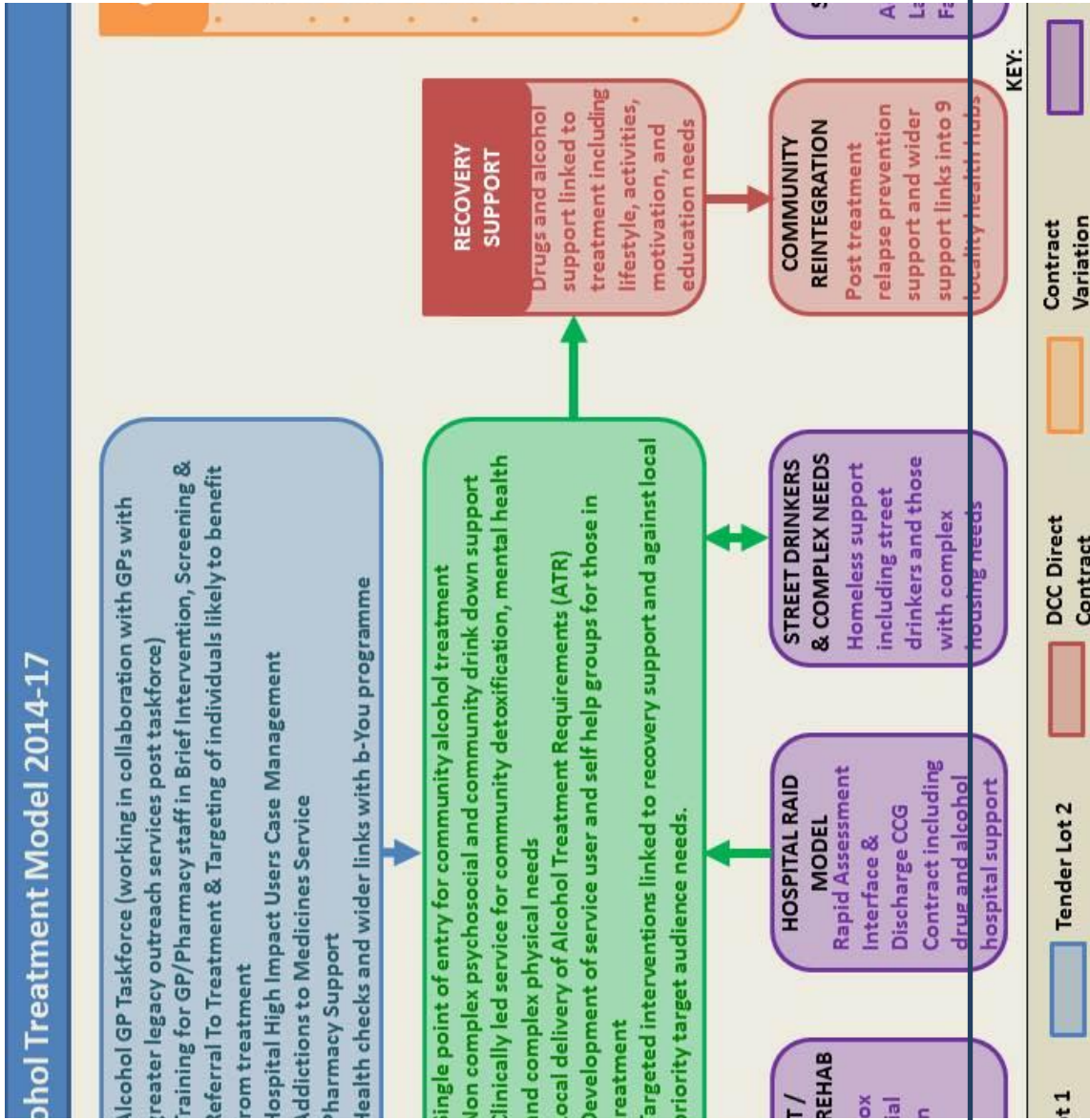
Feedback from both consultation events will be reviewed and service specifications developed. The tender will go live at the end of September and will be advertised on the OJEU and TED websites in addition to source Derbyshire. Any organisation interested in receiving tender information from Local Authorities in the East Midlands can register now on:

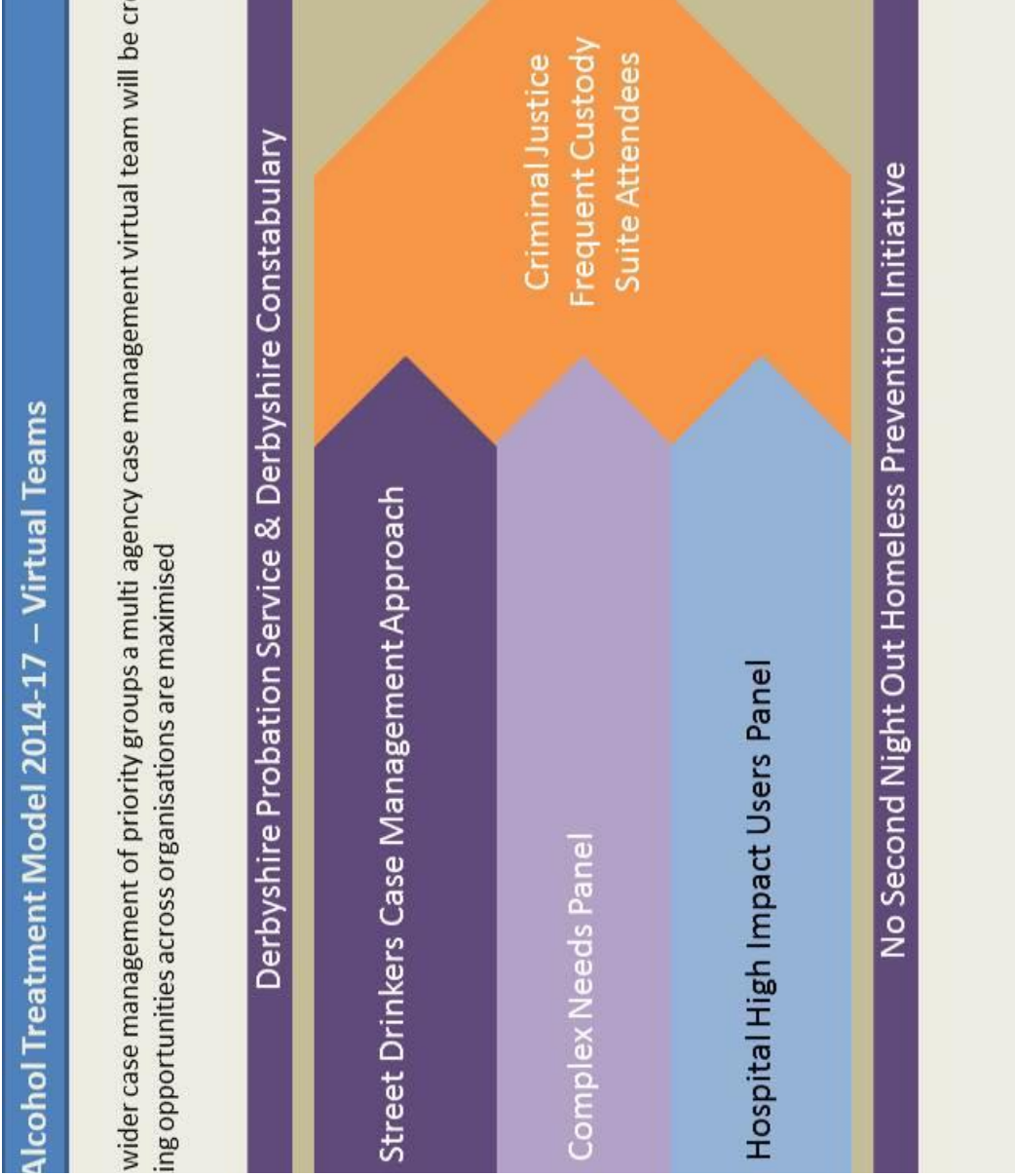
<https://www.eastmidstenders.org/index.html>

and select the categories that they would like to receive alerts for.

The new treatment model is summarised within the schematics spanning the following pages.

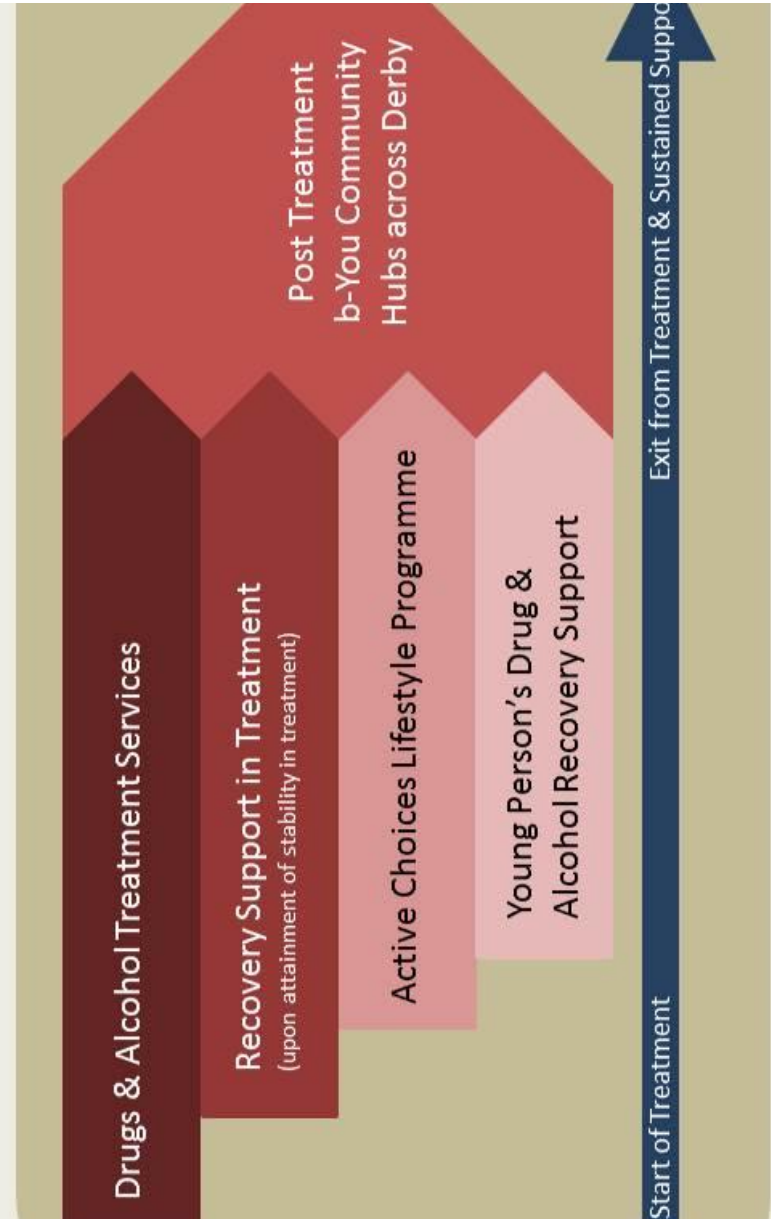
Models:



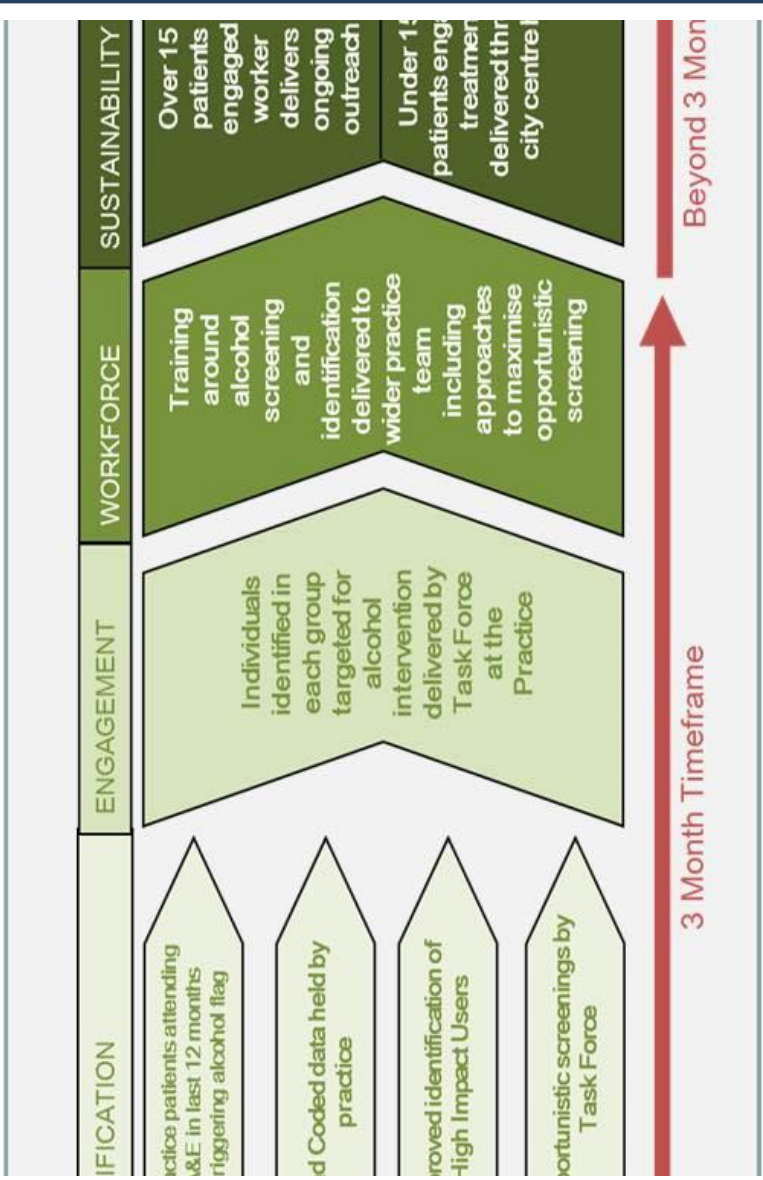


Alcohol Treatment Model 2014-17 – Recovery Support Service

support service will provide additional support to individuals engaged in structured treatment services for alcohol. Recovery support will be introduced from the point an individual reaches stability in their treatment. Once stable additional lifestyle and behaviour change services will be offered.



Alcohol Taskforce



ctions To Medicines

Force Identify Individual
practices they are
king with

ct referral from any city
practice or pharmacy

Referral

- ATM Service Triage Individual
- 3 Way Appointment Arranged between ATM Provider, GP and Patient
- Patient offered phased withdrawal of dose reduction
- GP continues to prescribe medication
- ATM worker develops care plan and psycho social support including referral to the GP
- ATM service supports both the reduction and the root cause of which led individual to being prescribed the medication in the first instance

macy Needle & Syringe Progr

Non Contract Pharmacies (no payment)

Basic level signposting and information to treatment services
Supported with greater Substance Misuse literature

Referred Provider Contract Pharmacies

Replaces existing LES contract
Open to any pharmacy in the city wishing to offer the service
Needle/syringes to be provided via a series of packs (heroin, crack, steroids)
Consideration to lower transaction fee to support bonus payment

- Steroid training
- Pharmacy network meeting
- Bonus payment for engagement of service users not accessing treatment

Treatment Providers (no payment)

Needle & Syringe Services hosted by Derby Substance Misuse Service and Breakout Young Persons Service

Full range of services as per Level 2 plus:

- > Blood borne virus screenings
- > Blood borne virus vaccinations
- > Healthcare assessments

Question & Answer Responses

Will there be an expectation that the community alcohol treatment service will be actively involved in the Alcohol High Impact Users Case Management?

Although the model depicts the Alcohol High Impact Users case management function in the Primary Care Support Service it is expected that robust pathways of care and information sharing will be in place with Community Alcohol Treatment, Primary care services, Hospital and any other service involved with the care of the client.

When reviewing the tender submissions will the workforce skill mix be taken into consideration?

Yes, the appraisal of individual tender submissions will take into consideration the skills of the workforce needed to deliver an effective alcohol treatment system that meets the needs of clients with varying complexities

There is the potential for multiple workers to be involved with a client. To prevent repeat assessments and multiple care plans will there be a single IT or triage system?

A single IT solution across drug and alcohol treatment services is a long term project which commissioners are exploring the feasibility of. In the interim it is proposed that a single common assessment form be introduced across all drug and alcohol services, including a multi-agency recovery action plan for each client which will be reviewed every 6 months.

Given the pressures of Local Authority funding what will the life of the contracts be?

The contracts will span 3 years.

Is there an intention to align the procurement of the alcohol treatment system with that of drug treatment?

Yes, the long term plan is to align the contracting cycles of both the drug and alcohol treatment models.

During the presentation it was suggested that the introduction of the alcohol treatment system in 2010 was successful in treating those in crisis what will the emphasis be for the new treatment services?

Alcohol treatment services will need to continue to engage clients who are dependant drinkers and those with multiple and complex physical and mental health needs. However to prevent and slow the rate of alcohol related harm more work will need to be done with people who could be considered to be harmful or hazardous drinkers. Innovative approaches will be needed to ensure that key segments of the population are engaged with alcohol support and the effectiveness of these interventions evidenced.

Has the management of clients who use both drugs and alcohol been considered when designing the model?

To ensure sustainability of the drug and alcohol treatment systems their effectiveness and value for money needs to be demonstrated to partner organisations such as those in the criminal justice system and the hospital trust. It is therefore necessary to develop pathways between services that best support the client and minimise the duplication of work in addition to interventions that facilitate lifestyle change and address the underlying causes of addiction.

Do you feel that changes taking place in hospital policies have impacted on alcohol related hospital admissions?

It is difficult to attribute the decrease of hospital admissions in Derby solely to any one organisation however, it cannot be denied that at a time when a new treatment system was introduced a significant decrease was seen. The alcohol treatment system is part of the wider Alcohol Harm Reduction Strategy for the city and initiatives in the hospital alongside those taking place in the night time economy will have also impacted on data.

Will payment by results be applicable to contracts issued under both tender Lots?

An indicative value for each contract will be included in the procurement documentation. The contract value will be based on 80% core contract and 20% payment by results. Payment by results will be paid on a quarterly basis across a series of domains. Full payment will be made against a domain if the organisation meets or exceeds the set target. A partial payment will be awarded when a target has not been met but the organisation is on an improving trajectory for that domain.

Will there be a payment made to pharmacies delivering alcohol interventions?

It is expected that the delivery of alcohol interventions in pharmacies will be aligned to the wider contracting framework for health checks, the details of these will be released to relevant parties at a later date.

What mechanisms will be put in place to support pharmacies to deliver against the requirements of the new Needle and Syringe Programme contracts?

Pharmacies wanting to deliver the Level 2 NSP service, as depicted in the model, will be supported to deliver the requirements of the contract via the Primary Care Support service and improved links with drug treatment services. It is expected that pharmacies will engage in training to support the delivery of interventions for steroid users and attend a proposed quarterly network meeting which will be utilised to quality assure the contracts.

What are the Local Authority doing to prevent and education people about the harms caused by alcohol?

A key benefit of substance misuse sitting alongside the wider remit of Public Health is the potential for the greater alignment of preventative work on a holistic lifestyle basis. Work in schools and university on a range of health damaging factors and links to the B-you service can mean that preventative work can be undertaken to maximise the use of resources. In addition to these approaches communications activities to raise awareness of both services and alcohol harm will take place. Informed by social marketing research messages will be tailored to key population groups which aim to address their specific triggers for drinking. Workforce development will also be central to preventing alcohol related harm. An accredited e-learning package will be used across Derby to up skill workers in the delivery of brief interventions which can be linked into wider continuing professional development.

Will the current Drug Intervention Programme (DIP) be expanded to include alcohol?

From April 2013 there was no statutory requirement for the provision of a DIP service. This has meant increased flexibility in the delivery of the service which can be tailored to meet the local needs of the criminal justice system. The primary focus of DIP has always been offenders with drug misuse with alcohol having a secondary focus. Through this model it is proposed that this is rebalanced and those offenders who may never present to alcohol treatment because they are not mandated to attend through an ATR or ASAR will be supported and engaged in treatment.

There will be an increase in people receiving sentences less than 12 months. Will services be equipped to cater for these?

Like all people in the criminal justice system robust pathways will be put in place for those people receiving sentences less than 12 months to access the appropriate service as quickly as possible. Facilitated by DIP this may mean that some people will be supported to access the recovery service or restart their treatment journey.