

Action Plan 2012-13

Alcohol Strategy Domain Group 4: Early Identification, Treatment and Aftercare

Key Objective:

To reduce the consumption of alcohol amongst those at lower*, increasing* and higher risk* through: effective early identification and screening; onward referral to appropriate and effective treatment; and good aftercare services.

**lower risk: no more than 2 to 3 units a day for women and 3 to 4 units a day for men*

Increasing risk: regularly drinking more than 2 to 3 units a day for women and more than 3 to 4 units a day for men

Higher risk: over 6 units a day or 35 units a week for women and over 8 units a day or 50 units a week for men

For under 18s there are no safe limits

Expected outcomes 2012/13

Primary outcome:

- 1 Reduction of consumption of alcohol amongst people who are at lower, increasing and higher risk; in treatment; and following treatment.

Sub outcomes, to achieve the primary outcome:

- 2 The level of staff competence within each part of the referral and treatment pathway is improved
- 3 The number of people screened and offered advice by non-specialist health professionals is increased
- 4 The number of people offered a brief intervention is increased
- 5 The number of people signposted into community treatment services is increased
- 6 The number of people successfully completing treatment (no longer requiring structured alcohol treatment) is increased
- 7 The number of individuals avoiding relapse following treatment is increased
- 8 The number of 18-25 year olds receiving effective (and where appropriate, early) interventions is increased
- 9 The number of people attending A&E/being admitted to hospital with an alcohol related issue is reduced

PRIORITY AREAS FOR 2012/13

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
PRIORITY AREAS FOR 2012/13						
1. Increase the number of people being screened and offered appropriate alcohol treatment services	<ul style="list-style-type: none"> • Identification of more people who are drinking at above safe levels • More people being offered brief interventions • More people entering structured alcohol treatment • More people successfully completing treatment 	See actions <ul style="list-style-type: none"> • 1.1 • 1.2 • 1.3 • 1.4 • 1.5 • 1.7 • 2.1 • 2.3 • 2.4 • 2.5 • 2.6 				<ul style="list-style-type: none"> • Number of people screened in primary care • Number of people receiving a brief intervention (from CRI community service) • Number of people receiving a brief intervention (from SPFT A&E service) • Number of people entering structured treatment services • Number of people successfully completing treatment
2. Commissioning for recovery and reintegration	<ul style="list-style-type: none"> • Existing services reviewed to ensure that they are recovery focussed. Pathways revised if necessary. • Where relevant, additional services commissioned/funded that support people to recovery and be reintegrated into the community 	See actions <ul style="list-style-type: none"> • 1.5 • 3.1 • 3.2 • 4.1 				<ul style="list-style-type: none"> • Number of people who successfully complete treatment and do not relapse within 6 months • Number of people supported by Health Trainers and Albion in the Community achieving the outcomes set out in their Personal Health Plan •
3. In line with the Audacious Goals work programme, work with Mental Health Commissioning colleagues to improve mental health (and associated alcohol) urgent care pathways	<ul style="list-style-type: none"> • Reduction in the number of people attending A&E with an alcohol related issue • Reduction in the number of people being admitted to hospital with an alcohol related issue 	<ul style="list-style-type: none"> • Work on four key mental health crisis reduction areas being led by mental health colleagues. Alcohol use is closely associated with mental health 	TBC	If achieved, overall reduction of 200 non-elective admissions will result in a saving of £294,873 (net impact to acute contract)	Kathy Caley for alcohol, Anne Foster and Simon Lawrence for Mental Health	<ul style="list-style-type: none"> • Overall reduction of 200 non-elective admissions across 2012/13

40

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		<p>crises and so links will be made to each of the work areas.</p> <ul style="list-style-type: none"> • Audacious Goals programme will also focus on identifying alternatives to A&E attendance for people misusing alcohol <p>Plus, see actions</p> <ul style="list-style-type: none"> • 1.4 • 1.5 • 1.6 • 1.7 • 2.2 	TBC			

SDG4 – ACTION PLAN

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
1. Improved early identification, screening and onward referral						
1.1 Provide alcohol awareness, identification and screening training packages and support for the Tier 1 and 2 workforce e.g. ante/post natal staff (midwives, health visitors), police, probation, mental health staff, housing/hostel workers, domestic violence workers, social workers, health trainers. [Link with SDG1: Addressing the Drinking Culture]	<ul style="list-style-type: none"> Improved early identification and screening. Improved onward referral rates into relevant alcohol treatment services. Improved inter-agency collaboration/ care co-ordination. 	Current training packages are offered, but are not part of core training for key staff identified. <u>Planned</u> Penny Ashby to co-ordinate training providers from a range of services. SPFT and Alcohol Services providers are meeting on 3 rd October to discuss a possible on-line resource for SPFT staff, with potential for practice workshops. Bespoke training is ongoing, e.g. A&E nurses and Midwives.	12 months, and rolling programme thereafter.	Three Health Promotion Advisors in post providing training and support (both drugs and alcohol) Cost of alcohol HP support approximately £82.5k for alcohol £10k identified for additional training if necessary	Penny Ashby, Health Promotion	<ul style="list-style-type: none"> Number of training sessions delivered and individuals trained and training evaluation data. Number of referrals to Tier 2 and 3 alcohol services via a sample of trained workers. [Increase on baseline at start of training]. The Alcohol Health Promotion and the Workforce post offers workshops and training sessions to employers and employees, as well as students in 6th form colleges accessing employment / work placements
1.2 Review Primary Care LES with a view to improving identification and outcomes for patients with increasing and higher risk drinking patterns presenting to primary care.	<ul style="list-style-type: none"> Improved early identification and screening. Improved brief interventions to patients. Improved onward referral to relevant alcohol treatment 	<u>Planned</u> Review format and payment structure of LES	Decision needed on whether LES is amended	Allocated budget of £75k (actual spend is dependent on provider activity)	Kathy Caley with colleagues	TBC – existing KPIs: <ul style="list-style-type: none"> Increase the number of practices delivering the alcohol LES Number of patients screened, offered brief advice, and followed up at six months Number of patients referred onto community brief

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	<p>services.</p> <ul style="list-style-type: none"> Reduction in number of people drinking at levels harmful to health. 					intervention service
1.3 Monitor restructured Community Brief Interventions (BI) Service	<ul style="list-style-type: none"> Initial screening/brief intervention undertaken by front line worker Appropriate referral made to BI workers 2 to 6 BI sessions offered Onward referral to treatment services where necessary 	Restructured service began in May 2012. Work continuing on referral pathways and promotion of BI workers	Routine Quarterly monitoring as part of wider CRI contract reviews for 2012/13	£75k for two BI workers pa	Kathy Caley with colleagues from CRI	<ul style="list-style-type: none"> 2 to 6 BI sessions per individual Approximately 250 probation referrals pa expected <p>Alcohol Consumption At intervention completion:</p> <ul style="list-style-type: none"> 40% of 'increasing risk' drinkers to be drinking at safe level 20% of 'higher risk' drinkers to be drinking at safe level <p>At 6 month review:</p> <ul style="list-style-type: none"> 30% of 'increasing risk' drinkers to be drinking at safe levels 15% of 'higher risk' drinkers to be drinking at safe level <p>BI Completion rates</p> <ul style="list-style-type: none"> 70% for 'increasing risk' 60% for 'higher risk'
1.4 Review SPFT A&E Alcohol Liaison Nurse service	<ul style="list-style-type: none"> Improved commissioner knowledge of how existing service works Most efficient service model, and associated pathways, in place to reduce A&E attendances and hospital admissions Training provided to A&E frontline staff by 	Meeting with SPFT, Commissioners and Audacious Goals project manager on 14 th Aug 2012 to understand existing service	Initial meeting in Aug 2012 with a view to implementing any pathway changes as soon as possible to receive maximum	£156k	Kathy Caley	<p>Alcohol Consumption At intervention completion:</p> <ul style="list-style-type: none"> 40% of 'increasing risk' drinkers to be drinking at safe levels 20% of 'higher risk' drinkers to be drinking at safe level 20% of moderately dependent drinkers to be drinking at safe levels 15% of severely dependent

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	SPFT alcohol nurses <ul style="list-style-type: none"> Activity recording categories amended to reflect brief interventions provided 		benefit			drinkers to be drinking at safe levels At 6 month review follow up <ul style="list-style-type: none"> 30% of 'increasing risk' drinkers to be drinking at safe levels 15% of 'higher risk' drinkers to be drinking at safe level 15% of moderately dependent drinkers to be drinking at safe levels 15% of severely dependent drinkers to be drinking at safe levels Brief Interventions Delivered <ul style="list-style-type: none"> 2,400 BI sessions to be delivered per annum Simple BI: 1 session Extended BI: 2 to 4 sessions Completion Rate <ul style="list-style-type: none"> Increasing risk – simple BI 100%, extended BI 60% Higher Risk – simple BI 100%, extended BI 70%
1.5 Overall alcohol pathway improvement programme to ensure that services are as effective as possible. National Treatment Agency are providing support on this area. Brighton and Hove are one of the 14 sites identified nationally for additional support.	<ul style="list-style-type: none"> Transparent and comprehensive care pathway, with clearly defined referral mechanisms to ensure that all non-specialist frontline providers are fully aware of how support alcohol treatment support is provided Increased numbers of 	This will include: <ul style="list-style-type: none"> Improved commissioner understanding of alcohol care pathway Enhanced performance monitoring of alcohol treatment providers at the Treatment 	October 2012 onwards. NTA programme will have milestones completing in March 2013	CAT budget £291k Equinox funding: £60k Taxi Marshall funding £10k What other budget lines have not been included	Kathy Caley	<ul style="list-style-type: none"> TBC

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		medical cover available so that more people could be safely treated, and therefore prevented from attending A&E.				
1.7 a. Work with local universities to promote safer alcohol consumption and to increase uptake of brief interventions/treatment services where appropriate. b. Make links with the Student Union bodies to look at how alcohol can play less of a role in student life.	<ul style="list-style-type: none"> Reduced alcohol consumption Reduction in alcohol related A&E attendances Less sponsorship of events by clubs, bars, alcohol companies 	Meetings planned: <ul style="list-style-type: none"> 4th April 2013 – Student Union reps 9th April 2013 – university of Sussex medical practice 				<ul style="list-style-type: none">
2. Improved treatment effectiveness for high risk groups						
2.1 Improve effectiveness of services for young adults, in line with the evidence base, through: <ul style="list-style-type: none"> Identify whether there is a need for alcohol and cannabis services for young adults not meeting thresholds for adult services/not presenting to treatment 	<ul style="list-style-type: none"> Improved access by engagement with services and successful completions for 18-25 year olds Will impact on two cohorts of 18 to 25 year olds: <ul style="list-style-type: none"> Those who have previously engaged with under 18 services but are below traditional adult service thresholds Those who have never engaged in treatment services 	<ul style="list-style-type: none"> Small scale needs assessment to be undertaken Review of best practice and service model in other areas If need identified, look to develop service (dependent on resources) Initial review of findings indicate high alcohol related A&E attendances in student population – will 	Meeting to review needs assessment on 14 th Aug 2012 Student led initiative runs Jan 2013 to May 2013	<ul style="list-style-type: none"> Using students volunteering as part of their work experience placements 	Kathy Caley and Kerry Clarke. Needs assessment by Liz Tucker	<ul style="list-style-type: none"> Recommendations for/development of (depending on time available) health promotion campaign materials to reduce the number of students inappropriately

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		undertake student led health promotion campaign		so should be no cost, other than expenses		presenting to A&E with an alcohol related issue.
<p>2.2 Monitor the Frequent Attenders Assertive Outreach worker (CRI) and the Hostel Alcohol nurse (BHT) focusing on:</p> <p>2.2.1 A&E attendance and hospital admissions</p> <p>2.2.2 Hostel residents.</p>	<ul style="list-style-type: none"> Reduced number of A&E attendances and hospital admissions Reduced number of SECAMB/police call outs Improved rates of referral and engagement into structured alcohol treatment. Improved housing outcomes and step down for hostel residents. 	<p>Both posts funded for a further 12 months (2012/13)</p> <p>Activity to be discussed in quarterly contract review meetings with CRI and BHT</p>	Funded for 2012/13	<p>Frequent flier post - £35k</p> <p>Hostel Nurse - £42k</p>	<p>2.2.1 CRI</p> <p>2.2.2 BHT: Nikki Homewood</p>	<ul style="list-style-type: none"> Number of A&E attendances, ambulance conveyances, and hospital admissions for identified cohorts. Number of treatment referrals, engagement and successful outcomes for identified cohorts.
<p>2.3 Support for families affected by Substance Misuse</p> <p>Will include</p> <p>2.3.1 Implementation of Joint Protocol between Adult Substance Misuse services and Children's services.</p> <p>2.3.2 Joint work between POCAR (parenting our children, addressing risk) service and Claremont Centre</p> <p>2.3.3 Establishment of a</p>	<ul style="list-style-type: none"> Increase in number of referrals to adult treatment services Reduced number of children and young people being taken into care Children's services better equipped to support families with lower level problems before they escalate into more serious problems. 	<p>2.3.1 Protocol complete and ready to be disseminated</p> <p>2.3.2 Joint meetings underway and have identified the need for a more wider 'network' meeting between children's services and adult treatment services.</p>	<p>2.3.1 Protocol to be launched Jan 2013</p> <p>2.3.2 Meeting to be set up early 2013</p> <p>2.3.3 Post to be comment</p>	<p>2.3.1 No cost</p> <p>2.3.2 No cost</p> <p>2.3.3 Maximum cost £45k</p>	<p>Kathy Caley and Kerry Clarke</p>	<p>2.3.1 Protocol used by all children's services and adult treatment providers.</p> <p>2.3.2 Greater sharing of information between agencies</p> <p>2.3.3</p> <ul style="list-style-type: none"> Agree and implement a

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one year secondment from adult treatment services to children's service, with a remit of providing skills, tools and support for social workers to support families where drug abuse and alcohol is an issue.		2.3.3 SPFT working to second appropriately skilled staff member	29 th April 2013	(shared between Children's and Adult treatment services commissioner)		<p>common risk assessment process</p> <ul style="list-style-type: none"> • Ensure staff are trained to deliver brief interventions • Develop and agree a menu of interventions • Agree set outcome measures that show the impact for families of interventions provided • Develop joint plans between adult treatment services and social care teams for cases that fall below the thresholds for POCAR
2.4 Continued focus on engaging and sustaining LGBT community in treatment services	<ul style="list-style-type: none"> • Increased uptake of treatment services by LGBT community • 	Existing post funded for a further 12 months	Ongoing	£30k	Kathy Caley and CRI	<ul style="list-style-type: none"> • Number of LGBT individuals supported by the LGBT worker to engage in treatment services • Number of LGBT individuals successfully completing treatment (where this measurement is possible) <p>TBC</p>
2.5 Focus on poly drug/alcohol using women with multiple exclusions and complex needs via community of practice project with Kings College and Revolving Doors	<ul style="list-style-type: none"> • Improved co ordination of support • Reduction on use of services • Reduction in risk to client group • Better understanding of effective interventions for client group • Increased staff competence and confidence • 	Community of practice commences in May – monthly meetings till October	Commences may 2012 Ends October 2012	Cost Neutral – no cost to provider/part of wider national project	Jo-Anne Welsh	Final report to be produced

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2.6. Focused work on alcohol misuse in pregnancy NATURE OF WORK PROGRAMME TBC	•					Need to decide if this a priority for 2013/14
	•					
3 Improved effective aftercare						
3.1 Sustain and monitor the Women's Group Aftercare Programme pilot initially funded via the SE Regional Alcohol Innovation Fund.	<ul style="list-style-type: none"> Improved longer term outcomes for women who have become abstinent from alcohol during treatment. Reduced alcohol related social harms e.g. STDs, unplanned pregnancies and DV. 	Funding allocated for 2012/13	Began in late 2012	£15,000	Jo-Anne Welsh, Brighton Oasis Project.	<ul style="list-style-type: none"> Number of women still abstinent after follow up period. FOLLOW UP WITH OASIS FOR MORE DETAIL
3.2 Health Trainer service for people successfully completing drug and alcohol treatment services	<ul style="list-style-type: none"> People completing treatment to be supported by Health Trainer to help prevent re-lapse Reduction in the number of people relapsing and re-presenting to treatment More people reintegrated within the community and engaged in meaningful activities 	<ul style="list-style-type: none"> Existing HT materials modified slightly to meet needs Training set up for appropriate staff Referral pathways developed 	<p>Development work between May and July 2012</p> <p>Likely start date of Aug 2012 for first HT clients</p>	Approximately £20k allocated to date.	Kathy Caley with Health Trainer Colleagues	<ul style="list-style-type: none"> Number of clients supported Number of clients undertaking a Personal Health Plan (PHP) Number of clients achieving or part achieving a PHP goal Number of clients who successfully reduce substitute prescribing whilst participating in the Health Trainer Programme (NEEDS MORE DISCUSSION) Number of clients supported by health trainers who remain abstinent six months after successfully completing treatment

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4 General Commissioning						
<p>4.1 Proposal to re-tender for drug and alcohol treatment services, with a view to new contracts being in place from 1st April 2014.</p> <p>This is yet to be confirmed. Council likely to make a decision either way in January 2013</p>	•	<ul style="list-style-type: none"> Paper taken to Health and Wellbeing Overview and Scrutiny Committee in Feb 2013 re work of APB generally, including intention to re-tender. Outcome of Committee is agreement that an Alcohol Scrutiny Panel is needed. This is currently being set up. 	• TBC			•

Summary of key developments in 2011/12

- Community Brief Interventions Service evaluated and restructured to focus more on providing (extended) brief interventions to increasing risk and higher risk drinkers
- Additional Health Promotion Advisor Post funded in 2012/13 to increase the alcohol training and support provided to non-specialist front line works. This will allow more front line workers to be training in screening and the provision of brief advice and information.
- Positive evaluations of the A&E Frequent Attender pilot and the Hostel Alcohol nurse pilot. Funding secured for a 2012/13 to continue the work.