



Consultation

A Proposed New

Alcohol Treatment

Model for Derby City

Consultation period 9th March to 8th June 2009

Proposed New Alcohol Treatment Model for Derby City

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1.0 Introduction

This consultation seeks views on a proposed new alcohol treatment model for Derby City. The new configuration of alcohol treatment services have been designed to meet the alcohol treatment needs of all the community that have been identified through a comprehensive needs assessment process and are in line with the very latest evidence base of what works in alcohol treatment.

The new model of delivery has been made possible by a significant increase in the level of funding provided by NHS Derby City specifically to resource alcohol treatment. The development of new alcohol treatment services is a key feature of Derby City's Alcohol Harm Reduction Strategy that was published in May 2008.

Derby City's Alcohol Harm Reduction Strategy has three key themes:

- Young People
- Safer Derby
- Health

This new proposed model of alcohol treatment supports all three themes but has been specifically designed to meet the health needs of adults. The strategy has a number of specific key health related aims:

- to triple the number of people being treated for alcohol use within the next three years
- to reduce all waiting times for alcohol treatment services to within two weeks
- to bring the number of alcohol related hospital admissions to below the national average
- to contribute to saving 2,000 premature deaths over the next 10 years

- to promote sensible drinking messages as part of an overall approach to improving lifestyles and reducing risk behaviour.

Aside from the development of a new alcohol treatment model there is other work being taken forward as part of the Alcohol Harm Reduction Strategy that supports the other themes of young people and safer Derby. This work includes specific actions relating to prevention, education, early intervention, tackling anti-social behaviour, tackling violent crime and challenging the culture of binge drinking that is particularly associated with the night-time economy in Derby City. Details of this work are available in the Alcohol Harm Reduction Strategy.

The Alcohol Harm Reduction Strategy is a multi-agency partnership approach that brings together all agencies work to tackle the negative impact of alcohol. Led by the Community Safety Partnership with NHS Derby City taking the lead in delivering the Health theme other key partners agencies signed up and to supporting the delivery of the Strategy include:

- Derbyshire Constabulary
- Derby City Council
- Derby Homes
- Derby Hospital Trust
- Derbyshire Probation Service
- Derbyshire Fire and Rescue Service
- Derbyshire Mental Health Trust
- Derbyshire Local Medical Committee

1.1 Measuring Alcohol Harm – Units explained and how alcohol drinking levels are used in the proposal

The use of alcohol can be a key factor in a person's health and well being. The Government latest health advice uses a "unit" system to show the increased risks to health as more alcohol is consumed.

One unit of alcohol equals one standard glass of wine or a half pint of standard beer/lager.

The health recommendation for men is not to have more than 28 units of alcohol a week and women not to have more than 21 units of alcohol in a week. Drinking above this level is considered harmful and is associated with acute and chronic problems such as hypertension, acute pancreatitis, cirrhosis, alcohol related accidents and assumes this level of drinking to be mildly dependent.

Regularly drinking above the recommended levels, particularly as a binge, is considered to be hazardous drinking and the regularity and excess is directly related to the increased level of risk. For some individuals it is difficult to function without alcohol, there is a physical or psychological need to drink. This level of alcohol use is called a dependent level of use and is commonly associated with addiction.

The proposed new alcohol treatment model has been designed in order to meet the entire range of alcohol treatment needs that arise from this range of drinking behaviour. Those who are dependent need to be offered treatment services that are specific to their needs which may include detoxification programmes, residential treatment programmes, ongoing psycho-social counseling and support and specialist health treatment either in hospital or in primary care. Those who are drinking to hazardous and harmful levels are also

catered for in the proposed new treatment model with specific advice and guidance services based in primary care, one to one support, brief interventions and clinical programmes of support to address the health problems associated with the level of alcohol use. To support the new treatment model there will be campaigns that promote key health messages on the risks of alcohol use among the general population with a targeted approach upon those groups considered to be vulnerable or at risk of potential excessive drinking.

1.2 Participating in the Consultation

This consultation exercise seeks your views on the proposed alcohol treatment model for Derby City. Views are sought on:

- the model as whole or
- any particular aspect of the model

The consultation period runs from the 9th March and will run for a full twelve weeks ending on the 8th June. It will run in accordance with Department of Health guidelines on public consultation. A response form has been provided (appendix B) to enable the collection of contributions to this consultation.

This consultation pack provides information on what the proposed alcohol treatment model is and gives some accompanying information relevant to considering this model. It should be noted that the adoption of a new model will result in some changes to current service providers. Due to the legal terms of currently contracted service providers, notice is being given to terminate these contracts. New contracts based upon the model will be drawn up and offered in open tender competition. The tender process will begin immediately after this consultation concludes and will end with the appointment of new services working as part of the proposed integrated treatment model on the 1st April 2010.

To encourage participation of key identified groups direct approaches will be made to specific groups and individuals considered to have a vested interest in the development of alcohol treatment. These include local alcohol treatment services and local medical and health practitioners and clinicians. Also, intrinsic to this consultation are the views of those who either use current alcohol treatment services, or those who would use the new services contained within this proposal. Views are sought from all communities across Derby and efforts will be made to promote the opportunity of engagement ensuring it is offered to specific groups in particular regard to diversity, gender, age, sexuality and faith. Finally attempts will be made to specifically secure the views of those whose lives are affected by alcohol use of someone within their family for their views and their needs.

The results of the consultation will be collated and reported back to both the NHS Derby City and CSP boards. A report summarising the consultation will be written and published online at NHS Derby City and sent out to all those who express an interest in tendering for the new services or who request a copy. Any changes to the proposed model arising from the consultation will be included in this report and in the services that go out to tender.

Those wishing to respond to the consultation have to respond **before by 4pm on the 8th June**. It will not be possible to include responses received after this deadline in the final consultation report and may not be considered.

The consultation response form at Appendix B is provided to enable the collation of responses. Once completed this can be sent to the Alcohol Treatment Consultation Response Officer either by email or by post:

Nicola.Snell@derby.gov.uk

Nicola Snell
Alcohol Treatment Consultation Response Officer
Derby Community Safety Partnership
3rd Floor
St Peter's House
Gower Street
Derby
DE1 1SB

Further copies of the consultation pack are available as a download by following the consultation link at www.derbycitypct.nhs.uk and www.saferderby.org.uk

If you wish to know more about health services in Derby City then contact the Patient Advice and Liaison Service (PALS) who are able to offer help, advice and support, including alcohol treatment. PALS freephone number is 08000 32 32 35.

2.0 Alcohol in Derby City

2.1 About Derby

Derby City is an urban area of approximately 30 square miles and is the UK's most central City located in the East Midlands region along with the cities of Nottingham and Leicester. With its central location, Derby has an excellent communications infrastructure, with easy access to all parts of the UK by car, bus and train and both inside and outside of the UK by plane from East Midlands Airport.

Derby has an estimated population of around 242,736 people (2007), having increased by around 9.5% since the 2001 census.¹ It is thought that around 50.7% of the population are male, 49.3% female, a profile similar to the national picture. Derby also has a relatively young population with 48% of residents estimated to be under the age of 35 compared to 45% across England and Wales.

Derby is a multi-cultural City, which has seen the recent building of a Multi Faith Centre at Derby University. Within the region of 182 nationalities are represented in the city, and around 71 different languages are spoken. At least 13% of the population are estimated to have been born outside the UK. Just under a quarter (22%) of the population are not White British, with Asian residents forming the largest ethnic grouping (10.5% of the City's population). Within this grouping, it is estimated that in 2007 there were around 12,350 Pakistanis, 9,696 Indians and 372 Bangladeshis. It is also estimated that at least 10,520 people describing themselves as coming from an "other white" background now reside in Derby. Over half

¹ Brett R Dodds K and Howitt D (2008). Derby Population, Migration and Community Profile. Derby Community Safety Partnership

(52%) of this group are aged between 15 and 34 (compared to 29% across the population as a whole)².

It is estimated that around 13,000 new international migrants have moved to Derby between 2002 and 2007, the majority being of working age and the vast majority being from Eastern Europe (Poland, Slovakia, Latvia, Russia and the associated Roma communities - 31%) Those people who are from Asia but not from India, Bangladesh or Pakistan account for 14% and Western Europe 13%.³ This has considerably affected the ethnicity and diversity of the minority ethnic population in the City in a dynamic way, particularly the central more transient neighbourhoods of Arboretum, Normanton and Abbey.

2.2 Need for alcohol treatment in Derby

The most recent health informatics research into Derby's adult alcohol consumption patterns estimates that the city has potentially 35,000 '*hazardous and harmful*' drinkers (of which 24,000 are male) and 6,000 '*moderately to severely*' dependant drinkers (1,500 of who are female). NHS Derby City and Derwent Shared services have also used 'Mosaic' public sector social marketing software under the Raising Alcohol awareness (a social marketing approach) project to determine (at postcode level) who and where Derby's regular drinkers (drink 3 times or more a week) and excessive drinkers (drink 8 or more drinks a week) reside. They have concentrated on consumer groups where regular and excessive drinkers have made up at least 25% of their population:

- older neighbourhoods increasingly taken over by short – term renters
- halls of residents and other buildings occupied mostly by students

² Ibid

³ Ibid

- low income families living in cramped Victorian terraced housing in inner city locations
- well educated singles and childless couples colonizing inner areas of provincial cities
- young people renting hard to let social housing often in disadvantaged inner city locations.

These groups together account for 11% of the Derby population and the largest numbers of these groups reside in the West/ North West (Darley, Abbey, Mackworth) and the South/ South East (Normanton, Osmaston and Alvaston). Drinkers from all five consumer groups reside in the Darley and Abbey neighbourhoods but high numbers of potentially the most vulnerable group (young people renting hard to let social housing often in disadvantages inner city locations) live in the central Arboretum area. Community consultation has already begun but will continue to be a feature of developing the alcohol treatment services and developing the prevention agenda. Similarly “Equality Impact Risk Assessments” have accompanied the development of drug and alcohol strategies and other key health strategies. These too will continue to be carried out as part of needs assessment and impact analysis as the plans are taken forward.

In 2006/07 Derby City had the second highest number of hospital admissions in the east midlands region for alcohol related harm with 4,860 individuals (1857.6 per 100,000 population). This is 25% higher than the family average. National Indicator 39 and NHS Derby City’s vital signs target (VSC26) focus on reducing the rate of hospital admissions per 100 000 population for alcohol related harm which uses Hospital Episode Statistics (HES) as a measuring tool. HES data illustrates that the top 10 alcohol-attributable admissions to hospital are:

- Hypertensive disease (high blood pressure)
- Cardiac arrhythmias (an irregular heart beat)

- Mental and behavioural disorders due to alcohol
- Epilepsy
- Alcoholic liver disease
- Intentional self harm
- Fall injuries
- Alcohol poisoning
- Female breast cancer
- Chronic hepatitis and cirrhosis of the liver
- Oesophageal (throat) cancer

The impact of alcohol upon health in Derby is further illustrated by the following facts derived from local needs assessment for 2006/07:

- 9.5 months of life are lost for males per 100,000 population
- 4.1 months of life are lost for females per 100,000 population
- 11 males die due to alcohol specific reasons (44.7 due to alcohol attributable reasons) per 100,000 population
- 5 females die due to alcohol specific reasons (16.6 due to alcohol attributable reasons) per 100,000 population
- Male mortality from chronic liver disease is 15.5 per 100,000 population
- Female mortality from chronic liver disease is 7.1 per 100,000 population
- There were 464 alcohol specific hospital admissions for males per 100,000 population during the year and 1,393 alcohol attributable
- There were 221 alcohol specific hospital admissions for females per 100,000 population during the year and 764 alcohol attributable

The effects on children of the misuse of alcohol by one or both parents or carers are complex and may vary in time. The latest research estimates that approximately 1 million parents are alcohol dependent and that an estimated 1 million children are affected. Adult alcohol use has a detrimental impact upon the achievements of children, preventing them from being all that they could be,

contributing to unhappy young lives and can play a key part in perpetuating harmful drinking through the generations.

In 2008 Alcohol Concern published 'Keeping it in the Family, Growing up with Parents that Misuse Alcohol'. The report identified that:

- there could be five times as many children affected by parental alcohol problems as by parental drug use
- around one third of all domestic violence incidents are linked to alcohol misuse
- alcohol misuse by parents was identified as a factor in over 50% of child protection cases.
- children of alcohol misusers are also more likely to drink earlier and to experience behavioural problems and poor outcomes at school.

There is no national indicator to measure the impact of parental alcohol use on dependant children, however improving the outcomes for children of dependant alcohol misusers will help them grow, irrespective of their circumstances to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The national indicator NI 39 (*to reduce the trend in the increase of alcohol related hospital admissions*) has been adopted locally (Local Area Agreement) as a performance measure in reducing alcohol related harm. Currently Derby City aims to slow the increase in alcohol related admissions per 100,000 population and ensure that the rate is no more than 2762/100,000 population by the end of March 2014. A milestone trajectory to be achieved by the end of 2010/11 is a reduction in rate to 2299 per 100,000 population. In 2006/07 Derby City had the

second highest alcohol related hospital admissions in the East midlands region with 4860 individuals admitted.

In 2006/07 Derby City had a significantly higher number of alcohol specific and alcohol attributable hospital admissions (adults) than the national average. In fact compared to the family group of other similar local authority areas, Derby had the fourth highest number of female alcohol specific hospital admissions (221.2 per 100,000 population) and the fifth highest number of male alcohol specific hospital admissions (221.2 per 100,000 population). In terms of alcohol *attributable* admissions the numbers are much higher with 1,394 per 100,000 population for men (compared to a national average of 1,171) and 765 for women (compared to a national average of 658). Derby has the third highest number of alcohol attributable admissions in the family group behind North Tyneside and Hastings yet above areas such as Ipswich, Luton, Wolverhampton and Sheffield.

Regionally, Derby is one of just four cities and as would be expected has relatively high numbers of alcohol related admissions compared to other towns in the East Midlands. The city does have lower rates of alcohol *specific* admissions than the other cities for males (lower than Leicester, Lincoln, Nottingham and also Chesterfield and Corby) but for females Derby has lower levels than Leicester and Lincoln but a slightly higher rate than Nottingham.

3.0 Alcohol Treatment

3.1 The four tiers of alcohol treatment

The alcohol treatment model proposed for Derby City is based upon the national service framework '*Models of care for alcohol misusers*' (NTA 2006) and the guiding principles of the '*Review of the effectiveness of treatment for alcohol problems*' (NTA 2006). Both of these documents are recognised as best evidence-based practice for the design and delivery of alcohol treatment systems.

Models of care for alcohol misusers (MoCAM) advocates a four tier approach to treatment (intervention) provision. This consultation document adopts these terms for the description of alcohol treatment and support provision under the proposed model.

Tier 1 interventions

- Identification of hazardous, harmful and dependant drinkers
- Provision of information on sensible drinking
- Simple 'brief advice' (formerly know as a brief intervention) to reduce alcohol related harm
- Signposting and referral of those who require more significant interventions
- These generic services will encounter all levels of drinkers but as a minimum should offer 'interventions' to hazardous drinkers via identification and brief advice in line with department of health guidelines
- Examples of such non alcohol specific services include GP surgeries, health centres, community based services, Accident and emergency departments, general hospital wards, police custody suites, housing and homelessness services and social departments.

Tier 2 interventions

- Open access alcohol-specific facilities
- Provision of alcohol specific advice, information and support
- Extended or enhance brief interventions and brief (non structured) treatment to reduce alcohol related harm
- Shared care with staff from Tier 3 services
- Assessment (triage) and referral for those with more serious alcohol related problems
- Mutual aid support groups (such as AA) and aftercare groups
- Settings for the delivery of such interventions include hospital liver units, domestic abuse agencies, primary health care, community based alcohol services, Accident and emergency departments, acute hospitals, housing and homelessness services
- Family focused interventions to safeguard and provide support to children of dependant alcohol users.

Tier 3 interventions

- Community based specialised alcohol misuse assessment and treatment that is structured, coordinated and care planned
- Provision of comprehensive assessment, structured treatment and key-working
- Provision of a range of evidence-based prescribing and psychosocial therapies to address alcohol misuse
- Community based alcohol detoxification
- Community care assessment (for residential rehabilitation)
- Settings for the delivery of such interventions include GP practices involved in a shared care scheme and designated community based alcohol services and specialist mental health alcohol services.

Tier 4 interventions

- In-patient co-ordinated (residential) specialist alcohol detoxification and stabilisation interventions.

3.2 Current Alcohol treatment services overview

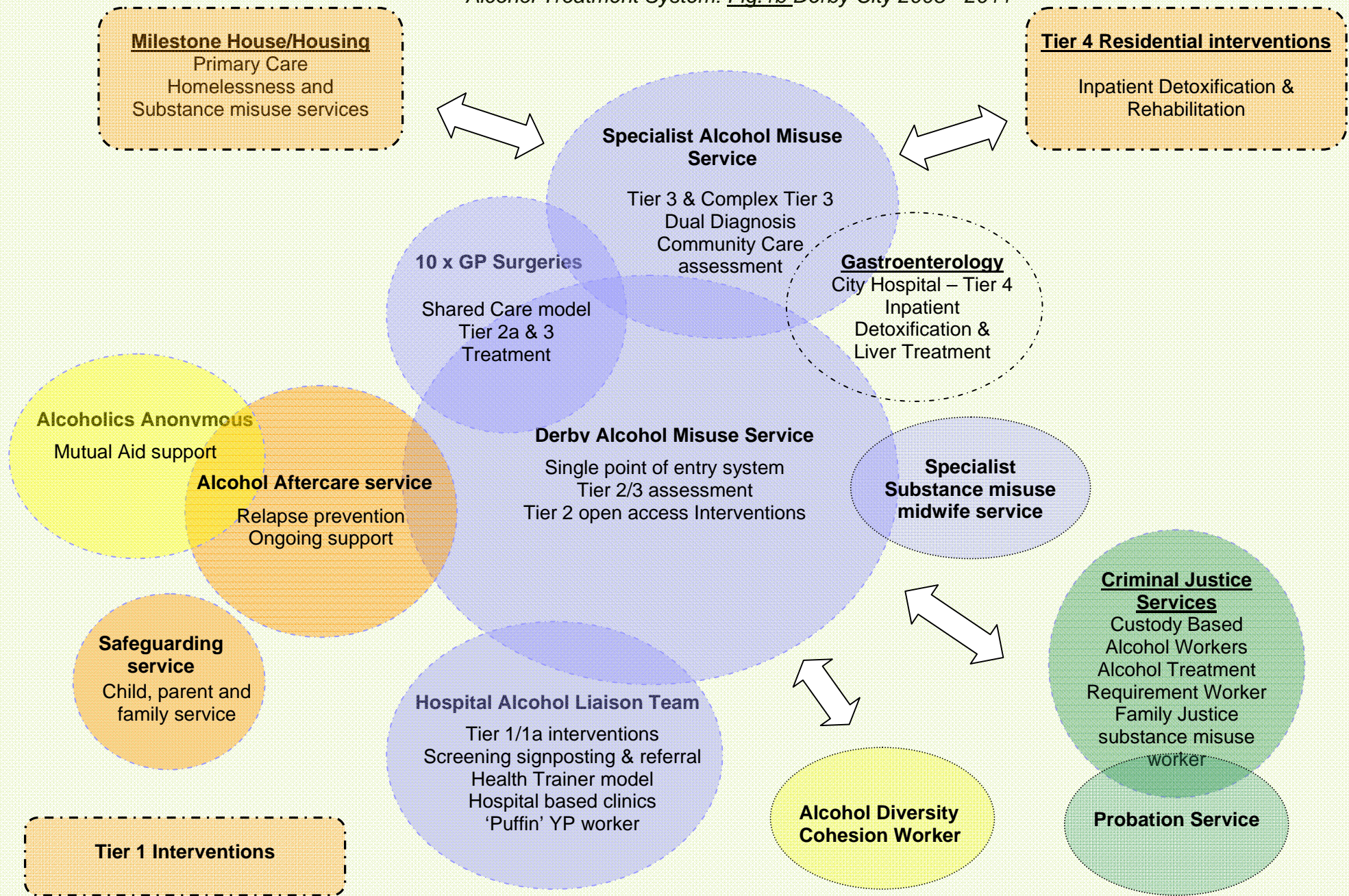
Derby City alcohol treatment services have only started to grow over the last three years as a result of the commitment to the '*Choosing Health*' white paper (2004). Historically tier 3 treatment was the realm of the specialist mental health facility (the Elms) which due to limited capacity, restricted treatment approaches and resources demonstrated lengthy waiting times (up to 2 years) for structured treatment. GP based alcohol treatment was also considerably under-developed or non-existent due to failure by the Royal College of General Practitioners to provide recognised training and competencies for GPs wishing to treat patients in practice or operate as a GP with a special interest.

2006 saw the launch of Derby Alcohol Misuse Service, an open access tier 2 service based in primary care and aimed at hazardous and harmful drinkers. Whilst impactful, slow growth in this service has limited treatment availability. Cumulatively by mid 2008, approximately 300 individuals were in receipt of Tier 2/3 treatment interventions in Derby City. The alcohol harm reduction strategy for derby aims to at least treble this number to 900 over the next two years achieving 1,200 soon after.

3.3 The proposed new treatment model

Figure 1, a proposed alcohol treatment model for Derby City, is a schematic representation of the integrated treatment system planned for implementation over the next two years. This section of the consultation document seeks to provide more detail as to specific parts of the proposed model and readers may wish to continually refer to this schematic in relation to the information provided.

Alcohol Treatment System: Fig.1b Derby City 2008 - 2011



4.0 Current alcohol treatment services

Services already in place as part of the proposed treatment model.

4.1 Derby Alcohol Misuse Service (DAMS) & GP Locally Enhanced pilot

The development of a primary care, open access, Tier 2 alcohol service (DAMS) in 2006 was born out of recognition that there was a high level of hazardous and harmful drinkers in Derby City requiring 'identification and brief advice'. GP based interventions did not exist and 'Choosing Health' low level funding was earmarked to provide a small but specific primary care initiative.

Based at the Coleman medical centre the DAMS service was expanded in 2008 and alongside the initiation of an innovative pilot project operating out of Lister House GP surgery a 'shared care' model was adopted linking GP based interventions to the specialist primary care Tier 2 DAMS service (offering a combination of Tier 2 and 3 interventions to patients registered at Lister House and Oakwood surgeries). Interventions on offer under this pilot locally enhanced service include: identification and brief advice, extended brief interventions, assessment & comprehensive assessment, structured and semi-structured treatment interventions, community based detoxification, psychosocial interventions, prescribing interventions and referral to inpatient treatment. The Lister house pilot is set to run until August 2009 when it will subsequently form part of the City's overall treatment system.

4.2 Criminal Justice – The Drug (and Alcohol) Intervention Programme

The current treatment model has a Criminal Justice Team delivering services as part of the Drugs Intervention Programme (DIP) based within the Community Safety Partnership. Meeting the treatment and support needs of drug and alcohol users who commit crime in order to sustain their problematic drug use or commit

crime as a result of their problematic alcohol use is a priority area. An expansion to the current case management model delivered by this service is proposed in the new treatment model. Under the new model DIP will address the needs of problematic alcohol users within the criminal justice system working along side the proposed components of the new model. This approach has already proved very successful in Derby in the delivery of the Priority and Prolific Offenders (PPO) programme. In going out to tender for the new tier 2 and 3 alcohol treatment services, this prioritisation of criminal justice clients, particularly those who are PPO or DIP clients is being emphasised.

4.3 Substance misuse midwifery services

Currently pregnant women who misuse drugs and alcohol receive specialist interventions from the Hospital Foundation Trust's specialist substance misuse midwife. In recognition of the excellent support provided by this service and the local data now coming to light as a result of alcohol focused activities and reviews it is expected that this current service provision will need expanding to meet capacity of the ever identified alcohol misusers.

4.4 Young Addaction specialist substance misuse service & the Child and Adolescent Mental health Service

Currently young people with either a drug or alcohol misuse problem receive treatment via the Young Addaction specialist substance misuse service. It is anticipated that this service will have its capacity increased to deal with the identified increase in problematic alcohol use amongst young people (i.e. under 18 years). Those with concurrent mental health or complex drug or alcohol problems are treated via the Child Adolescent Mental Health (CAMHs) service.

5.0 Proposed new alcohol treatment services

There are six areas of treatment service that are proposed under this model

5.1 Non-clinical Tier 2

Non-clinical tier 2 alcohol-aftercare treatment and support can be summarised as a service that provides support for individuals who have undergone structured or semi-structured treatment and wish to remain abstinent (or live with controlled drinking behaviour). Such services are essential to prevent relapse and allow individuals to maintain an improved quality of life and reintegration into their community. The service consists of interventions targeting:

- Mutual aid support
- Relapse prevention techniques and day groups
- Wrap-around services focussing on housing, debt, benefits, employment and criminality
- Links to Alcoholics Anonymous
- Support to those working in housing to work with alcohol using tenants to retain tenancy and to address any anti-social behaviour impact their drinking has on other residents.

5.2 Hospital based Tier 1 and 2 alcohol services

Hospital based tier 1 and 2 alcohol interventions can be summarised as a services spread across Accident and Emergency, general hospital wards, specialist hepatology/gastroenterology departments and Child emergency departments (*Puffin ward*). The service aimed at harmful and moderately dependant drinkers consists of:

- Multiagency staff teams offering identification and brief advice to adults and young people
- Delivery of extended brief interventions
- Triage assessment, signposting and onward referral

- Specialist support and semi-structured interventions for patients admitted to the gastroenterology department with alcohol related liver disease
- Liaison with all other alcohol services and relevant GP practices

5.3 Clinical Tier 2/3 including shared care services (DAMS)

Clinical tier 2/3 treatment can be summarised in this instance as an open access service that has the capacity and competency to work in partnership with GPs (with an alcohol interest) treating patients under a shared care model. The interventions for hazardous, harmful and moderately dependant drinkers comprise of:

- Screening, brief interventions and extended brief interventions
- Triage, comprehensive assessment and onward referral
- Care planning and Key working
- Semi and structured psychosocial interventions
- Key working support for GPs operating under a shared care model
- An alcohol diversity cohesion worker (to increase accessibility, signposting and awareness amongst diverse communities in a proactive way)

5.4 Primary care GP based services

Primary care GP and health centre based services are delivered under a 'shared care' arrangement with a specialist service by a GP with a special interest (in alcohol/substance misuse). The targeting hazardous, harmful and moderately dependant drinkers service consists of:

- Screening, brief interventions and extended brief interventions
- Triage, comprehensive assessment and onward referral
- Care-planned, structured treatment including semi- and structured psychosocial interventions and prescribing
- Prescribing for home detoxification
- Onward referral into specialist and support services

5.5 Specialist clinical Tier 3 Services

Specialist clinical tier 3 alcohol treatment can be summarised as a specialist mental health substance misuse services including psychiatric interventions treating severely dependant drinkers and those with co-morbid mental health problems. The service consists of:

- Comprehensive assessment and risk assessment
- Care planning and Key working
- Structured Psychosocial interventions and established specialist prescribing interventions
- Community psychiatric nurse interventions and home detoxification
- Onward referrals to inpatient treatment interventions

5.6 Tier 2 safeguarding and support service for children and parents

In this instance safeguarding services can be considered as services that safeguard the dependant children (and vulnerable young people) of substance misusing parents utilising family focused interventions. Conversely support services for vulnerable dependant children focus entirely on offering support to the children (and dependants) of substance misusing parents. The service consists of:

- Assessment of need and risk assessment in a family setting
- Breaking the cycle of drug use family psychosocial interventions
- Goal setting and education
- Child and young person focused support & resilience building activities
- Structured behavioural interventions & coping strategies

6.0 Benefits of the new model

The development and further expansion of primary care alcohol treatment (including shared care) will significantly address what was seen as the greatest weakness of the previous treatment model. The hitherto unknown engagement of GPs in the treatment of alcohol use disorder and the ability to access large number of potentially problematic drinkers in a general healthcare setting will have a dramatic impact on reducing the number of alcohol related hospital admissions. Previous criticism identified that even though a small number of individuals were successfully treated for their alcohol problems a lack of follow up support and aftercare rendered many treatment episodes fruitless due to relapse. Many cities have benefited considerably from the use of hospital liaison teams which are proven to again reduce the number of alcohol attributable stays in hospital. Above and beyond this NHS Derby City and the CSP believe the benefits of the newly proposed model when compared to the system that previously existed are numerous and include:

- Increased capacity in treatment services
- Improved quality of range of services
- The meeting of National standards and a best practice evidence based approach
- Ready access to alcohol treatment in a range of easily reached settings
- Improvements to the integration of alcohol treatment as a holistic model
- Improved treatment outcomes
- More efficient and effective use of limited resources
- Clearer understanding of service provision and how to access it to users and referrers
- Improved working model for staff involved in delivery
- Increase confidence of service users, stakeholders and parents and carers in alcohol treatment provision

- Improved access to services of client groups that are currently under-represented in services
- Improved impact in reducing the harmful effects of alcohol misuse upon the individual, the family and the community.

6.1 Managing and monitoring service delivery

NHS Derby City and the CSP Board have oversight of the delivery of the National and local Alcohol Strategies and are updated every three months on progress against the reconfiguration plan and service delivery. There are two sub-groups each tasked with key roles in managing and monitoring service delivery.

The CSP Joint Commissioning Group oversees delivery of the annual Drug Treatment Plan and subsequently the implementation of the alcohol model. All alcohol treatment related spending, over view of performance and monitoring of compliance with national standards takes place within this forum. The JCG is a multi-agency forum with representation from the full range of key stakeholders in treatment delivery.

The second sub-group is the Alcohol and Violent crime harm reduction strategy group. This group takes a more detailed look at performance of the Alcohol harm reduction Strategy delivery within Derby, monitors delivery of actions against agreed targets and seeks to consider how delivery of the alcohol strategy contributes to the overall delivery objectives of the Community Safety Partnership.

In addition to these groups alcohol treatment delivery is closely monitored by the Department of health. All alcohol treatment data that evidences delivery against targets is centrally collated providing monthly, quarterly and annual updates. Performance is systematically reviewed under a range of government monitoring arrangements.

6.2 Timescale for delivery of the new treatment model

Action	Timescale
Begin consultation	9th March 2009
End Consultation	8 th June 2009
Review Consultation	8 th – 15 th June 2009
Begin Tender process	22 nd June 2009
Award new delivery contracts	2 nd November 2009
Begin new services	1 st April 2010

7.0 References

Prime Minister's strategy unit (2004) *Alcohol Harm reduction strategy for England*

Department of Health (2007) *Safe, sensible, social: Next steps in the government's National alcohol strategy*

Department of Health (2004) *Choosing Health: Making healthy choices easier*

National Treatment Agency (2006) *Models of Care for Alcohol misusers (MoCAM)*

National treatment Agency (2006) *Review of the effectiveness of treatment for alcohol problems*

National Treatment Agency (2005) *Alcohol misuse interventions: Guidance on developing a local programme of improvement*

Drugscope (1999) *Quality in Drug and Alcohol Services Organisational Standards*. London: Drugscope

RCGP (2005) *Role and Responsibilities of doctors in the provision of treatment for drug and alcohol misusers*. London: RCGP

Appendix

A - Glossary of Terms

Structured Treatment - treatment that has been developed as a result of a comprehensive assessment and that follows a care plan delivered under the supervision of a qualified key-worker

Community Prescribing – involves the provision of care planned specialised treatment, which includes prescribing to treat alcohol dependency and relapse prevention

Specialist Prescribing – is prescribing for alcohol misuse in a community based service, which normally comprises of a multi-disciplinary team

Structured Psychosocial Interventions – are clearly defined, evidenced-based psychosocial interventions delivered as part of a clients care plan

Structured Day Programmes – provides a range of interventions where a client must attend 3-5 days per week

Other Structured Interventions – describes a package of interventions set out in a client care plan which includes as a minimum a regular planned session with a key worker

Inpatient Treatment – interventions usually involve short episodes of hospital based (or equivalent) medical treatment

Residential Rehabilitation – interventions consisting of a range of treatment delivery models or programmes to address substance misuse, including abstinence orientated interventions within the context of residential accommodation

Appendix B - Consultation Response Form

A Proposed New Alcohol Treatment Model for Derby City

1. Do you support the proposed new alcohol treatment model
(PLEASE TICK ONE BOX ONLY)

Yes	<input type="checkbox"/>	<i>Please skip straight to question 3.</i>
No	<input type="checkbox"/>	
Don't Know	<input type="checkbox"/>	

2. If no/ don't know, please indicate which of the following reasons most clearly represents your view. (PLEASE TICK ALL THAT APPLY)

I do not believe the current treatment model needs changing	<input type="checkbox"/>
I do not believe this model is a significant improvement from the current treatment model	<input type="checkbox"/>
I do not believe that this proposed model addresses the real problems in the current treatment model	<input type="checkbox"/>
I do not believe that the proposed model will increase capacity in treatment services	<input type="checkbox"/>
I do not believe that the proposed model will improve the quality of a range of service	<input type="checkbox"/>
I do not believe the proposed model meets National standards or is based on best practice	<input type="checkbox"/>
I do not believe the proposed model will provide ready access to alcohol treatment	<input type="checkbox"/>
I do not believe the proposed model will improve the integration of alcohol treatment as a holistic model	<input type="checkbox"/>
I do not believe the proposed model will improve treatment outcomes	<input type="checkbox"/>
I do not believe the proposed model is a more efficient and effective use of limited resources	<input type="checkbox"/>
I do not believe the proposed model will give users and referrers a clearer understanding of service provision and how to access it	<input type="checkbox"/>
I do not believe the proposed model will improve working practices for staff involved in delivery	<input type="checkbox"/>

I do not believe the proposed model will increase confidence in alcohol treatment provision	<input type="checkbox"/>
I do not believe the proposed model will improve access for client groups that are currently under - represented	<input type="checkbox"/>
I do not believe the proposed model will have an improved impact on reducing the harmful effects of alcohol use upon the individual, the family and the community	<input type="checkbox"/>
I do not understand how the new model will work/ how it will improve alcohol treatment	<input type="checkbox"/>
Other reason <i>(Please state this reason in the comments boxes overleaf)</i>	<input type="checkbox"/>

3. Do you have any other comments on the model as a whole?
(PLEASE WRITE COMMENTS IN THE BOX BELOW)

4. Do you have any other comments on a particular part of the model? *(PLEASE WRITE COMMENTS IN THE BOX BELOW STATING CLEARLY WHICH PART OF THE MODEL YOU ARE COMMENTING UPON)*

PART OF THE MODEL COMMENTING ON:

COMMENTS:

Name:

Organisation:

Address:

Telephone:

Email:

Upon completion please return this form to:

Nicola Snell
Alcohol Treatment Consultation Response Officer
Derby Community Safety Partnership
3rd Floor
St Peter's House
Gower Street
Derby
DE1 1SB

Or electronically to Nicola.snell@derby.gov.uk

Thank you for taking part in this consultation exercise.