

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: February 2014
Report of: Executive Member for Community Health and Wellbeing

Report Title

Commissioned Alcohol Services and Current Performance Update

Summary

1. Introduction

- 1.1 The following report is an update to the previous report provided to Committee in August. The report will update the Committee on performance over the six months including updates to the delivery of current commissioned Alcohol services is operating to meet the needs of Trafford residents. The update will seek to provide assurances that services are reflecting the needs of Trafford residents.
- 1.2 Trafford continues to be the only GM area to be better than the England average for Alcohol Treatment Prevalence. However, data for Trafford shows that individuals with alcohol problems experience a higher incidence of ancillary physical and psychological health issues when compared with other GM areas. This can result in the need for expensive inpatient treatment.
- 1.3 Department of Health data shows that the majority of the Trafford population (71%) are categorised as low risk drinkers. Almost a quarter of the population (23.8%) are increasingly putting their health at risk through alcohol consumption, a further 4.4% are deemed to be high risk drinkers. Alcohol related admissions have continued to rise in Trafford year on year, since 2002. When compared to a PCT comparator group, the region and country, Trafford performs poorly for female alcohol specific mortality.
- 1.4 Trafford has recently updated its Alcohol Strategy (Appendix 1), which has taken into account recent changes in legislation and policy direction. A multi-agency response to tackling these issues has been further embedded. Trafford's recent Alcohol Awareness week involved a number of services from within the Council and external providers, for example; Greater Manchester Police, NHS, Greater Manchester Fire and Rescue Service, Youth Services, Safer Communities, Youth Offending Service, Drug and Alcohol providers, DAAT (Drug and Alcohol Action Team) and education. All externally commissioned alcohol services contributed to the provision of activities throughout the week. (A full evaluation can be found at Appendix 2). There was also Trafford's first Conversation Café event during the week which invited a range of key stakeholders and members of the public to discuss their views on alcohol issues. The recent Dry January initiative has built upon Alcohol Awareness Week, which was supported by a robust Communications Plan to

maximise sign up to the initiative.

1.5 In times of financial austerity, it is recognised that synergies and opportunities for cost savings can accrue via collaborative commissioning. As part of this integrated approach, Trafford has committed some funding as part of the RAID model (Rapid Assessment Interface Discharge) which will use liaison psychiatry staff as a means of providing expertise and effective diversion of patients with issues of alcohol misuse presenting at A & E. It is expected that the positions will be recruited to within the next month and will operate over a seven day period.

1.6 The reduction of crime and offending rates can be directly linked to alcohol misuse and are a priority for the police and probation. Trafford continues to have the lowest figure for recorded violent crime across the GM area. This has been helped by raising the awareness of sensible drinking by licensees and consumers in the night time economy. Alcohol services and treatment orders are utilised to prevent reoffending by those convicted of alcohol related offences. The Drug and Alcohol Team work closely with the police, probation and health services to monitor and restrict the offending behaviour of individuals through Integrated Offender Management (Trafford Spotlight).

2. Trafford Service Provision for Alcohol.

2.1 The provision of alcohol services across Trafford compliments the overarching strategies of the Council and partner organisations such as Health, Police and Probation. Alcohol misuse was identified as a high priority for the borough in the Joint Strategic Needs Assessment (JNSA) and has now become a strategic priority for Trafford's Health and Wellbeing Board, the Safer Trafford Partnership and Trafford's Clinical Commissioning Group.

Services are carefully managed and commissioned against the needs of the communities across Trafford and the priorities of the Partnership Boards.

2.2 The previous report provided details of all the commissioned services across Trafford and their performance to date; the following section will provide an update in regards to the last six month's performance and provide details of any changes to these services.

2.3 Turning Point (Community Detox and Residential Detoxification)

This service primarily supports GPs with patients who are dependant drinkers by providing detoxification services administered by qualified nursing staff. The service will then ensure that a recovery plan is in place. The service was originally contracted to the amount of £160,000.00 however due to underperformance the service's funding was reduced to reflect the reduction in numbers successfully completing a community detoxification within the service.

2.3.1 Performance 2012-2013

Target	Actual
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300 referrals to detox	258 via residential detox, 64 via Community Detox
130 referrals to aftercare	120
65 community detox completions	50 (total assessed 52)

2.3.2 Performance April 2013-to date

- Total Detoxes April to 30 January 2014 = 71
- Home Detoxes (via TP) = 12 (17%)
- Detoxes via Smithfield = 45 (63% of total)
- Detoxes via CBU = 4 (6%)

In the last 6 month period there have been no repeat inpatient beds used at either Smithfield or the Chapman Barker Unit and there have been no repeat community detoxes.

The Community Detox service is currently out to tender and plans are in place to ensure the awarded providers develop significant links with all element of primary care. Targets will be set for GP education events, local clinics held in the community and pathways created with the new RAID service which will ensure earlier identification of client's who present at A+E.

2.4 Phoenix Futures Single Point of Contact (SPOC). ARNS (Alcohol Recovery Navigation Service)

This is the major provider of all Alcohol Services across Trafford with the largest proportion of the budget being utilised by various elements of the service as detailed above. The targets in relation to both the treatment and recovery service are as follows;

2.4.2 Performance to December 2013 (inclusive)

Target	Actual
Referred to service and engage with Recovery plan	389 Green to date
Remain abstinent and not re-present in 6 months	33 Green to date

85% discharged as abstinent remain abstinent and do not re-present within 6 months – which is recorded via the National Drug Treatment Monitoring System.

2.4.3 Young Peoples Service. (Delivered by Phoenix Futures)

Phoenix Futures deliver a tailored service to those aged between 11 – 25yrs. The service is holistic and aims to address the whole person and their needs. Accordingly, the indicators chosen for this service reflect this with measures for Chlamydia screening and reducing offending included. The Young Persons services deal with both drug and alcohol issues which is provided at a cost of £352.7K. In addition to treatment, the emphasis is on prevention and reducing risky behaviours which is likely to reduce demand on statutory services in the future.

2.4.4 Performance April- December 2013

Target	Actual
Conduct 12 prevention sessions per annum	41 to date exceeding target
Referrals received	169 to date exceeding target
Successful discharges	63 to date exceeding target
Chlamydia Screening	64% to date exceeding target
YP to reduce re-offending	Results provided on a six monthly basis
Employment need	131% to date exceeding target

Current performance within the Phoenix Futures alcohol service is excellent with all performance targets being exceeded as at 30 November 2013. These figures are recorded by the service and reported at each monthly performance monitoring meeting via formal written submission to the DAAT. The contracts are monitored by lead officers for Alcohol and Drugs from the DAAT at Quarterly Monitoring and Review Meetings to assess performance of the payment by results targets.

3 National Performance

3.1 The most recent data provided by Public Health England shows that in quarter two;

- Number of Alcohol users in treatment is up by 13% on the previous rolling twelve months
- Successful completions is down by 4%
- Waiting times is up by 0.7%
- Re-presentations is at 12.1%, which is above the national average of 11.3%
- Criminal Justice clients engaged in service is up to 48.4% (against a baseline of 25%)
- Alcohol Users living with Children in Trafford is 34% which is lower than the national average of 37.7%

(Please note national figures for Alcohol have only been recorded since July 2012.)

4 Next Steps

4.1 In order deal with the rising figures which are being reported as presentations at A&E, Trafford are engaging with all Local Authorities across Greater Manchester with the implementation of the RADAR (Rapid Alcohol Detox Acute Hospital Referral) approach which identifies those who regularly present at A&E. Work is on-going with our locally commissioned Alcohol services to reinforce the referral pathway and exit strategy. This will also be complemented by the RAID (Rapid Assessment Interface and Discharge) model which will be implemented in Trafford General Hospital from February 2014. The model will see the employment of Alcohol Liaison nurses which will create stronger links to RADAR, Chapman Barker Unit and Detoxification Programmes.

4.2 As part of the tender exercise for the provision of Community Detox Service has been remodelled with the development of a recovery emphasis

to enhance the likelihood of sustained abstinence and recovery.

- 4.3 Trafford will develop and implement a Tier Four Framework which will ensure greater choice of provision for clients entering both Residential Rehabilitation and Residential Detoxification Programmes. The framework will also provide greater value for money for the Council due to market testing and competitive tendering.
- 4.4 The Tier Four Framework has been tendered across Greater Manchester using a two part open process based on a 50% price and 50% quality weighting to produce scores and ranking. A weighted quality threshold of 50% was applied, so any bid with a quality score of less than 50% was excluded from further consideration. From this two tiers of provision have been developed relating to four different lots of service provision. This has enhanced the choice and quality of provision and is offered at a more cost effective price. It is therefore recommended that Trafford adopt the GM framework which has already undergone rigorous market testing.
- 4.5 In order to make sure that the clients with the greatest need are prioritised for the residential rehabilitation and provision the DAAT has strengthened pathways and the referral process. Further consideration is being given to the development of a decision making panel which will include clinical representation to ensure decisions are made based on medical need as well as the existing social and community factors.
- 4.6 In order to enhance the likelihood of a service user remaining in a recovery programme and working towards abstinence we are in the process of reviewing the Shared Care Protocol for the provision of prescribed medication to ensure GP's are fully involved at a primary stage and via on-going key work in adequate prescribing and support of service users. The treatment effectiveness group will sign off the protocol and monitor progress across the Borough.

Recommendation(s)

The Health Scrutiny Committee note the information included within the report.

Contact person for access to background papers and further information:

Name: Kylie Thornton, Commissioning and Service Development Manager.
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Background Papers: NA

Financial Impact:	NA
Legal Impact:	NA

Human Resources Impact:	NA
Asset Management Impact:	NA
E-Government Impact:	NA
Risk Management Impact:	NA
Health and Safety Impact:	NA

Consultation

All areas within this report continue to be discussed and monitored via the Alcohol Steering Group and Effective Treatment Group, the development of the options appraisal will involve direct consultation with a wide variety of partners such as Public Health, TARGET (local recovery group), CCG, Public Health England and community representatives.

Reasons for Recommendation(s)

The Health Scrutiny Committee note the information included within the report to ensure a clear audit and performance trail.