

Public Document Pack

Date of meeting **Wednesday, 19th November, 2014**
Time **7.00 pm**
Venue **Committee Room 1, Civic Offices, Merrial Street,
Newcastle-under-Lyme, Staffordshire, ST5 2AG**
Contact **Julia Cleary**

Health and Wellbeing Scrutiny Committee

SUPPLEMENTARY AGENDA

PART 1 – OPEN AGENDA

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - (Pages 3 - 30)
ALCOHOL USE AND MISUSE

Members: Councillors Allport, Mrs Astle, Bailey, Becket, Eagles, Eastwood (Chair),
Mrs Hailstones, Mrs Johnson (Vice-Chair), Loades, Northcott and Owen

PLEASE NOTE: The Council Chamber and Committee Room 1 are fitted with a loop system. In addition, there is a volume button on the base of the microphones. A portable loop system is available for all other rooms. Should you require this service, please contact Member Services during the afternoon prior to the meeting.

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

This page is intentionally left blank

Substance Misuse Services

Dr Derrett Watts, Clinical
Director for the Substance
Misuse Directorate,

Health and Wellbeing Scrutiny
Committee Newcastle Borough
Council

Wednesday, 19th November, 2014
7.00 pm



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations





About the Service

- To answer the question ‘What does Combined Healthcare do to assist people with alcohol issues?’



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations



Strapline and Vision Statement for Substance Misuse Services

- **Compassionate Care,**
 - **Real Recovery,**
 - **Stigma Stopped**

To provide caring, trusting environments which enable service users to feel accepted and achieve their goals, and their families and carers listened to and supported.

New Locations for 2014



- Stoke Heath Prison
- Stafford
- Cannock
- Tamworth
- Burton

Focus on.....Substance Misuse – locations are expanding 1st July 2014



Drunks to be kept off A&E in new 'drying out' unit



 This is Staffordshire  Follow

Saturday, March 24, 2012

DRUNKEN patients are being plucked from A&E and transferred to a new-style 'drying out unit' in a different hospital.

Around 30 people have been helped in the first five weeks of the initiative, being piloted for three months in North Staffordshire.





Referral routes

- To answer the question ‘How do people get referred to NSCHT’



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations

INTEGRATED SERVICES (across health and social care):

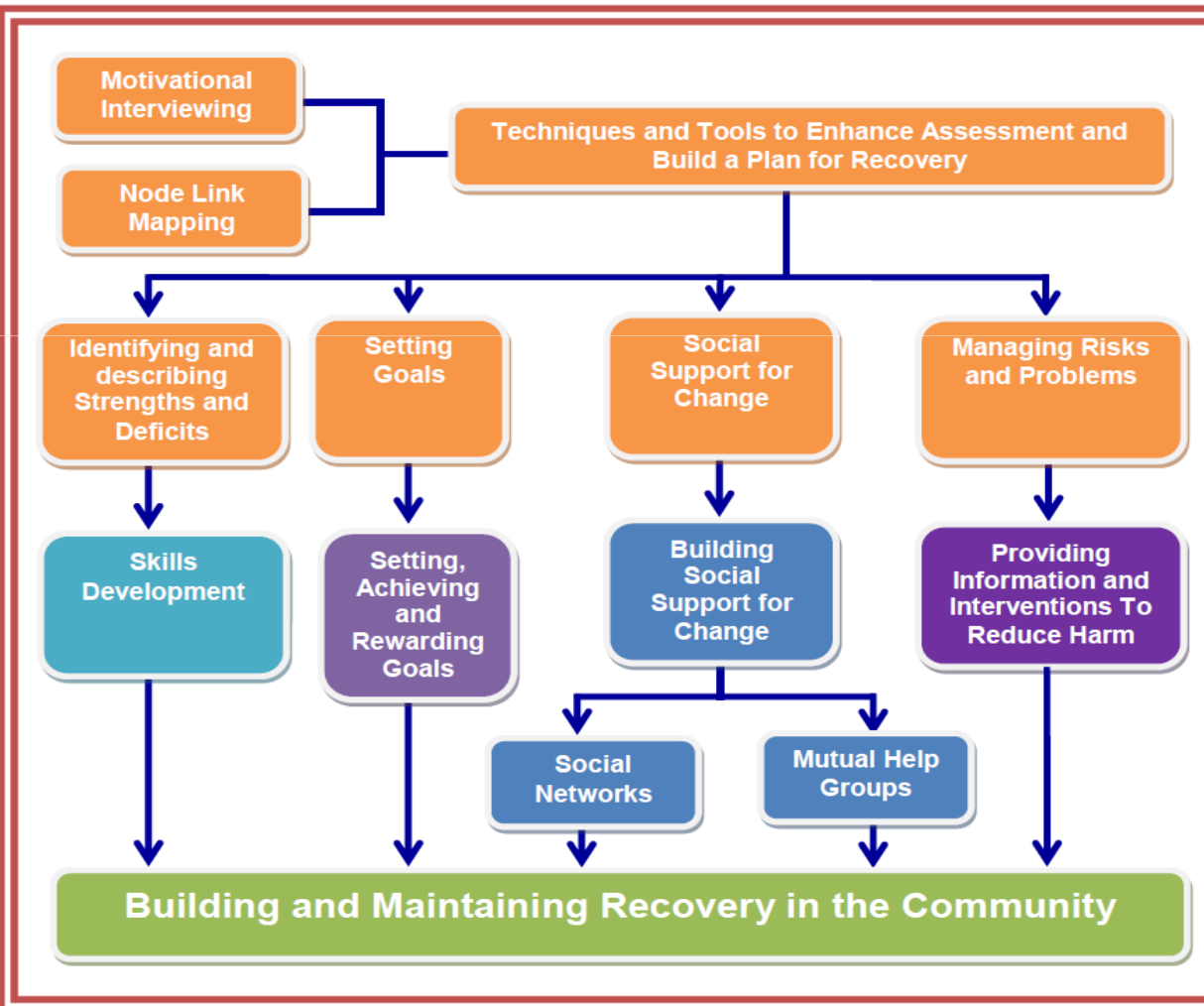
APPENDIX 1.1.1 MODEL OF BEHAVIOUR CHANGE

ONERECOVERY
STAFFORDSHIRE

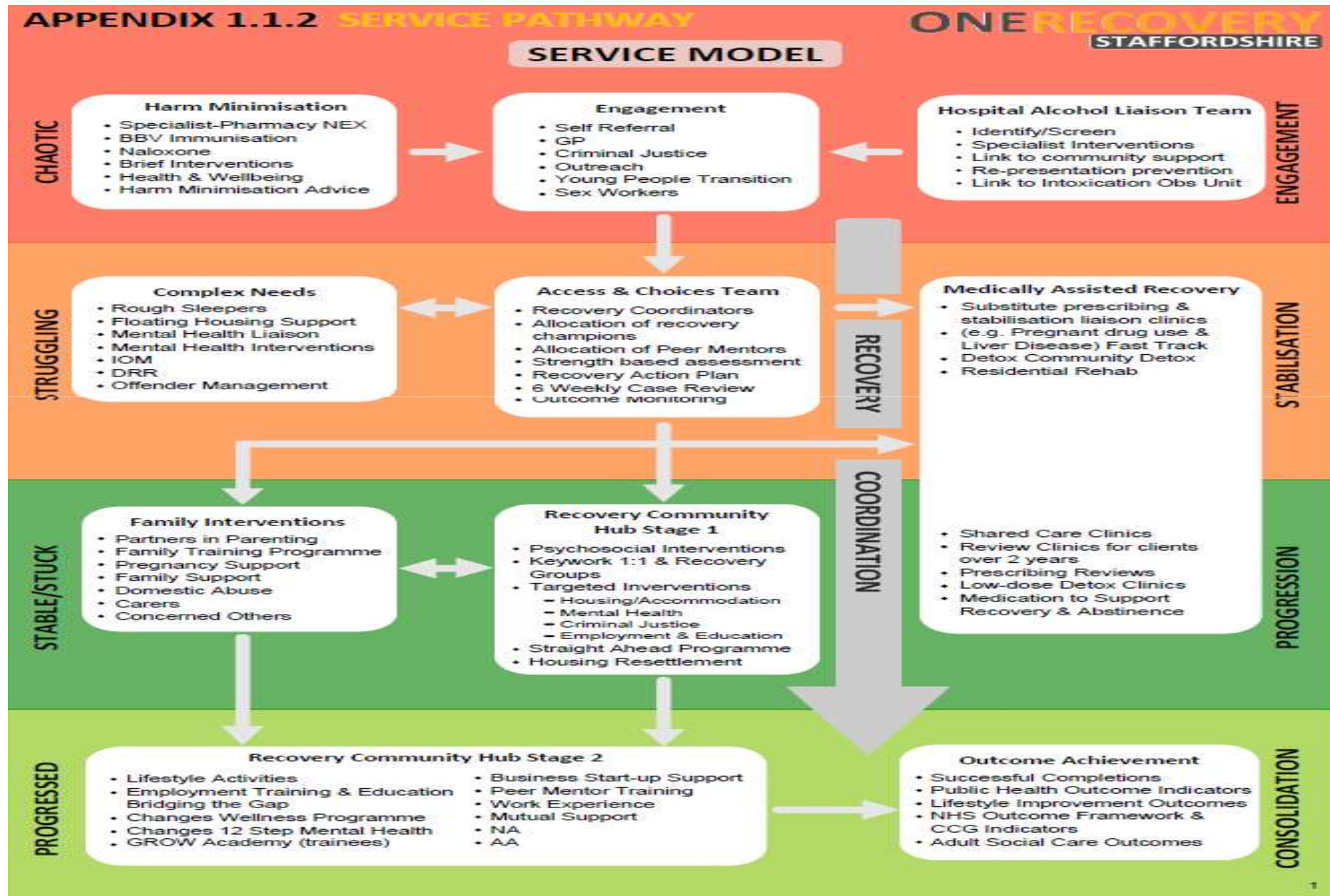
Psychologically Informed Environment

Characterised by:

- Interventions designed and delivered to enable Clients to reach the 'contemplative' stage (of Prochaska & DiClemente's Cycle of Change) to facilitate behavioural change.
- **Cognitive Behavioural Therapy** highlighted by NICE as treatment of choice for anxiety, depression, first episode psychosis and antisocial personality disorder.
- **Physical environment and social spaces** used imaginatively to facilitate change.
- **Staff training and support** in reflective practice.
- **Managing Relationships:** Relationships are a principal tool for change. Every interaction between staff and clients is an opportunity for development and learning.
- **Evaluating Outcomes**



Referral Route - One Recovery



Referral Route; EMU In-Patients

- Referral meeting held once a week to receive referrals from Community Services
- Separate meetings for Stoke-on-Trent and County patients
- Also one bed on the Unit is used for transfers from UHNS
- Have some referrals from Out of County





Aftercare

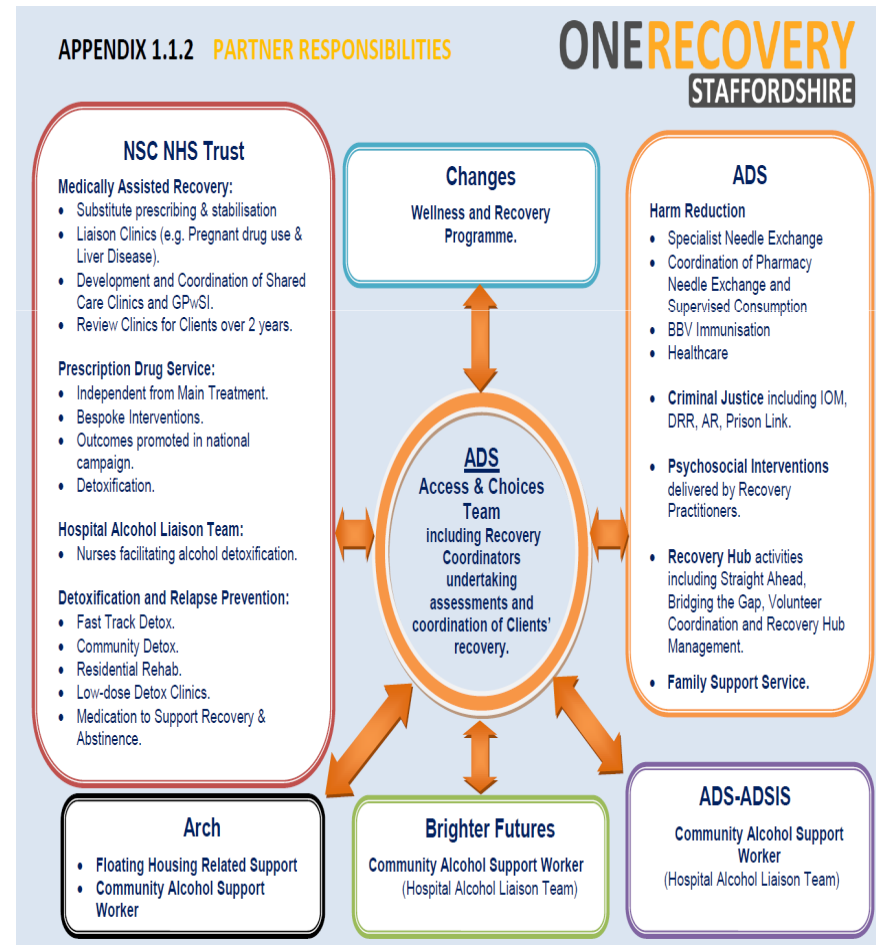
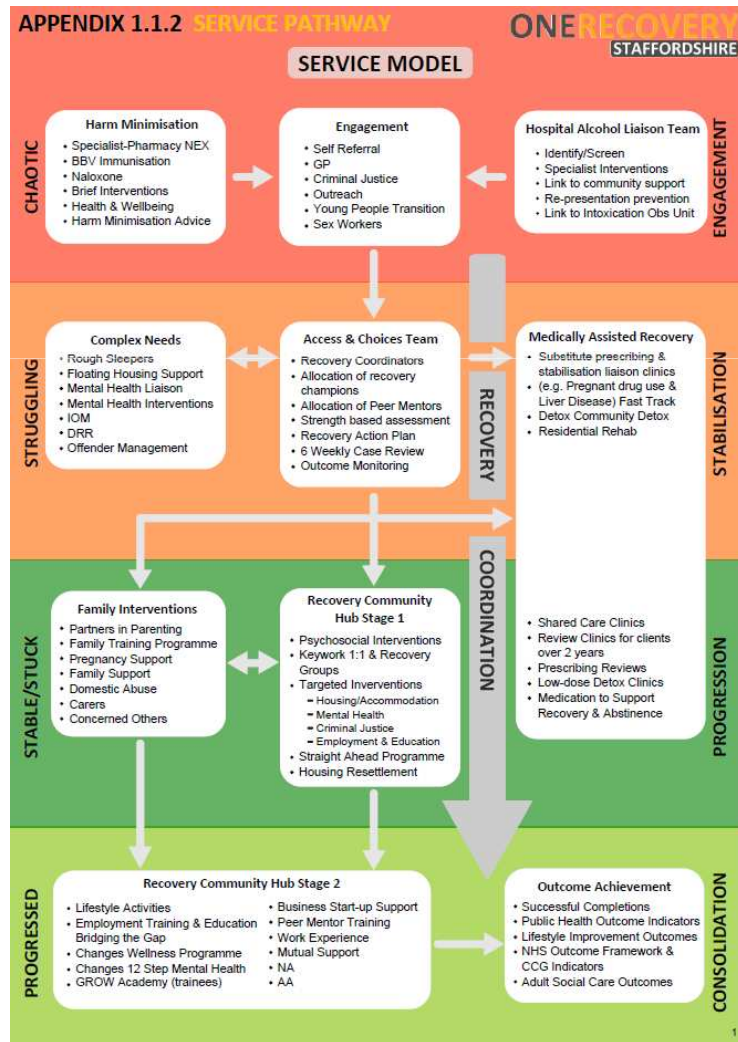
- To answer the question ‘What is provided as part of any aftercare provision’



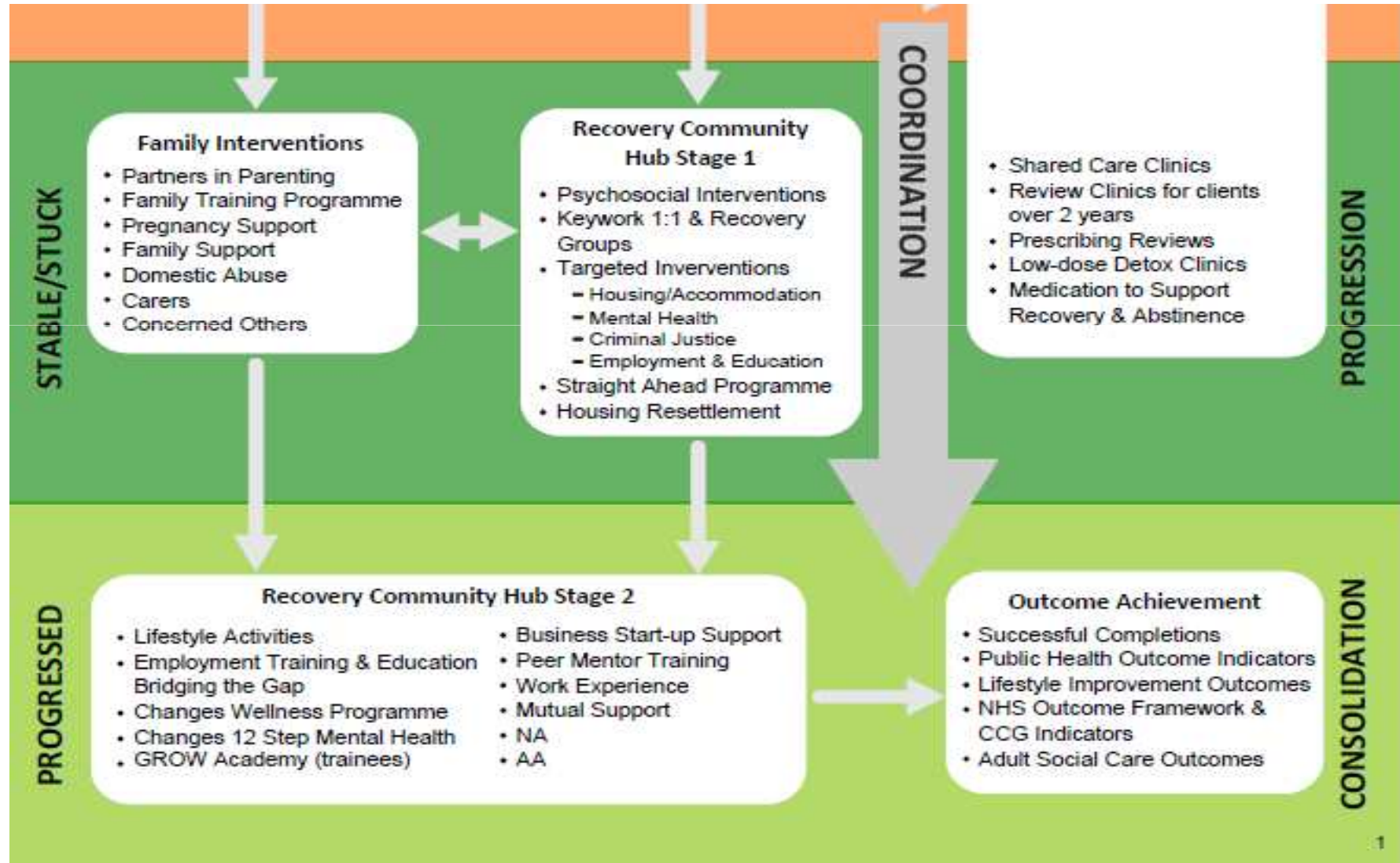
valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations

After-care Implicit to the Service Model of One Recovery Staffordshire

Person Centred Need Identification Developing Integrated Partnership



After-care Implicit to the Service Model of One Recovery Staffordshire





After-care implicit to workings of EMU Inpatient Unit

North Staffordshire Combined Healthcare 
NHS Trust

EMU AFTER-CARE PLAN

Developing a care plan to follow admission to the Edward Myers In-Patient Unit

Dear

Welcome to the Unit. This booklet is designed to help you develop plans for your continuing recovery when your stay at the Edward Myers Unit has finished. Although it may seem difficult to think about these plans straight away, you have been given this soon after coming in as we feel it is important to use as much time as we can to develop these plans with you.

You don't have to fill all of it today - the idea is that we can complete this during your stay. Some of the groups on the ward should help identify needs and know more about what help is available. There may be some differences depending on where you live but we will explain this to you.

We want this to be filled in jointly by yourself and the ward team. We hope that you will receive help from all the staff for this, but in particular from me as your named nurse. I am happy to help with reading and writing if this is needed. You can choose to keep the plan yourself or ask me to keep it for you.

I look forward to helping you in this.

Staff Nurse: Date Given



Finances

- To answer the question ‘How much do these services cost?’



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations

Nationally Not Enough Spent!

- 2011 [No Health without Mental Health](#), set out plans to improve people's mental health and wellbeing in England.
 - > the concept of need for parity between services for physical and mental health.



- In the first instance we need to aim to have **parity between services for Substance Misuse and Mental Health.**



Finances

- 1. We are primarily commissioned by Public Health as opposed to CCGs**
- 2. We have just gone through tenders for Staffs (hence One Recovery) and will have similar process for Stoke**
- 3. Inpatient services will shortly go to tender THEREFORE DIFFICULT TO TALK ABOUT COSTINGS PUBLICLY**





Education

- To answer the question ‘What does Combined Health do to prevent people from experiencing alcohol issues’



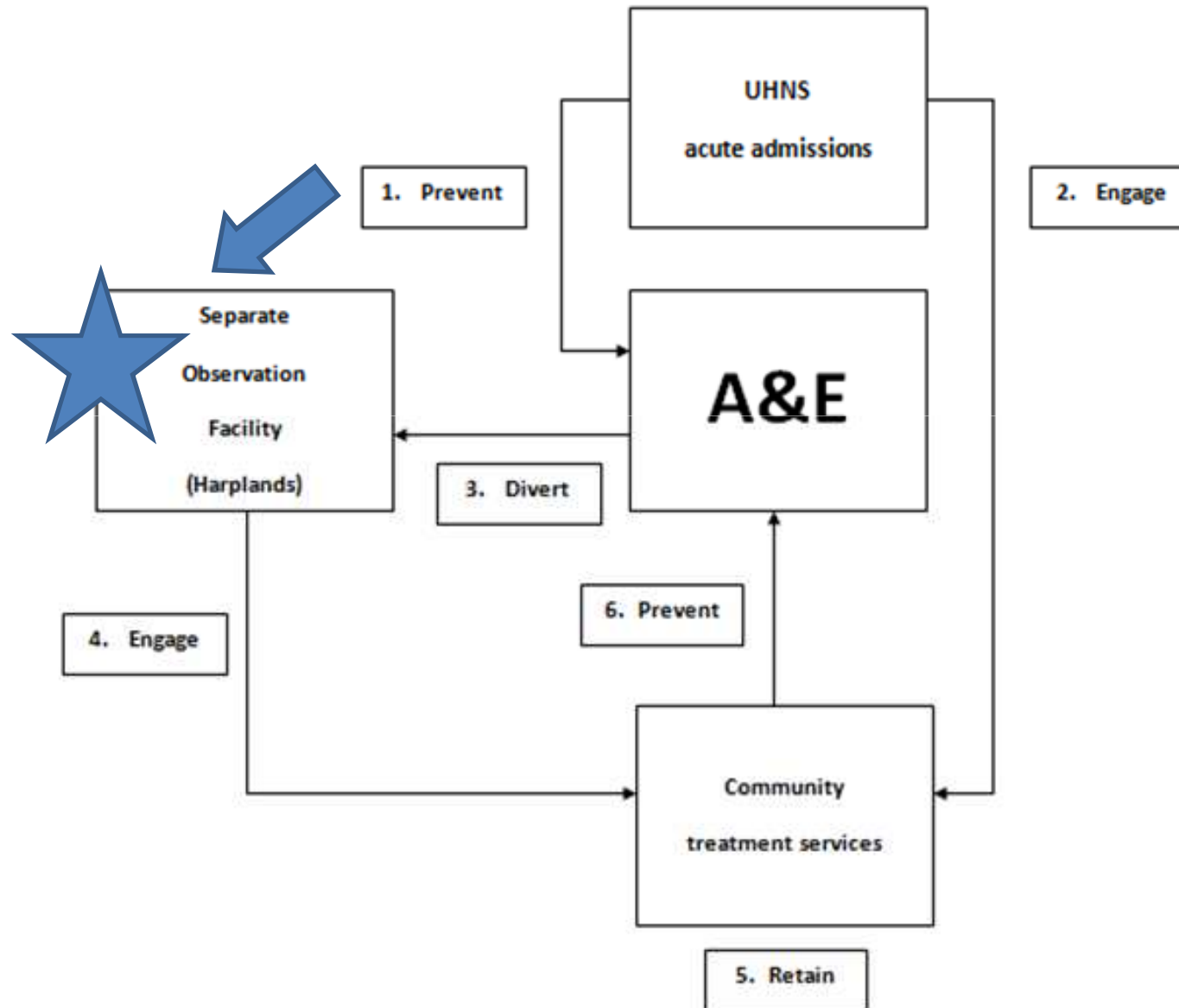
valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations



NSCHT & Prevention

- Hospital Liaison Work/IOU
- Quality treatment;
- Helps **PREVENT**;
- Short-term;
 - Attendances at A&E
 - Admissions to UHNS (& shorten length of stay)
- Medium-term;
 - Use of WMAS
- Longer-term;
 - Complications of Hepatitis
- High quality treatment will help **PREVENT** by;
 - Facilitating travel on the recovery journey for some individuals
 - Encourage patients & staff to see Recovery as possible & desirable
 - Provide hope for families and carers

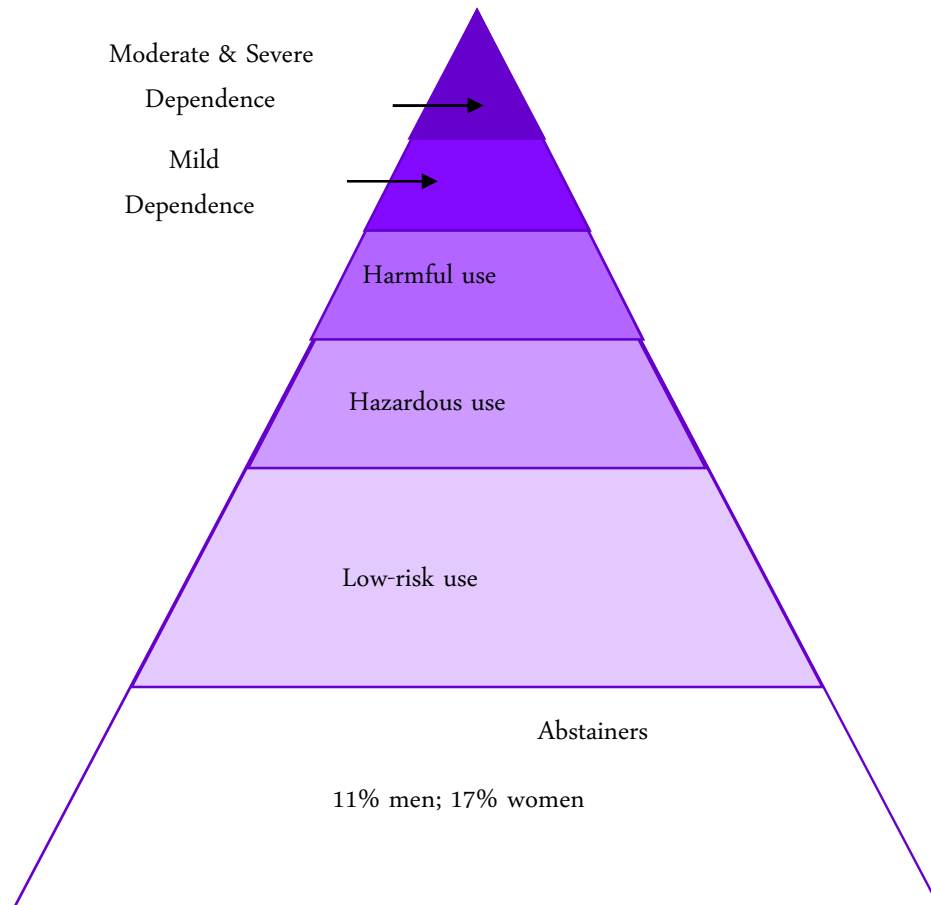
IOU Pathway – within other projects



Size of Problem Alcohol (2)

UK Alcohol Use

- AUD = Alcohol use disorder = using alcohol in either a hazardous, harmful or dependent fashion
- **33% men & 16% women with AUD = 24% overall**
- **11.5% men & 2.8% women dependent = 7.2% overall**
- **0.7% men & 0.1% women moderate or severe dependent = 0.5% overall**
- Figures from;
 - Adults Psychiatric Morbidity Survey 2007; The NHS information Centre
 - General Household Survey 2006
 - Figures are for England



AUDIT (Alcohol Use Disorders Identification Test)

This questionnaire was developed by the World Health Organisation to identify persons whose alcohol consumption has become hazardous or harmful to their health.

FOR EACH QUESTION SELECT YOUR ANSWER AND FILL IN THE SCORE GIVEN IN BRACKETS [] IN THE BOX

One unit of alcohol is: ½ pint average strength beer/lager OR one glass of wine OR one single measure of spirits. Note: a can of high strength beer or lager may contain 3-4 units. (See our Ready Reckoner fact sheet for more information about units of alcohol.)

1. How often do you have a drink containing alcohol?

- [0] Never [1] Monthly or less [2] 2-4 times a month
[3] 2-3 times a week [4] 4 or more times a week

2. How many units of alcohol do you drink on a typical day when you are drinking?

- [0] 1 or 2 [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9
[4] 10 or more

3. How often do you have six or more units of alcohol on one occasion?

- [0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- [0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- [0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

[0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

[0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

[0] Never [1] Less than monthly [2] Monthly
[3] Weekly [4] Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

[0] No [2] Yes but not in the last year
[4] Yes, during the last year

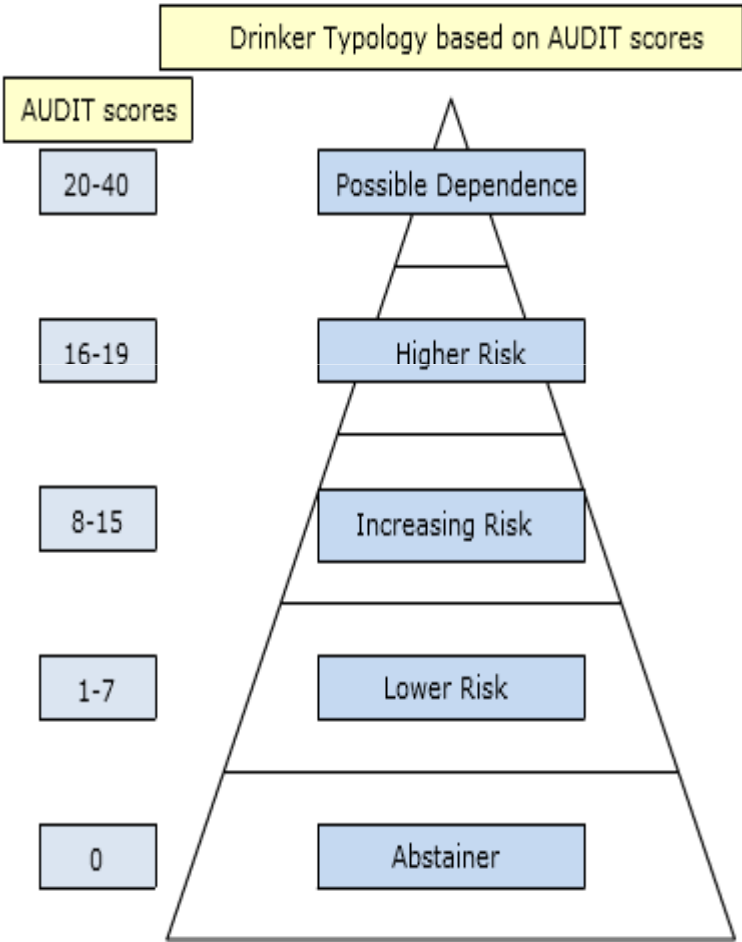
10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?

[0] No [2] Yes but not in the last year
[4] Yes, during the last year

Record total of specific items here

If total over 8, alcohol use disorder very likely

Full Audit Scores



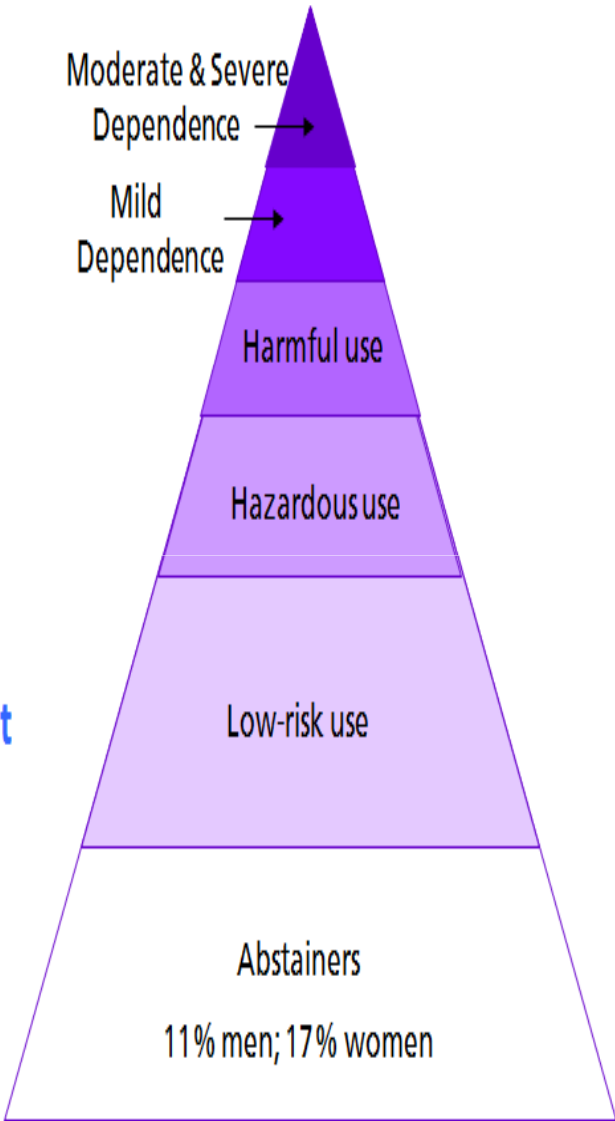
- AUD = Alcohol use disorder = using alcohol in either a hazardous, harmful or dependent fashion

- 33% men & 16% women with AUD = 24% overall**

- 11.5% men & 2.8% women dependent = 7.2% overall**

- 0.7% men & 0.1% women moderate or severe dependent = 0.5% overall**

- Figures from;
 - Adults Psychiatric Morbidity Survey 2007; The NHS information Centre
 - General Household Survey 2006
 - Figures are for England





Partnership working

- To answer the questions ‘What more is needed in the County to prevent escalation’ and ‘How can partners contribute?’



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations

Enabling the Vision for Substance

***Misuse-* PARTNERSHIP**

Collaboration is Fundamental

- **Collaboration is central to the future of services and will vary according to different areas of work.**
- **Significant amounts of this are on-going and follow the principles outlined previously for integration .**
- **It enables;**
 - unnecessary retelling of a service users journey to be avoided
 - maximising the therapeutic content of contact and not just assessment;

Examples of Partnerships

- **3rd Sector; One Recovery, RAPt** (Rehabilitation of Addicted Prisoners Trust)
- **UHNS;** “frequent attenders”, IOU and transfers from UHNS
- **GPs ;** Shared Care and GPWSI roles
- **Local (and further away) Commissioners** – for increased use of inpatient facility
- **Other Service Lines within NSCHT;** “interdependencies”
- **Service Users/Carers;** New Beginnings Service User Group



GAPS / EFFICIENCIES / CHANGES TO SERVICE MODEL REQUIRED TO DELIVER SERVICES

- **Within the whole local health economy a joined-up approach;**
 - ***DOES IT MATTER WHOSE SAVINGS THEY ARE?***
 - ***NO CLOSED DOORS***



valuing people as **individuals**
working together for better lives
openness and **honesty**
providing high quality **innovative care**
exceeding expectations



Are we further than this?



This page is intentionally left blank