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 Julia Cleary
Contact	

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



North Staffordshire MHS Combined Healthcare

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



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

North Staffordshire **NHS** Combined Healthcare NHS Trust



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.









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.







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

Referral routes

To answer the question 'How do

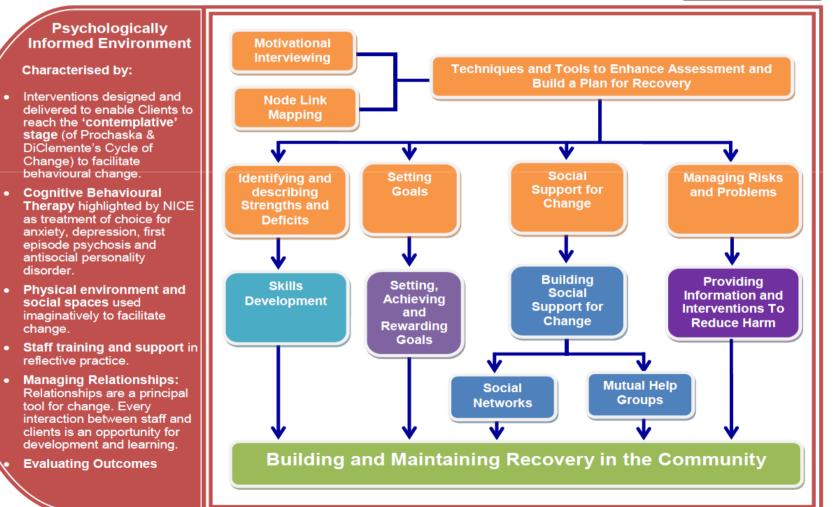
people get referred to NSCHT'

North Staffordshire NHS Combined Healthcare

INTEGRATED SERVICES (across health and social care):

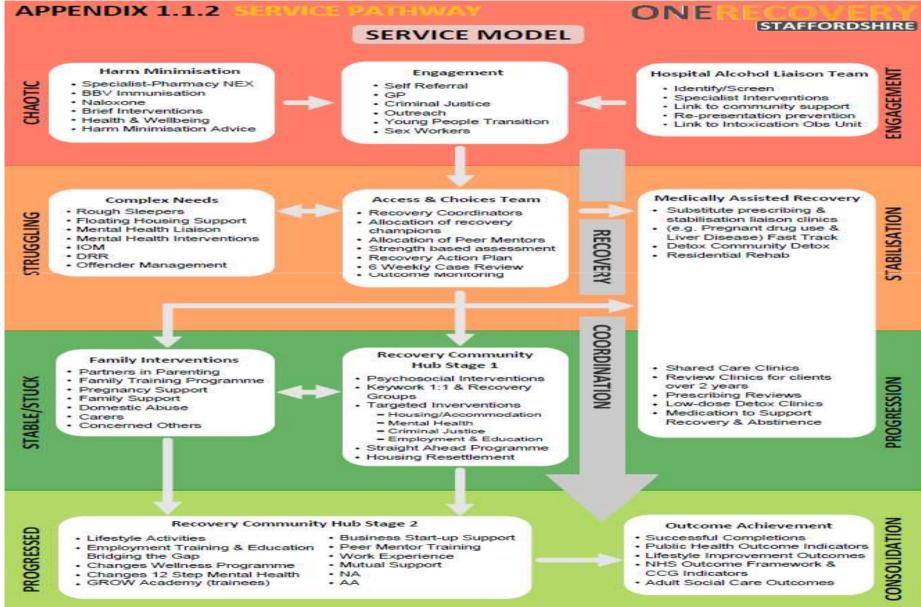
APPENDIX 1.1.1 MODEL OF BEHAVIOUR CHANGE

ONERECOVERY STAFFORDSHIRE



Page 9

Referral Route - One Recovery



1





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'



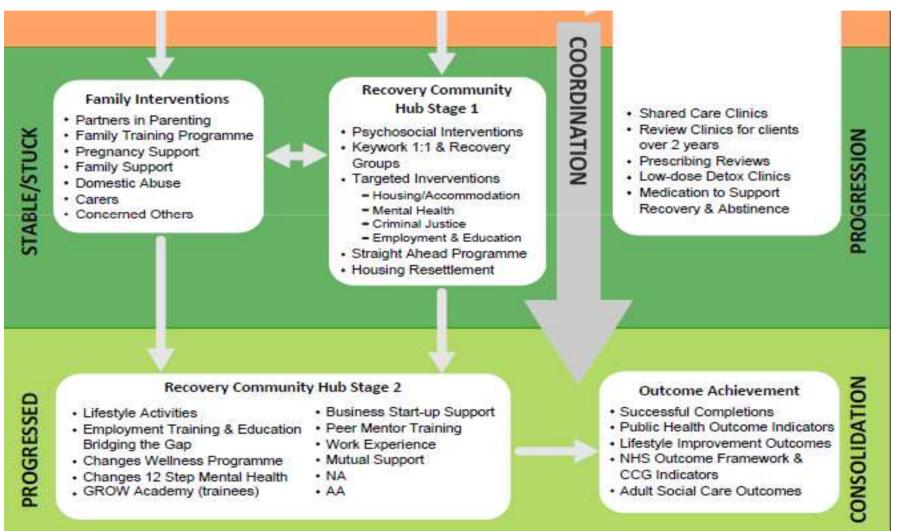
valuing people as **individuals** working together for better lives openness and honesty providing high quality **innovative care** exceeding expectations

North Staffordshire MHS Combined Healthcare NHS Trust

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

Person Centred Need Identification Developing Integrated Partnership **APPENDIX 1.1.2** ONE STAFFORDSHIRE SERVICE MODEL **ONERE** APPENDIX 1.1.2 PARTNER RESPONSIBILITIES Harm Minimisation Engagement Hospital Alcohol Liaison Team 5 STAFFORDSHIRE Specialist-Pharmacy NEX Self Referral CHAOTIC Identify/Screen BBV Immunisation + GE Specialist Interventions IGAGEI Nalovone Criminal Justice · Link to community support Brief Interventions **NSC NHS Trust** · Outreach · Re-presentation prevention · Health & Wellbeing Young People Transition Link to Intoxication Obs Unit Harm Minimisation Advice ADS Changes Sex Workers Medically Assisted Recovery: Substitute prescribing & stabilisation Harm Reduction Wellness and Recovery • Liaison Clinics (e.g. Pregnant drug use & Programme Specialist Needle Exchange Liver Disease). Coordination of Pharmacy Development and Coordination of Shared Needle Exchange and Medically Assisted Recovery Complex Needs Access & Choices Team Care Clinics and GPwSI. Supervised Consumption Substitute prescribing & Rough Sleepers Recovery Coordinators STABILISATION STRUGGLING • Review Clinics for Clients over 2 years. · Floating Housing Support stabilisation liaison clinics Allocation of recovery BBV Immunisation (e.g. Pregnant drug use & Mental Health Liaison champions RECOVERY Liver Disease) Fast Track Healthcare Mental Health Interventions Allocation of Peer Mentors + IOM · Detox Community Detox Prescription Drug Service: Strength based assessment · DRR Residential Rehab Recovery Action Plan Independent from Main Treatment. Criminal Justice including IOM. · Offender Management 6 Weekly Case Review Bespoke Interventions. Outcome Monitoring DRR, AR, Prison Link, Outcomes promoted in national ADS campaign. Psychosocial Interventions Access & Choices Detoxification. delivered by Recovery Practitioners. COORDINATION Team Hospital Alcohol Liaison Team: including Recovery Recovery Community Nurses facilitating alcohol detoxification. Coordinators Recovery Hub activities Family Interventions Hub Stage 1 Shared Care Clinics including Straight Ahead Partners in Parenting undertaking Psychosocial Interventions · Review Clinics for clients Family Training Program Detoxification and Relapse Prevention: STABLE/STUCK PROGRESSION assessments and Bridging the Gap, Volunteer Keywork 1:1 & Recovery over 2 years · Pregnancy Support Prescribing Reviews Groups Fast Track Detox. coordination of Clients' Coordination and Recovery Hub Family Support Low-dose Detox Clinics Targeted Inverventions Domestic Abuse Community Detox. Management. recovery. Medication to Support = Housing/Accommodation · Carers Recovery & Abstinence - Mental Health Residential Rehab. Concerned Others - Criminal Justice · Family Support Service. - Employment & Education Low-dose Detox Clinics. Straight Ahead Programme · Medication to Support Recovery & Housing Resettlement Abstinence. ADS-ADSIS Arch **Brighter Futures Community Alcohol Support** Recovery Community Hub Stage 2 NO Outcome Achievement ROGRESSED Worker · Lifestyle Activities · Business Start-up Support Successful Completions CONSOLIDATI Floating Housing Related Support Community Alcohol Support Worker Public Health Outcome Indicators Employment Training & Education
 Peer Mentor Training (Hospital Alcohol Liaison Team) Community Alcohol Support (Hospital Alcohol Liaison Team) Lifestvie Improvement Outcomes Bridging the Gan Work Experience NHS Outcome Framework & Changes Wellness Programme Mutual Support Worker Changes 12 Step Mental Health . NA CCG Indicators GROW Academy (trainees) . 00 Adult Social Care Outcomes

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





After-care implicit to workings of EMU Inpatient Unit

North Staffordshire Combined Healthcare

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 word should help identify needs and know more shout 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 injointly by yourself and the ward team. We hope that you will receive help from all the staff for this, but in particular from meas 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 ms to keep it for you.

l look forward to helping you in this.



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

North Staffordshire **NHS** Combined Healthcare NHS Trust



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

North Staffordshire MHS Combined Healthcare NHS Trust

Nationally Not Enough Spent!

- 2011 <u>No Health without Mental Health</u>, 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

North Staffordshire **NHS** Combined Healthcare NHS Trust



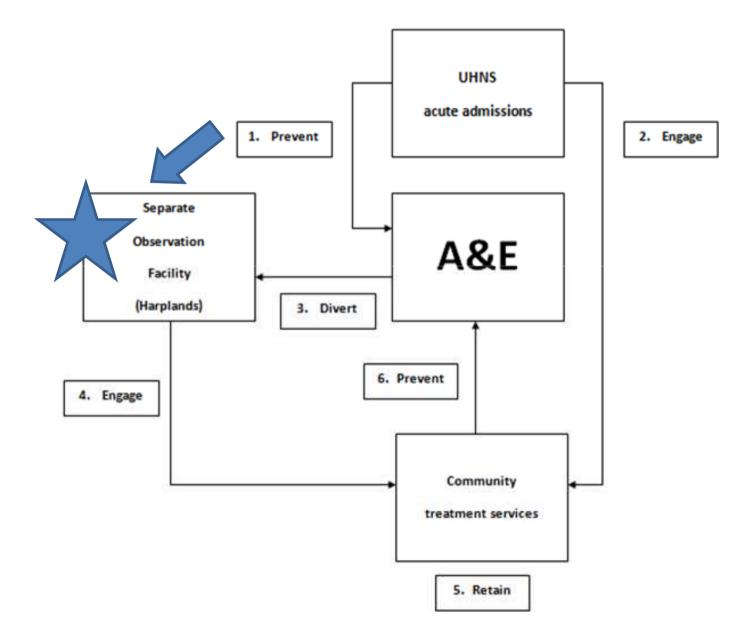
NSCHT & Prevention

- Hospital Liaison Work/IOU
- Helps <u>PREVENT</u>;
- Short-term;
 - Attendances at A&E
 - Admissions to UHNS (& shorten length of stay)
- Medium-term;
 - Use of WMAS
- Longer-term;
 - Complications of Hepatitis

- Quality treatment;
 - High quality treatment will help <u>PREVENT</u>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

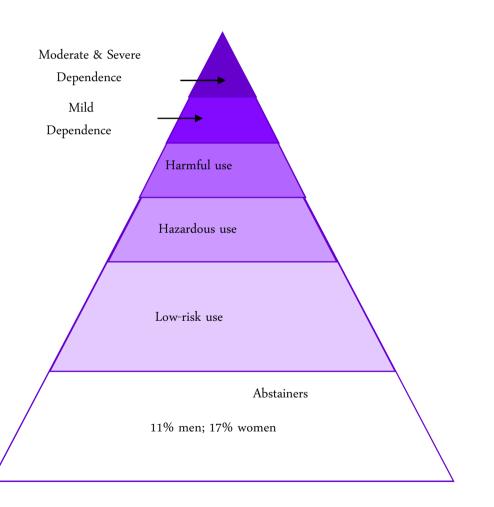


IOU Pathway – within other projects



Size of Problem Alcohol (2) <u>UK Alcohol Use</u>

- AUD = Alcohol use disorder = using alcohol in either a hazardous, harmful or dependent fashion
- 33% men & 16% women with <u>AUD</u> = <u>24% overall</u>
- 11.5% men & 2.8% women dependent = <u>7.2% overall</u>
- 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

AUDIT scores

20-40

16-19

8-15

1-7

0

Drinker Typology based on AUDIT scores

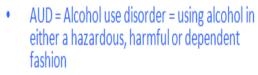
Possible Dependence

Higher Risk

Increasing Risk

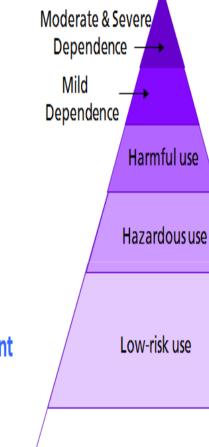
Lower Risk

Abstainer



33% men & 16% women with <u>AUD</u> = <u>24% overall</u>

- 11.5% men & 2.8% women dependent = <u>7.2% overall</u>
- 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



Abstainers

11% men; 17% women

Page 25



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

> North Staffordshire **NHS** Combined Healthcare NHS Trust

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?



Page 29

This page is intentionally left blank