

**Newcastle Alcohol Harm Reduction Strategy
Action Plan
Developing Alcohol Treatment Services**

Status – A Achieved, B In hand, C Gap

Objective	To reduce the rise in hospital admissions related to alcohol			
Why is this important?	This is the main Local Area Agreement Indicator for Newcastle. Presently there is an upward trajectory and we seek to slow the trend in the next three years			
What's happening locally At present there is little targeted alcohol support for Accident and Emergency or on hospital admission other than one specialist nurse. There are no designated assertive outreach services for those presenting with alcohol problems and we are unsure what proportion of the total number readmitted are representations.				
What needs to happen As part of the integrated approach to alcohol provision in Newcastle, we will employ specialist Alcohol and Emergency alcohol workers and improve pathways into treatment				
How it will happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Appointment of two alcohol link workers along the Sunderland and Gateshead model to support the work of Accident and Emergency staff	DSU	B	£65,000	By December 2008
Appointment of three assertive outreach workers	DSU	B	£83,000	By December 2008
Agree protocols with Acute Trust to support work	DSU/Acute Trust	C	Nil	By December 2008

Objective	To set up an integrated Community Alcohol Team by January 2009			
Why is this important?	There is no systemic approach to alcohol treatment and no previous attempt to commission services that will reduce hospital admissions.			
What's happening locally	There is no agreed screening tool, brief intervention approach, care pathway or integrated team.			
What needs to happen	The development of a multi agency approach, co-ordinated by the DSU, which will provide screening, brief interventions, mentoring, assertive outreach, work into open clinics and Accident and Emergency, provide community detoxification, counselling, support to families and access funding for residential rehabilitation and constructive activity. The work will complement the existing provision for young people.			
How will it happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Secure necessary funding for team on a one-year pilot basis.	Public Health/DSU	A	Existing and new monies - £350,000	Achieved
Negotiate alignment of workers and /or recruit to specific posts.	Public Health/DSU/PCT	B	As above	By December 2008
Appoint Treatment Effectiveness manager at DSU to ensure that there are appropriate safeguarding structures and that care pathways are set up effectively and adhered to.	DSU/PCT	B	Part of above	By December 2008
Ensure that there are appropriate transitional arrangements for those who are transferred from young people's services. These will continue to be delivered by D'n'A in partnership with CAMHS provides treatment for young people with problems around alcohol. Care plans can include detoxification, counselling, family interventions, holistic therapies, alternative activities and access to residential Tier 4 services	Adult Commissioning Manager/ Young Peoples Commissioning Manager/Treatment Effectiveness Manager	B	Nil cost	Ongoing

Objective 3	Ensure that service has equity of access and is consumer focussed			
Why is this important?	These are prerequisites of effective health and social care.			
What's happening locally There are no clear pathways into treatment and although user and carer groups are funded to work with drug projects there are no such arrangements for alcohol.				
What needs to happen Following the consultation process NUCF (Newcastle User Carer Forum) and carer groups have agreed to form a standing committee which will allow the consumers of services to comment on how they are run, give views on legislation and guidelines and attend relevant conferences. It is envisaged that this group will also be part of routine reviews. Once pathways are agreed, the committee will advise DSU if these are working to best effect.				
How will it happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Agree remit of committee. NUCF to appoint users and carers	DSU/NUCF/PROPS	B	Nil	November 2008

Objective 4	Develop Competencies of Workforce			
Why is this important?	A competent workforce both contributes to quality and effectiveness. The development of a pool of practitioners in a range of disciplines trained to deliver brief interventions is essential to ensure access to treatment.			
What's happening locally Training is well developed amongst the drug workforce and following pump priming by Public Health there are 17 brief interventions trainers available to cascade training to relevant professionals.				
What needs to happen The DSU will co-ordinate a training programme and identify what aspects of current programme is relevant to both drugs and alcohol				

How will it happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Training Co-ordinator to devise a training programme for 2009/10	DSU	B	Additional funding required for training capacity	April 2009
Treatment Effectiveness Manager to co-ordinate brief intervention cascade	DSU	B	Minimal expense – existing budget	December 2008
Objective 5	Support Recovery Based Initiatives			
Why is this important?	Mutual aid organisations and peer led projects such as Alcoholics Anonymous and locally NERAF have a proven history of effectively supporting recovery.			
<p>What's happening locally In Newcastle, members of the fellowship have been instrumental at developing plans for a new residential rehabilitation project. Subject to support from other local authorities it may be possible to develop a range of residential and structured day services based on the SHARP model in Liverpool. There is a thriving AA fellowship locally.</p>				
<p>What needs to happen The integrated approach needs to encompass mutually led recovery.</p>				
How will it happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Services will support the work of AA by carrying up to date information in prominent places within agency.	DSU	B	Nil	December 2008
DSU will continue to work in partnership with neighbouring authorities to develop a feasible business model for rehab and structured day care	DSU – Adult Commissioning Manager	B	Adult Service Drug and Alcohol Budget	Ongoing
NERAF will develop a pilot scheme based at a GP practice to assess efficacy of mentoring approach	DSU	B	External	March 2009

Objective 6	Link to other Agendas			
Why is this important?	Treatment should not develop in isolation but should be congruent with other cross cutting themes such as family support, criminal justice, housing and social inclusion.			
What's happening locally There is considerable evidence of co-ordination with Supporting People, Strategic Housing, Children's Services and Criminal Justice agencies. This co-ordination includes joint commissioning, strategic agreements and multi-agency working .				
What needs to happen All treatment needs to have a focus on recovery and social re-integration.				
How will it happen (Actions)	Who is responsible locally	Status	Funding	Timescale
Innovative approaches such as Changing Trax family intervention project, Brighter Futures Construction Centre and de Paul Trust Sports Programme will be available to those accessing alcohol treatment	DSU	B	Through Working Neighbourhood Fund	December 2008
Criminal justice interventions such as Alcohol Arrest Referral, Alcohol Treatment Requirement and conditional cautioning should be subject of a business case by March 2009 to identify future funding. Interventions should be congruent with both NOMS care pathway and integrated system	Reducing Re-offending Group	C	Funding bid to Home Office for arrest referral was unsuccessful – this is a gap	March 2009
Consideration should be given to development of Cardiff Model for reducing alcohol related violence	Alcohol Delivery Board	C	Requires additional analytical capacity and software	March 2009

Continued joint approaches between housing, social inclusion and drug and alcohol sector to provide services that support the most excluded members of society	DAHG, Adult Services, Chief Executive	A	Nil	Ongoing
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Objective 7	To improve the evidence and information base so as to understand the true nature of the problem and respond appropriately			
Why is this important?	To ensure that resources are targeted appropriately and that those most in need receive the best possible advice, information and support.			
What's happening locally What needs to happen How will it happen (actions)	Who is responsible locally	Status	Funding	Timescale
Set up multi agency group including data analysts from the different partnerships to address long term information needs and robust sources of data.	DSU/CSU/PCT	C	Existing and additional	March 09
Ensure there are mechanisms and a data collection framework in place to enable effective monitoring of outcomes for people with identified alcohol problems.	DSU	C	Existing and additional	March 10
Monitor numbers presenting at services where alcohol is a contributory factor.	DSU	C	Existing and additional	March 10
Continue audit of available information, data and sources.	DSU/CSU/PCT	C	Existing and additional	March 10