

**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Health and Wellbeing Board – 2 July 2014  
**Subject:** Alcohol Services Redesign  
**Report of:** David Regan, Director of Public Health

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**Summary**

This paper follows a paper presented to the Health and Wellbeing Board in September 2013, outlining the impact of alcohol misuse on the strategic aims for health and wellbeing in Manchester. It gives an overview of proposals for a redesign of alcohol early intervention and treatment services for adults in Manchester, including the principles for the redesigned system, the proposed model of services, the outcomes the redesigned system will work towards, and the stakeholder engagement process currently underway.

**Recommendations**

The Board is asked to:

1. Note the content of this report
  2. Receive a further report summarising the findings from the engagement process at a future meeting
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**Board Priority(s) Addressed:**

All

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**Background documents (available for public inspection):**

None

## 1. Introduction

- 1.1 The purpose of this paper is to give an overview of proposals for a redesign of alcohol early intervention and treatment services for adults in Manchester. The paper includes:
- a summary of the context and rationale for the redesign,
  - the key principles which will define the redesigned system,
  - the proposals for service delivery models, and
  - a summary of the intended redesign process.

## 2. Context

- 2.1 Alcohol misuse is a significant issue for Manchester. It is estimated that over 100,000 adults in Manchester are drinking at levels above the recommended maximum guideline amounts suggested by the Department of Health. This includes an estimated:
- c.63,000 'increasing risk' drinkers
  - c.24,000 'higher risk' drinkers
  - c.24,000 'dependent' drinkers<sup>1</sup>
- 2.2 It is acknowledged that most people who drink do so safely and sensibly; and there are ways in which alcohol benefits the local economy. However, the misuse of alcohol impacts negatively on individuals, families and communities in Manchester in a range of ways, including:
- poor physical and mental health
  - premature mortality
  - homelessness
  - economic inactivity and reduced workplace productivity
  - family breakdown
  - child abuse and neglect
  - domestic abuse
  - crime, disorder and antisocial behaviour
- 2.3 A 2012 report from North West Employers and Drinkwise Northwest estimated the cost of alcohol misuse in Manchester to be £280 million per year.
- 2.4 A paper presented to the Health and Wellbeing Board in September 2013 outlined the ways in which alcohol misuse compromises our ability to achieve the key strategic health and wellbeing priorities for Manchester, a copy of the paper is available at:  
[http://www.manchester.gov.uk/meetings/meeting/2053/health\\_and\\_wellbeing\\_board](http://www.manchester.gov.uk/meetings/meeting/2053/health_and_wellbeing_board)
- 2.5 Alcohol misuse also impacts across the range of Public Sector Reform (PSR) programmes currently underway in the city and across Greater Manchester, including:

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<sup>1</sup> Terms as defined by the Department of Health; for more information see <http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx>

- Troubled Families
- Work Programme Leavers
- Living Longer Living Better
- Transforming Justice

Alcohol misuse has been identified as a significant factor for each of these cohorts. Improvements in early identification of alcohol-related harm and alcohol early intervention and treatment services will support these programmes by providing efficient and effective responses to alcohol misuse for individuals in these cohorts.

### **3. Background**

- 3.1 Responsibility for commissioning alcohol early intervention and treatment services for adults in Manchester passed to Manchester City Council (MCC) in April 2013, and sits within Public Health in the Children and Families Directorate. Prior to that, services were commissioned by two different commissioning functions within NHS Manchester.
- 3.2 The current alcohol early intervention and treatment system includes a range of interventions configured as a 'stepped care' model. This includes:
- A young people's substance misuse service, providing early intervention and treatment services for young people under 19 with alcohol and/or drug misuse problems
  - Health promotion and prevention services for adults, including public campaigns, alcohol awareness information and self-help materials for individuals, resources and training to support organisations to deliver identification and brief advice (IBA), and support to promote and develop responsible retailing initiatives
  - 3 hospital based alcohol liaison teams providing training for A&E staff to deliver IBA, extended brief advice clinics and onward referral for individuals identified by A&Es, and care facilitation for dependent drinkers on hospital wards
  - 2 community-based treatment services which deliver psychosocial interventions, community detoxification, case management, assessments for inpatient detoxification, clinical interventions, and one-to-one support groupwork programmes to support recovery
  - Access to a range of inpatient detoxification and residential rehabilitation services locally and nationally, purchased from a framework of eligible providers which was established in 2013
  - An MCC Alcohol Social Work Team co-located with the Community Alcohol Team, providing care management, community care assessments, and access to residential rehabilitation.
- 3.3 Reviews of elements of the alcohol treatment system began whilst NHS Manchester still had commissioning responsibility for those services, and have continued following the transfer of responsibility to the City Council. This has included informal discussions with commissioning partners and providers. In January 2014, Public Health Manchester commissioned an independent review of alcohol-related needs in the city, and the capacity of the current early intervention and treatment system to respond to this. This review

included widespread consultation with commissioning and strategic partners, providers, the voluntary and community sector, and service users.

3.4 The key issues that have been identified through these discussions and reviews are:

- Levels of alcohol misuse and alcohol-related harm in Manchester have increased significantly since the alcohol treatment system was first established. Additional resource has been identified for early interventions in key settings, but not for treatment services.
- Changes in the profile of people referred to treatment services - increases in levels of alcohol dependency and complex needs (health and social care), with associated increases in caseload numbers and complexity for service staff
- Current estimated capacity in treatment services is below that recommended by the Department of Health
- Need for early intervention service between 'Tier 1'<sup>2</sup> identification and brief advice services and 'Tier 3'<sup>3</sup> specialist treatment services, to provide short-term responses before drinking becomes more entrenched

3.5 In order to address these issues, commissioners and partners need to:

- a) Redesign the current alcohol early intervention and treatment system so that it is better equipped to respond to current levels and types of need and demand
- b) Identify opportunities for increased investment to build capacity in the system

#### **4. Proposals for redesigned early intervention and treatment system**

4.1 The views and responses to the reviews that have taken place to date have informed the initial design of a new model for alcohol early intervention and treatment services. This is set out in more detail below. In order to further refine the model, an engagement process with key stakeholders (including strategic partners, service providers, and service users and their carers and relatives) is now underway.

4.2 The service areas that are in scope for the redesigned model are:

- Alcohol identification and brief advice services
- 'Tier 3' community-based specialist alcohol treatment services

4.3 The redesign of the alcohol early intervention and treatment system is taking place alongside a redesign of Wellbeing Services which is currently also underway within the City Council (lead by Public Health), which includes consideration of how those services can support the alcohol early intervention and treatment system through the provision of:

- One-to-one support to address individuals' risky drinking at an early stage
- Community asset building to address the wider impact of alcohol-related harm

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<sup>2</sup> As defined by Models of Care for Alcohol Misusers (MoCAM), Department of Health, 2006

<sup>3</sup> Ibid.

- Capacity building to provide training for organisations in alcohol identification and brief advice

Appendix 1 illustrates the location of alcohol early intervention and treatment services within the wider health and wellbeing system in the city.

4.4 The redesign of the alcohol early intervention and treatment system is based on the following principles:

- The need to increase access to alcohol early interventions and treatment in order to reduce levels of alcohol-related harm in the city
- The need to provide earlier interventions so that increasing and higher risk drinkers are identified in a range of settings and offered evidence-based brief interventions; and dependent drinkers are identified and able to access appropriate treatment interventions at an earlier stage
- The promotion of recovery and reintegration through the delivery of evidence-based treatment based on a 'stepped care' model with appropriate support at all stages of the treatment journey
- The establishment of a clear set of outcomes which will provide a framework for the delivery of services and the treatment goals of individuals
- Ensuring that there are robust arrangements for the governance of early intervention and treatment services, and the involvement of service users and carers
- Value for money in the delivery of alcohol early intervention and treatment services, to ensure that resources are deployed efficiently and effectively where they are most needed
- Improved data collection and performance monitoring, to ensure that processes are manageable for service managers and staff, and provide meaningful information for service managers and commissioners

4.5 In order to provide a more integrated and flexible delivery model for alcohol early interventions and treatment in the city, with increased capacity to support more individuals and deliver improved outcomes, commissioners are proposing the current approaches:

4.5.1 Identifying opportunities for increasing access to services (opening times, geographical locations, referral and assessment pathways)

4.5.2 A redesigned early intervention and treatment system which consists of the following functions, all delivered citywide:

**Identification and brief advice:** opportunistic screening and brief advice for increasing and higher risk drinkers, delivered by frontline workers in a range of agencies including healthcare, criminal justice, wellbeing services, and voluntary and community sector services. This will be supported by training to support staff in developing the confidence to deliver these interventions, and pathways into early intervention and treatment services for individuals who need further support.

**Access and engagement:** this will provide open access to the alcohol treatment system, with a single referral and triage process, comprehensive assessments and recovery planning, low threshold and extended brief interventions for higher risk drinkers, motivational and psychosocial interventions for mild and moderately dependent drinkers, and a care co-ordination function. If sufficient resources are available, the service will also include an outreach function to increase early engagement with hard to reach groups.

**Clinical treatment:** this will provide Tier 3 clinical interventions for dependent drinkers, including those with complex needs, including prescribing (community detoxification, relapse prevention, and support to maintain abstinence), GP liaison, structured counselling, case management, support for community detoxification, assessments for access to inpatient detoxification, and psychiatric substance misuse assessments and interventions. This service will work closely with social care services where joint assessments for inpatient detoxification and/or referrals for residential rehabilitation are required.

**Aftercare and recovery support:** this will provide support for individuals who have completed clinical treatment in the community or in inpatient settings, and will be delivered as part of their overall recovery plan. Interventions will include relapse prevention support, including regular open-access support groups, a structured group work programme, and support for access to mutual aid services. The service will also support access to education, training, and employment opportunities; and provide support for families and carers, and advocacy support for service users.

Appendix 2 (attached) illustrates the proposed model for alcohol early intervention and treatment services.

- 4.5.3 An outcome framework for service delivery which outlines where the alcohol early intervention and treatment system can support partners in achieving
- a) Wider health and wellbeing outcomes, including:
    - Increasing life expectancy
    - Reducing the gap in life expectancy between Manchester and England
    - Reducing the premature mortality rate from diseases considered preventable
    - Alcohol-related admissions to hospital
  - b) Outcomes for service users, including:
    - Reduced alcohol dependence
    - Improved physical and mental health and wellbeing
    - Reduced alcohol-related offending and re-offending
    - Obtaining and sustaining suitable accommodation
    - Obtaining and sustaining suitable employment
    - Improved relationships and social functioning
    - Improved parenting capacity (where appropriate)

## 5. Next steps

- 5.1 Manchester City Council is beginning an engagement process to seek views on the proposals outlined above. This will include:
- a web-based survey, with engagement materials also available in printed form
  - three stakeholder events for service staff, service users, carers, other service providers, and other interested parties
  - targeted engagement activity with other local stakeholder organisations and groups as appropriate (including service users and carers)

The engagement process aims to seek the views of a range of individuals and organisations on:

- Ways of improving access to alcohol services
- The proposed model for the alcohol early intervention and treatment system
- The outcomes which the system will work towards for individuals

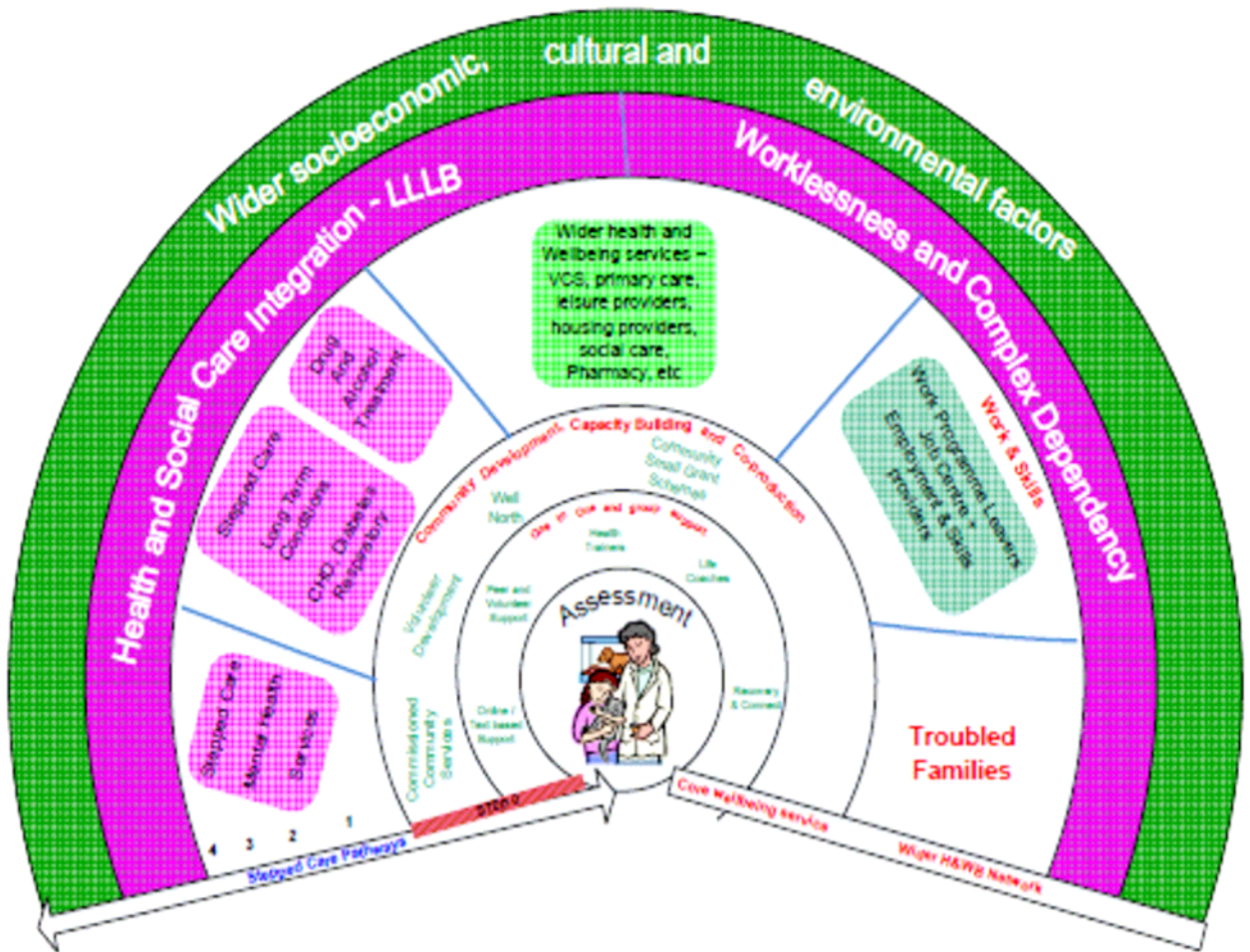
Engagement activity will take place between mid-June and the end of July, and will be promoted through a range of MCC and NHS communication channels. A report will be produced summarising responses received during the engagement process.

- 5.2 Delivery of the alcohol review and redesign project is being overseen by Manchester City Council's Mental Health and Wellbeing Project Board, chaired by the Director of Public Health, which meets on a monthly basis and includes representation from a range of partnership stakeholders.

## 6. Conclusion

- 6.1 The review and redesign of the alcohol early intervention and treatment system offers an opportunity to ensure that the resources currently available to address alcohol misuse are deployed in the most efficient and effective way. Whilst commissioners believe that some additional capacity can be identified within current resources, there remains a need to explore opportunities to develop the system in order to increase its ability to respond to a greater proportion of the in-need population. The proposed model outlined in this paper is intended to support the immediate changes needed to the system, whilst also providing a foundation for future development. This will allow us to work towards the overall goals of reducing alcohol-related harm to individuals, families and communities in the city, and supporting independence, resilience and reintegration.
- 6.2 The Health and Wellbeing Board is asked to:
- Note the content of this report
  - Receive a further report summarising the findings of the engagement process outlined in section 5.1 of this report

Appendix 1: Health and wellbeing services model





Appendix 2: Proposed alcohol early intervention and treatment system model

