



# Consultation Findings: Proposed new adult alcohol treatment model for Derby City

Review of consultation responses  
16<sup>th</sup> June 2009

Mike Murray

Head of Service: Drug and Alcohol Strategy, Priority  
Prolific Offenders and Housing, Derby Community  
Safety Partnership and NHS Derby City

# Consultation Findings: Proposed new adult alcohol treatment model for Derby City

Review of consultation responses  
16<sup>th</sup> June 2009

## Contents

1.0	Background	page 3
2.0	Methodology	page 4
3.0	Results	page 6
4.0	Conclusions and Recommendations	page 6
	Appendix A – consultation responses	page 10
	Appendix B – consultation response form	page 17

## 1.0 Background

1.1 In May 2008 the Alcohol Harm Reduction Strategy for Derby City 2008 – 2011 was launched to tackle the diverse challenges that alcohol use creates. There are three themes to the strategy;

- Young People
- Safer Derby
- Health.

The implementation of the strategy is ongoing with many activities and actions taking place under all three themes. The strategy's implementation is being taken forward by the Drug and Alcohol Strategy team in a partnership arrangement which includes the key stakeholder agencies and is jointly led by NHS Derby City and Derby Community Safety Partnership. A key action under the health theme is the redesign and enhancement of the current alcohol treatment system, ensuring a more integrated approach and improving both capacity and treatment outcomes.

1.2 The new model of delivery was developed following extensive consultation and engagement with key stakeholders, service users, providers and other key partners. The proposed new model is also based upon best practice, evidenced successful interventions in place elsewhere in the county and the national Service framework Models of Care for Alcohol Misusers (MoCAM, DoH 2006). Despite extensive consultation during the models development it was felt that the model would benefit from being put out to official consultation by both professionals and the wider public, this allowing groups, organisations and individuals the opportunity to have a say in the future design of the adult alcohol treatment services in the City.

1.3 The consultation ran for three months, it was launched on the 9<sup>th</sup> March 2009 and ended on the 8<sup>th</sup> June 2009 and followed official Department of Health rules on consultation. This report has been produced to announce the findings of the consultation and will be published on the websites which published and promoted the consultation. These being;

- NHS Derby City – [www.derbycitypct.nhs.uk](http://www.derbycitypct.nhs.uk)
- Derby Community Safety Partnership – [www.saferderby.org.uk](http://www.saferderby.org.uk)
- Derby City Partnership – [www.derbycitypartnership.co.uk](http://www.derbycitypartnership.co.uk)
- Alcohol Learning Centre – [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)

1.4 Thanks are offered to the organisations named above, partner agencies and to service users and providers for their support and participation in this process. The consultation was also generally promoted through the media and we are grateful to the Derby Evening Telegraph and BBC Radio Derby for their support in promoting this work.

## 2.0 Methodology

2.1 The consultation ran in accordance with Department of Health Consultation guidelines. The consultation pack was produced and promoted in various ways such as a web based publication, (listed above), hardcopy to stakeholders (some 600 were sent out) and via direct contact and promotion throughout the twelve week period. The table in appendix A illustrates the diversity and range of those who responded to the invitation to consult, states whether they generally supported the model or not and tries to capture key points from each response.

2.2 In recognition of the potential range of treatment need, ranging from those who are severely dependent to those who would benefit from basic alcohol advice, great effort was placed upon trying to ensure as wide a range of service users, current or potential, were given the opportunity to respond. Current service providers in the field of health and social care were asked to promote the consultation as were colleagues and agencies working within the criminal justice system. Through the generous funding support of the Department of Health Alcohol Treatment Service Improvement Team a number of service users were supported in engaging other service users in Leeds who have a very well established forum for service user engagement in substance misuse. Learning from Leeds was taken and applied in establishing specific service user support groups in the City to support the ongoing development of

alcohol treatment services and to engage in this consultation process. In addition local funding was found to support current substance misuse and housing support services to engage their service users in the consultation, facilitate their participation and ensure they were supported in having a strong voice in the consultation process.

2.3 A similar approach was adopted to try and ensure specific interest groups relevant to this issue were encouraged and supported to engage in the process. Groups that were specifically targeted included;

- the homeless or those vulnerable to homelessness through the Night-shelter, emergency housing accommodation, and social housing groups
- those with a severe and enduring mental health problem
- those with a dual diagnosis of mental health and substance misuse
- new migrants to the City particularly those from Eastern European Communities
- established BME populations in the City
- local clinicians and those involved in treatment provision
- local politicians particular those involved in licensing and health.

2.4 Agencies and organisations already involved in supporting the groups listed above were contacted, invited to participate, support the consultation and give their response. As much as possible direct contact was made to members of these groups to promote participation. In total some 21 focus groups or target group presentations were made to promote and capture the thoughts and considerations of these specifically targeted groups. Some of these groups had up to 15 attendees with the smallest attracting 3 people. Over the course of the consultation approximately 600 copies of the consultation document were distributed. However, it is not possible to say how many more were obtained through downloading from the websites.

### 3.0 Results

Total number of consultation responses – 60

Comprising of;

- 21 Consultation response forms returned
- 15 handwritten or emailed responses
- 21 focus groups and/or presentation sessions
- 3 interviews in the local Custody Suite.

<b>Percentage that supported the model being proposed</b>	<b>92%</b>
<b>Percentage that stated they did not support the model being proposed</b>	<b>5%</b>
<b>Percentage that failed to state clearly support or otherwise of the model</b>	<b>3%</b>

### 4.0 Conclusions and Recommendations

The consultation found overwhelming support for the proposed model.

4.1 As a result of areas of consensus in the consultation, parts of the proposed services that were endorsed in the consultation e.g. overall provision, an integrated model of delivery, embedding the criminal justice system into the model of care and developing links with housing, are going forward as planned. There are a number of key areas of the proposed treatment model which have now been enhanced as a direct result of the consultation comments. These include;

- improved opportunities in the model for the use of twelve step and abstinence based support interventions in addition to Alcoholics Anonymous
- An enhanced need for co-ordination of provision between providers
- The need for involvement of all primary care practitioners and not just a few
- More support for clinicians to enable them to improve their engagement in alcohol treatment
- An increased focus upon service opening hours and accessibility

- Workforce development and closer working across health and social care
- The need to focus on the student age population and forge close links with Derby University
- Consideration of how those in treatment spend their time
- Ensuring treatment improvement is matched by ongoing health awareness campaigns
- The need for strong links between alcohol treatment, drug treatment and mental health
- The use of acupuncture within the treatment model
- Detailed work is now needed in drawing clinical pathways
- There is a need to ensure full integration with Adult Social Care Services
- A need to improve housing provision for those at risk of drug and alcohol use
- Dissemination of service information to the public and professionals
- More work is needed to support parents, partners and carers
- The need to establish how many children are living with dependent alcohol parent(s)
- Language issues in developing new services and promotional campaigns
- Local drug project Step-Up to expand to include alcohol

4.2 Changes are now being made to the documents that support the tendering process to reflect these endorsements and suggestions for development. This paper will be included in the documentation sent to all organisations that express an interest in tendering for alcohol treatment services in Derby City. Any potential bidder will be encouraged to consider the points which have arisen from the consultation process and to consider how, in their submission and bid, they can address these issues. It is expected that the advertisement for the new tender will be placed in the national press by the end of June in order to ensure the new treatment services are operational by the 1<sup>st</sup> April 2010. Some service development is already being taken forward for more immediate implementation (high impact changes) to improve current services in the meantime.

- 4.3 Some other key comments raised by the participants in the consultation exercise should be noted. The view was very clearly expressed that alcohol treatment has been historically underfunded both locally and nationally, and that it was an unrealistic expectation for current services to cope with the levels of demand. There was a very clear view that clinicians need to engage more on the issue and a view that more needs to be done to support clinicians in working to treat alcohol related ill-health. Whilst criticised for historical underfunding the Primary Care Trust were praised for recognising that more investment was now needed and for making the commitment to support the development of new services.
- 4.4 Less positive responses to the consultation generally were very critical of Government policy and lack of action in funding and supporting alcohol treatment. This is outside the remit of this report but criticisms were repeatedly made of central Government and Local Authorities in the damaging impact excessive alcohol use has upon society. Particularly strong were comments upon the “perceived failure” of alcohol licensing laws and of the drinks industry to act in a manner that reduced levels of associated violence and disorder particularly in the night-time economy. The price of alcohol in supermarkets and cheap drink promotions were repeatedly mentioned in the context of undermining any attempts to treat alcohol health issues. Whilst these comments do not necessarily inform the development of treatment services, and there is a need to remain pragmatic to what is possible at a local level in what are national policy issues, the issues raised are being considered in the context of the ongoing delivery of the Alcohol Harm Reduction Strategy in Derby City.
- 4.5 A similarly strong response was found in relation to young people and alcohol. Although the consultation was about adult services specifically numerous respondees wanted to see more being done to stop young

people from obtaining and abusing alcohol. Some commented upon the need for more preventative education and treatment for young people. As above, in taking forward the work of the Alcohol Harm Reduction Strategy and the annual Young Person's Substance Misuse Plans these comments will be considered.

## Appendix A

### Consultation responses

	Organisation/individual	Individual Organisational Or group response	Generally support proposal Yes/No	Any specific comments
1.	Action Housing	Organisational	Yes	Ensure cost effective services which have the right level and standard of service to meet need.
2.	Alcohol Concern	Organisational	Yes	What cross – cultural measures will be put in place to encourage engagement? How will their specific needs to be met? How will the workforce be recruited, trained and managed? What skills and experience will be required and where will this come from?
3.	Alcoholics Anonymous	Organisational	Yes	Need to ensure the role of AA is supported within the model.
4.	Twelve step advocate (UK Advocates)	Organisation	Yes	Need to ensure twelve step support is intrinsic to the model but also supports the choice of service aspect of the model.
5.	Community Alcohol services – Linwood Group	Organisational	Yes	Day programmes including relapse prevention. Aftercare – 2 year case management abstinence based programme follow up and audit outcomes.
6.	Dare UK	Organisational	Yes	Well researched and presents a sensible approach to a complex problem.
7.	Derbyshire Fire and Rescue Service	Organisational	Yes	Supported.
8.	Derbyshire Police	Organisational	Yes	Pleased to note that identification and brief advice will be offered in the custody suite and prioritisation will be given to criminal justice clients. Promoting responsible drinking linking this with ASB/criminal damage

				<p>data by possibly targeting ASB hotspots with health campaigns to encourage community safety.</p> <p>Develop a multi agency forum to risk assess premises and agree action by the service providers.</p>
9.	Derbyshire Probation	Organisational	Yes	Needs clear pathways for offenders into treatment as part of ATR's. Frontline staff need to be trained to deliver the AUDIT questionnaire.
10.	Perpetuity Research	Organisational	Yes	Pleased to see DIP will address alcohol use. A lead A&E champion has been beneficial to St Mary's Hospital Paddington.
11.	Phoenix Futures	Organisational	Yes	The inclusion of improving the outcomes for children of dependant drinkers is fantastic progress. Intense family intervention on the whole is a huge development.
12.	Swanswell Trust	Organisational	No	Not holistic model, will not increase confidence in treatment or support of under represented groups. Need more diverse range of mutual aid groups including carer groups.
13.	Derbyshire Mental Health Services Trust	Organisational	Yes	Introduction of a two week maximum wait can potentially cause problems, clients need quality care. Single point of entry into service will help to integrate services. Specialist and Criminal justice services separate in model, clarity needed on the provision of ATR's. Integration of LES services within specialist alcohol teams
14.	Derbyshire Local Medical Council	Organisational	Yes	Integration of alcohol treatment services and general mental health services needed to address such things as

				depression which is often a cause and factor of drinking.
15.	Derby City Partnership	Organisational	Yes	Well structured model, timely treatment.
16.	Derby City Adult Social Services	Organisational	Yes	Very much needed especially links with housing as this is often an additional problem.
17.	Derby City Council General licensing committee	Organisational	Yes	No specific comment but acknowledge the importance of the work being done.
18.	Derby Homes Directors	Group	Yes	Housing/landlords to be involved in tier 1. Multi agency group for drinkers who cause ASB issues.
19.	NHS Mental Health worker	Individual	No	Does not address the root of the problem and look at cheap alcohol. Do not feel GP's are the best to meet the need of alcohol and substance abuse when trained Mental Health workers should do this.
20.	NHS Mental Health worker with clinician input	unclear	unclear	Numerous and detailed aspects of treatment provision in clinical aspects of treatment.
21.	Transcend	Organisational	Yes	Supported but would like to see the use of acupuncture.
22.	Framework Housing Association	Organisational	Yes	The government's use of units is questioned. It is essential to get tier 3 and 4 services right including day care, prescribing and detox. Clear pathways are needed. Qualified nurses to deliver tier 2
23.	Derby City Resident	Individual	Yes	Pleased to see a more comprehensive and systematic approach that targets different types of drinkers. Particularly pleased that homeless and criminal persistent will be given great levels of support.
24.	Derby City Resident	Individual	Yes	This will be helpful for a lot of people.
25.	Derby City Resident	Individual	Yes	
26.	Derby City Resident	Individual	Yes	
27.	Derby City Resident	Individual	No	Needs to be considered in context of licensing laws. Specialist

				contribution from agencies not generic partnership working.
28.	Derby City Resident – neighbourhood board member on behalf of Jericho House	Individual	Yes	Consider both the mental and physical effects of dependency. Abstinence best method of harm reduction. Effective information sharing between agencies
29.	Derby City Resident – neighbourhood board member	Individual	Yes	Supported. Encourage constant evaluation of services
30.	Derby City Resident – carer	Individual	unclear	Reduced waiting times, access to tier 4 and effective treatment. Referrals from A&E – education and training for non alcohol specific services.
31.	Substance misuse midwifery service	Organisational	Yes	Supported.
32.	Acting Clinical Director and clinicians Bradshaw Clinic	Individual	Yes	Model needs to reference clinical input. Clear patient pathways needed through the system. Education and support for professionals needed. Links to Safeguarding and social services needs to be clear. Recognise different needs of adolescents.
33.	Derby City PCT Provider Services	Group	Yes	Strong tier 3 service
34.	“Safer Derby”	Group	Yes	Supported.
35.	Derby City Public Health Forum	Group	Yes	Supported.
36.	Derbyshire Public Health Forum	Group	Yes	Supported.
37.	Derby City Priority and Prolific Offenders Group	Group	Yes	Supported.
38.	National Alcohol and Housing Conference	Group	Yes	Supported.
39.	East Midlands Alcohol Harm Reduction Group	Group	Yes	Supported.
40.	Derby City Lauren’s Link	Organisation	Yes	Need to ensure parents and carers are supported.
41.	Derby City Alcohol Harm Reduction Group	Group	Yes	Supported.
42.	Derby City Street	Group	Yes	Supported.

	Drinkers Intervention Group			
43.	Derbyshire Dual Diagnosis Strategic Group	Group	Yes	Supported.
44.	Derby City Core Strategy Supporting People Group	Group	Yes	Supported.
45.	Derby City Neighbourhood Forums lead	Groups	Yes	Supported.
46.	Derby City Hostel Liaison Group	Group	Yes	Supported. Concern expressed regarding capacity of the 1 CPN post based in Milestone House to meet the needs of alcohol/drug /mental health clients due to anticipated numbers of clients with these issues in existing hostel accommodation.
47.	Young People's Drug and Alcohol Strategic Advisory Group;  <ul style="list-style-type: none"> <li>- Education (PSHE)</li> <li>- Education Welfare</li> <li>- Social Care</li> <li>- Specialist treatment services</li> <li>- Enthusiasm</li> <li>- Youth Offending Service</li> </ul>	Group	Yes	Information on future alcohol services should be disseminated to C&YP parenting groups, in line with Hidden Harm recommendations  Need to establish the numbers of children of dependant alcohol users requiring support? And clarify how the safeguarding/support service address this?
48.	Youngaddaction Specialist Substance Misuse Service	Organisation	Yes	Supported.
49.	CAMHS Substance Misuse Service	Organisation	Yes	The emerging need for young persons residential rehabilitation and detoxification should be considered when developing commissioning arrangements for Tier 4 services
50.	Derbyshire Mental Health Forum	Group	Yes	Supported.
51.	BME Community Focus Group	Group	Yes	Posters and language leaflets need for the

				services. Diversity outreach worker would benefit from going into the temple to advocate services.
52.	New Communities Focus Group run by current substance misuse service	Group	Yes	Gender specific services were raised suggesting aspects of service to meet needs of both males and females individually. Specifically asked for workers to speak their languages. Highlighted the need for out of hours services.
53.	BME focus group run by current substance misuse service	Group	Yes	Highlighted the need for 1:1 counselling and not groups. Suggested providing food would bring in service users to treatment. Wanted to see late night provision in services.
54.	Custody Suite arrest referral criminal justice and alcohol client	individual	Yes	Much needed to overcome current access problems to alcohol treatment.
55.	Custody Suite arrest referral criminal justice and alcohol client	individual	Yes	Need to increase range of options from those currently available to dependent alcohol drinkers.
56.	Custody Suite arrest referral criminal justice and alcohol client – transitions group (aged 18 – 24)	Group	Yes	Alcohol arrest referral is an excellent idea. Not keen on GP engagement. Happy to self refer directly into services.
57.	Littleover Community Centre Asian Women's group	Group	Yes	Training in community. keen to raise awareness amongst BME. Suggested try alcohol theatre in own languages as this worked with diabetes.
58.	Mental Health Service User	individual	Yes	Need to ensure integration with mental health and address dual diagnosis
59.	Derby Homes	Organisational	Yes	Supported but aims should also include the reduction of crime, domestic violence and Anti-Social Behaviour. Need to be specific on rehousing and move on from hostel accommodation.
60.	Milestone House	Group	Yes	Many points of specific support in model with

	Service Users facilitated group led by Derbyshire Housing Aid		suggestions; street outreach, Step-Up drugs project expand to include alcohol, co-ordination of care, joint working with couples, consideration of clients with dogs, tolerance zones for street drinkers and extra wet unit provision.
<p>As part of efforts to ensure a comprehensive engagement with local non-statutory sector "DerbyLink" an engagement service run by Derby Community Volunteer Support service agreed to promote the consultation. They summarised and simplified the consultation document and sent this out to 400 local organisations on their registry. None of these agencies responded to CVS but some of them may have responded directly to the official consultation. Derby CVS are thanked for their efforts.</p>			
<p>As part of efforts to engage BME communities Derby City Council for Racial Equality were asked to promote the consultation. Derby CRE are thanked for their efforts.</p>			

## Appendix B

### Consultation response form

A Proposed New Alcohol Treatment Model for Derby City

**1. Do you support the proposed new alcohol treatment model**  
(PLEASE TICK ONE BOX ONLY)

Yes	<input type="checkbox"/>	<i>Please skip straight to question 3.</i>
No	<input type="checkbox"/>	
Don't Know	<input type="checkbox"/>	

**2. If no/ don't know, please indicate which of the following reasons most clearly represents your view. (PLEASE TICK ALL THAT APPLY)**

I do not believe the current treatment model needs changing	<input type="checkbox"/>
I do not believe this model is a significant improvement from the current treatment model	<input type="checkbox"/>
I do not believe that this proposed model addresses the real problems in the current treatment model	<input type="checkbox"/>
I do not believe that the proposed model will increase capacity in treatment services	<input type="checkbox"/>
I do not believe that the proposed model will improve the quality of a range of service	<input type="checkbox"/>
I do not believe the proposed model meets National standards or is based on best practice	<input type="checkbox"/>
I do not believe the proposed model will provide ready access to alcohol treatment	<input type="checkbox"/>
I do not believe the proposed model will improve the integration of alcohol treatment as a holistic model	<input type="checkbox"/>
I do not believe the proposed model will improve treatment outcomes	<input type="checkbox"/>
I do not believe the proposed model is a more efficient and effective use of limited resources	<input type="checkbox"/>
I do not believe the proposed model will give users and referrers a clearer understanding of service provision and how to access it	<input type="checkbox"/>
I do not believe the proposed model will improve working practices for staff involved in delivery	<input type="checkbox"/>
I do not believe the proposed model will increase confidence in alcohol treatment provision	<input type="checkbox"/>
I do not believe the proposed model will improve access for client groups that are currently under - represented	<input type="checkbox"/>
I do not believe the proposed model will have an improved impact on reducing the harmful effects of alcohol use upon the individual, the family and the community	<input type="checkbox"/>
I do not understand how the new model will work/ how it will improve alcohol treatment	<input type="checkbox"/>

Other reason *(Please state this reason in the comments boxes overleaf)*

**3. Do you have any other comments on the model as a whole?**  
*(PLEASE WRITE COMMENTS IN THE BOX BELOW)*

**4. Do you have any other comments on a particular part of the model?**  
*(PLEASE WRITE COMMENTS IN THE BOX BELOW STATING CLEARLY WHICH PART OF THE MODEL YOU ARE COMMENTING UPON)*

**PART OF THE MODEL COMMENTING ON:**

**COMMENTS:**

**Name:**

**Organisation:**

**Address:**

**Telephone:**

**Email:**

Upon completion please return this form to:

Nicola Snell, Alcohol Treatment Consultation Response Officer  
 Derby Community Safety Partnership , 3<sup>rd</sup> Floor St Peter's House  
 Gower Street  
 Derby  
 DE1 1SB  
 Or electronically to [Nicola.snell@derby.gov.uk](mailto:Nicola.snell@derby.gov.uk)

**Thank you for taking part in this consultation exercise.**