

# Commissioning the Community Alcohol Service in County Durham

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# Regional Drivers

- Regional Statement of Priorities - Prevention, Treatment and Control.
- Balance – Regional Office for Alcohol.
- Alcohol Commissioning lead within the DAAT with dedicated resources.
- 5 x Local Action Plans now merged into one County Durham Strategy.
- PCT – top 10 priority, with an identified Alcohol Policy Lead.
- LAA Target – *Alcohol Harm Related Hospital Admission Rates.*

# Delivery of service



- Population of approx 500,000
- Large Rural Areas
- Areas of deep deprivation
- Described by ANARP (2005) as worst in the UK for access to alcohol treatment services  
ratio 1:102 compared with North West 1:12

# Where do I start.....

- Tasked to design and implement a County wide service within 12 months.(2007)
- Holistic approach – Prevention, Treatment, Control.
- Informed by Easington pilot & Darlington Screening Tool Trials.(2006)
- Integrated model – partnership approach including Voluntary sector & Statutory sector.
- Emphasis on Brief Intervention Screening Tool – AUDIT.
- Train all frontline staff – not just healthcare.
- To implement an equal service across County Durham then focus on equity!
- Redesigned services with existing providers where possible.
- Maintain the links between existing Drugs services and the new alcohol service.

# ....don't forget World Class Commissioning

1. Locally lead the NHS

2. Work with community partners

3. Engage with public and patients

4. Collaborate with clinicians

5. Manage knowledge and assess needs

6. Prioritise investment

7. Stimulate the market

8. Promote improvement and innovation

9. Secure procurement skills

10. Manage the local health system

11. Make sound financial investments





# Service User Consultation

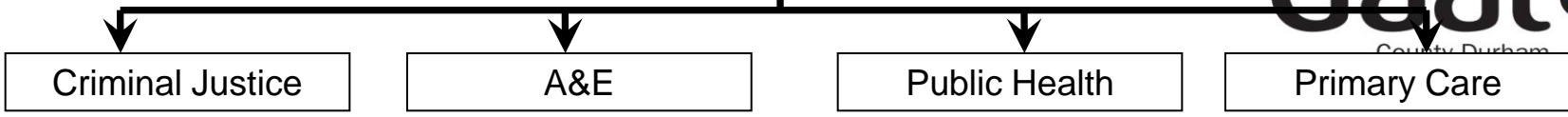
- Understanding the agenda and need.
- Met with various service users to understand their stories.
- Designed the model and pathways.
- Met with service users to process map their journey through the treatment system.
- Regular 'touch base' and user satisfaction cards to ask for feedback.
- Do not be afraid to reflect, amend or ditch something that's not working!

# Treatment Tiers



Training Workshops

Tier 1



Audit C  
Screening Tool

Questions 1 - 3

Score 0 - 4  
No Action

Score 5+

Full Audit  
(Q 4 - 10)

Score 0 - 7  
No Action

Tier 2

Score 8 - 15  
Simple Structured  
Advice (5mins)

Risks to Health  
Advice, leaflets, signposting, etc

Score 16 - 19  
Extended Brief  
Intervention (11-20 mins)

How to make changes

Tier 3

Score 20+  
Treatment Intervention

Integrated Community  
Alcohol Service  
Community Detoxification, Group work,  
ongoing support and after care  
(for referral see Form 1a)

Tier 4

Inpatient Treatment /  
rehab

# Core Team

Service Manager  
Administrators  
2 x trainers  
Early Intervention worker  
Family Link worker  
Aftercare & Support workers  
Hospital Liaison Nurses  
Locality Leads  
Nurses  
Counsellors  
Social Worker  
Criminal Justice Staff  
Sessions of Consultant time

# Service Delivery

Brief interventions delivered by **ALL** front line staff – AUDIT C

Score 20+ refer into Alcohol service (CAS)

Core Staff/ Referral point  
Office base - Durham City

Locality lead will manage area / referrals.  
Clients will be seen in community venues where possible.  
i.e. GP surgeries, Health centres, sure start buildings etc,

Durham/CLS/  
Derwentside

Easington/Sedge

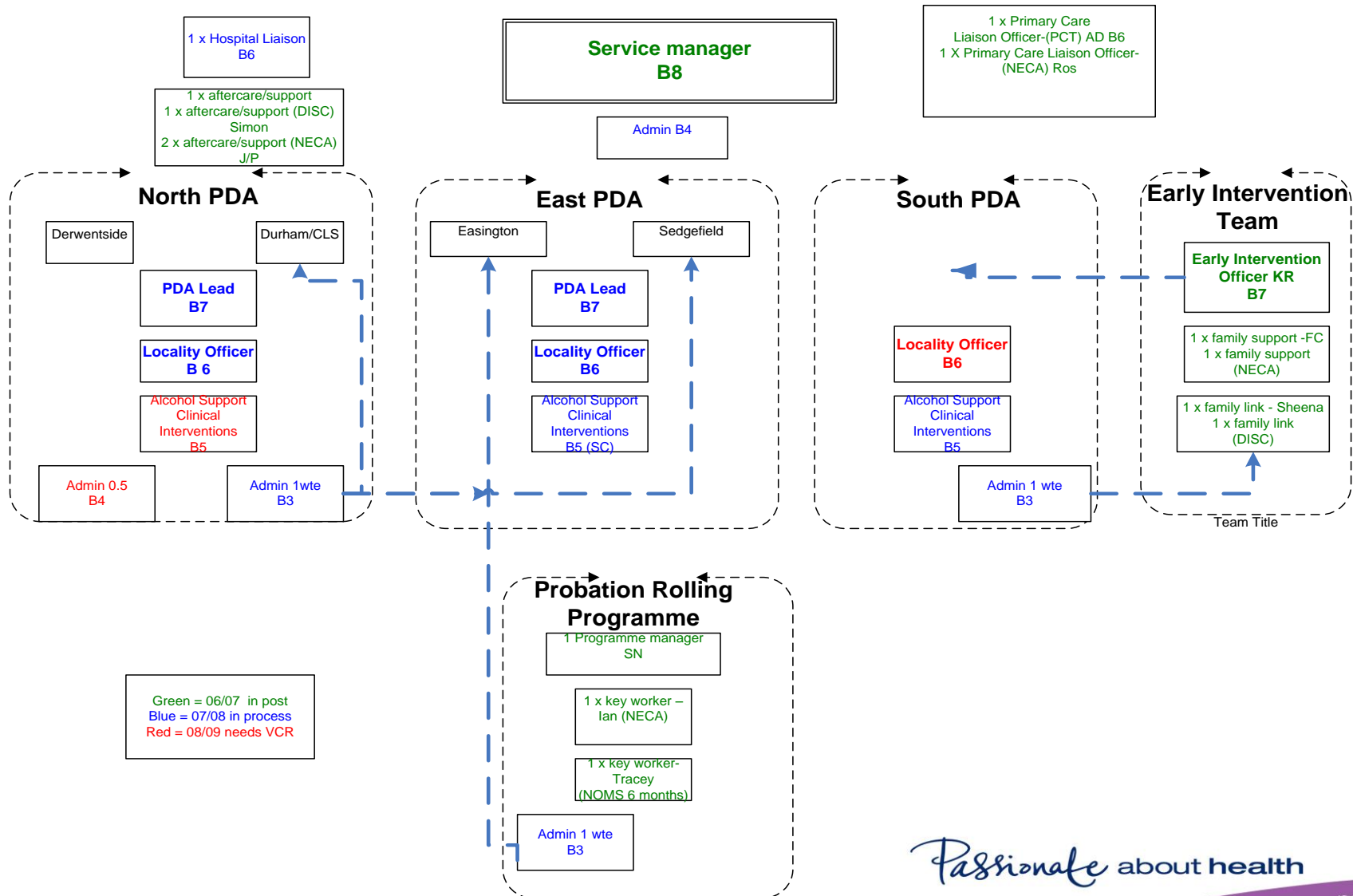
Dales / Darlington

Clinical staff  
Based in substance misuse  
treatment  
centre

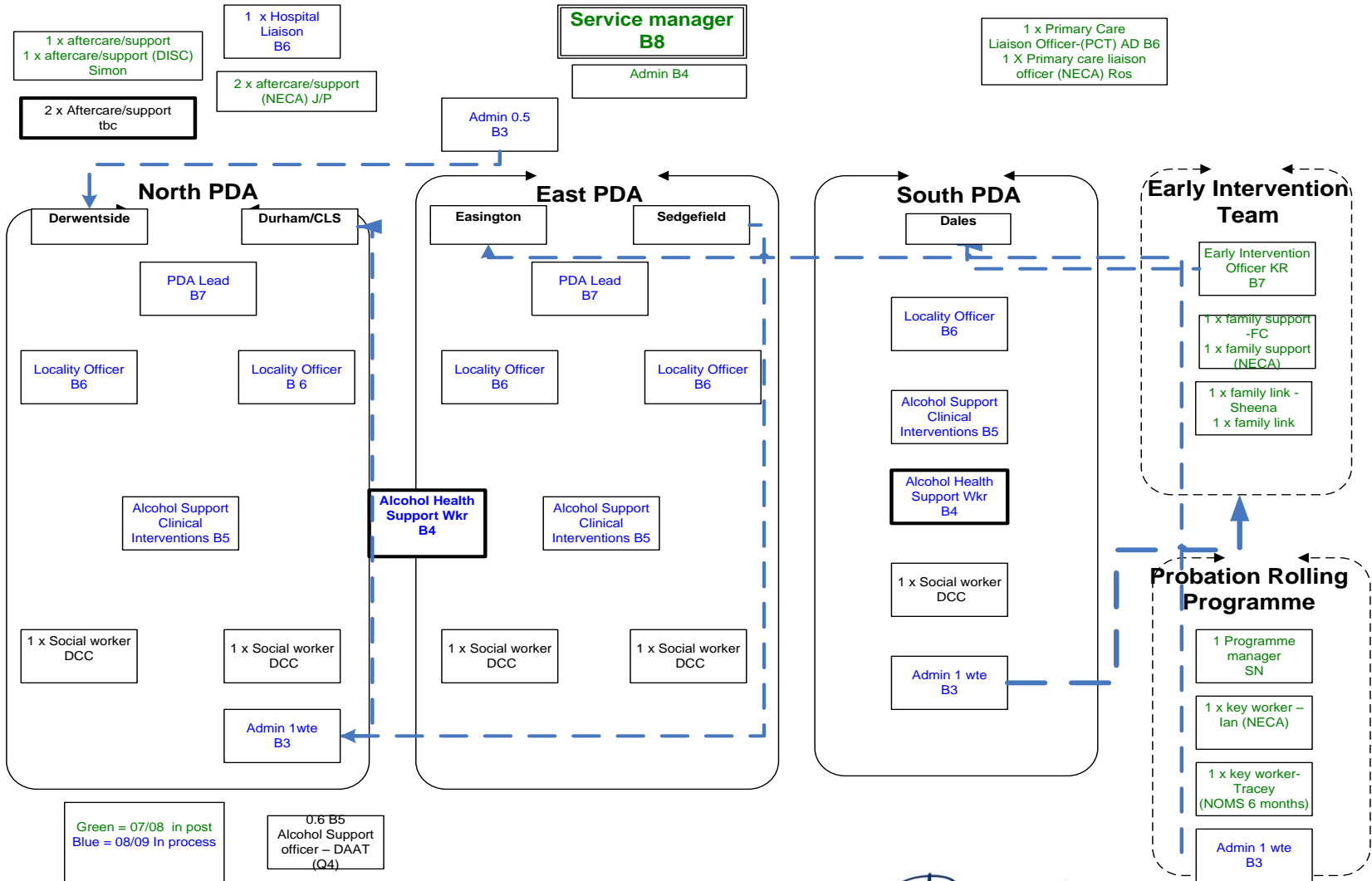
Clinical staff  
Based in substance misuse  
treatment  
centre

Additional staff member to  
existing alcohol  
treatment team

# Phase 1 – 2006-7 (£349k)

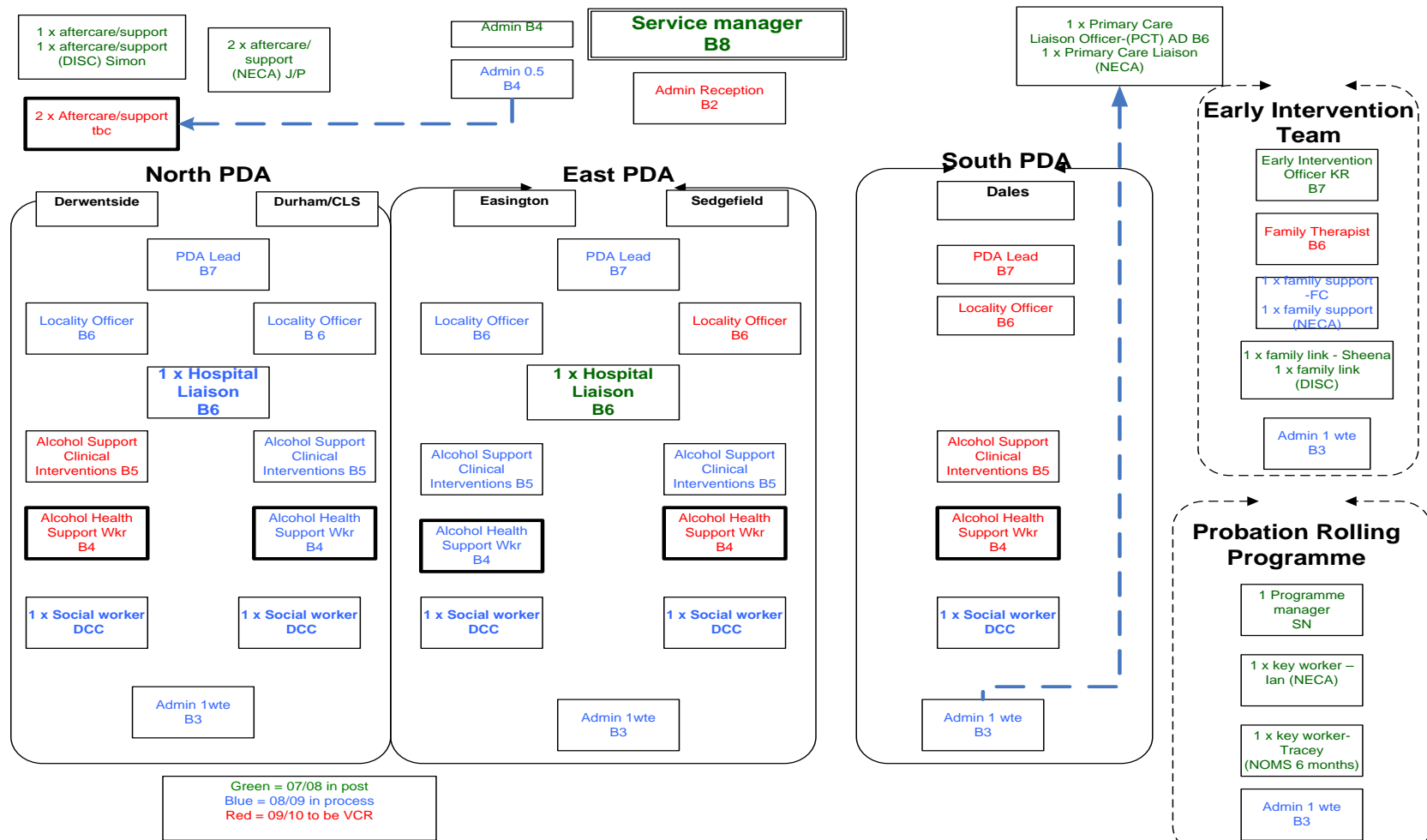


# Phase 2 – 2007-8 (£1.4m)



# Phase 3 – 2009-10

## (£2.1m)



# Challenges

- 500 people on a waiting list since 2005.
- No existing services.
- Commissioning partners to recruit to deliver the model.
- Estate management – find buildings, etc
- Meet deadline for PCT provider/commissioning split
- Appointment of staff
  - Different organisational cultures
  - Integration of staff
  - Differences in salaries, terms and conditions etc
  - JD to prepare from scratch
  - HR processes – not appointing to key roles
- Hand over to manager & lead provider

# Challenges/2

- Information sharing -IT systems not compatible
- Offering a seamless service to users.
- DES, LES and pharmacists
- Communication
  - Championing the model
  - progress to a whole County... 98 GP practices, hospital staff, substance misuse staff, partner agencies, etc

# .....challenges ahead!

- Designing and commissioning a new comprehensive service within a performance driven/market driven environment.
- Service is one year old – need to demonstrate value for money. (what are the social outcomes V investment?)
- Pressure on Service Management to recruit, implement and demonstrate effectiveness!
- To maintain the standard and the investment that has been set.
- Managing commissioning within an ever changing political environment....will public funding be available for alcohol and drug misuse in the future?

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2010..?



**Or maybe not..**

