

# Helping to support and transform the lives of people affected by alcohol

# Foreword

Drinking to excess takes a huge toll on individuals, families, communities and society as a whole.

Consuming large amounts of alcohol is damaging to the brain, nervous system, heart and, of course, the liver. Every year more than 5,500 deaths in England can be directly attributed to drinking – and in many thousands more it plays a role.

In hospitals one in 14 admissions and one in 10 A&E visits are because of drinking. It is also a factor in family breakdown, domestic abuse, criminality, anti-social behaviour and lost productivity. The overall cost to the economy has been placed at around £21 billion a year.

Thankfully there are some signs of progress. The number of people drinking to excess is falling. But, 28 per cent of men and 14 per cent of women are still drinking at levels that put them at increased risk.

Councils are working hard to minimise this by commissioning high-quality lifestyle and behaviour change services, as well as treatment for those experiencing alcohol dependence.

Providing these services is good value for money because it cuts crime, improves health and can support individuals and families on the road to recovery. Public Health England data shows that for every £1 invested in treatment, the social return is £3.

Every year 76,000 people enter treatment for alcohol problems with another 28,000 helped for a dual diagnosis of drugs and alcohol misuse. However, this is just a fraction of the people who need help.

To tackle this, councils and their providers are pioneering new ways of engaging people. Examples of such good practice are showcased in this Local Government Association (LGA) report.

In Gateshead, staff spend four days a week working in hospitals, while Lancashire has started pioneering new approaches to working with young people and families.

There are also examples of services that provide a wide range of support to clients, incorporating social care and housing with training and mental health therapy.

Once individuals have stopped drinking, help is needed to maintain abstinence – as Sutton is doing through its stand-alone Recovery Hub.

What also comes across is the need to tailor services to different types of drinkers; for example a professional with a well-paid job will have very different needs to a homeless person.

Sandwell Council has worked with Alcohol Change UK to engage the most change-resistant, while Oxfordshire has thought carefully about the specific needs of those who use its services.

If we are going to continue making progress, local government will have to build on examples like these and help people beat their battle with the bottle.

## **Councillor Ian Hudspeth**

Chairman, LGA Community Wellbeing Board

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Some names used throughout the case studies included in this document have been changed at the request of the individuals involved.

# In numbers



**76,000** treated for problem drinking in 2017-18 with another 28,000 helped for drugs and alcohol combined

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**28%** of men are drinking at levels that place them at increased risk (2017)

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**14%** of women are drinking at levels that place them at increased risk (2017)

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**1.2m** hospital admissions linked to alcohol in 2017-18

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**50%** of these hospital admissions related to cardiovascular disease

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**16,656** alcohol-specific deaths in 2015-2017 (Source LAPE)

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**24,208** alcohol-related deaths in 2017 (Source LAPE)

Drinking above low risk has noticeably fallen over recent years in the younger age groups but has struggled in the older groups – in fact consumption is increasing in men **65-74** and **75+** and in women **55-64** and **75+**.

Source: NHS Digital

# Who is drinking?

People regularly drinking more than 14 units of alcohol a week put their health at increased risk. Just over 10 million adults remain in this category, despite falling rates of alcohol consumption at this level.

Close to two million of these are drinking at high-risk levels; defined as more than 35 units per week for women and 50 units for men. Around 589,000 are classed as dependent drinkers – and therefore likely to be in need of alcohol treatment.

Levels of alcohol consumption vary with age and gender. Among men, the prevalence of drinking more than 14 units a week increases with age and is most common among men aged 55 to 64 years.

Among women, the proportion who drink more than 14 units a week declines between the ages of 25 and 44 years and is highest among women aged 55 to 64 years.

Binge drinking patterns are different. Those aged 25 to 34 are the most likely to binge drink, but rates then decline with age.

In terms of deprivation, people of lower socio-economic status show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease as a result.

Interestingly, the same groups report lower levels of average consumption. This gives rise to what has been termed the 'alcohol harm paradox'.

It is not clear why this is the case. A number of hypotheses have been put forward, including increased binge drinking and the compounding effects of other health conditions.

Close to half (44 per cent) of 11 to 15-year-olds report having drunk alcohol. One in 10 (nine per cent) say they have been drunk in

the past four weeks.

Those who have parents who drink heavily are most likely to consume alcohol in adolescence as well as later in life. In fact, any kind of trauma in childhood – known as adverse childhood experiences (ACEs) – such as abuse or parental death increases the risk of alcohol misuse. Modelling suggests a third of binge drinking before the age of 18 could be associated with ACEs.

Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems.

Parental alcohol misuse is strongly correlated with family conflict and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences.

Alcohol plays a part in 25 to 33 per cent of known cases of child abuse.

In a study of four London boroughs, almost two-thirds of all children subject to care proceedings had parents who misused substances including alcohol.

In a study of young offending cases where the young person was also misusing alcohol, 78 per cent had a history of parental alcohol abuse or domestic abuse within the family.

Alcohol misuse also affects carers and adult family members. The Care Act 2014 recognises this and recommends an assessment of their own needs.

## Source: Public Health England evidence review<sup>1</sup>

1 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf)

## Resources

### **Public Health England evidence review**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf)

### **NHS Digital alcohol statistics 2019**

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2019>

### **Health Matters on harmful drinking and alcohol dependence**

[www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence](http://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence)

### **All Our Health**

<https://publichealthmatters.blog.gov.uk/category/all-our-health>

### **Alcohol and drug prevention, treatment and recovery: why invest?**

[www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest](http://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest)

### **Information leaflet for patients**

<https://app.box.com/v/CQUIN-structured-advice-tool>

### **E-learning programmes for alcohol identification and brief advice**

[www.e-lfh.org.uk/programmes/alcohol/](http://www.e-lfh.org.uk/programmes/alcohol/)

### **New E-learning programme for alcohol and tobacco**

[www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions](http://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions)

### **Video clips from E-learning programme for use in training**

<https://app.box.com/s/nrekh2a1okjxp7l739q16xdtx90ro6ar>

# Case studies



Staff from Gateshead's substance misuse service have a presence at the borough's main hospital four days a week. This gives them a chance to identify and engage patients who have alcohol-related problems.

### The challenge

Gateshead has high rates of problem drinking. The 2016 Adult and Health and Lifestyle survey showed 27 per cent of adults locally were higher-risk drinkers – consuming more than 14 units a week.

This is leading to high and rising rates of hospital admissions linked to alcohol. Each year there are about 200 admissions. That is the equivalent of an age-standardised rate of just over 1,000 admissions per 100,000 people, compared to a national average of 632.

A wide range of support is offered through a single, integrated drug and alcohol service delivered by the Gateshead Recovery Partnership, led by the provider Change Grow Live. It includes group and one-to-one work, housing support, detox and a recently-launched 12-step intensive structured rehab course.

### The solution

Over the past five years the substance misuse service has sought to work closely with the major hospital in the area; Queen Elizabeth (QE) Hospital, Gateshead.

Health and wellbeing leads from the service are now based at the hospital. Initially this only involved visits for a few hours a week, but now the service has a presence four days a week from 1pm to 5pm. Telephone support is provided on the fifth day and direct contact is available outside of these hours, which is utilised most weeks.

The leads visit all wards, including A&E, critical care and the emergency assessment unit. As well as linking in and sharing relevant information with QE staff regarding existing users, they will also meet with individuals deemed to need support for the first time. Working alongside the hospital's specialist alcohol nurse, they will explain about the support available.

A specialist in-reach service has also been developed for young people. The service, Platform, is delivered by Humankind and has a named contact in the safeguarding team so information can be shared. The safeguarding team makes referrals to the service, making the parents of the young person aware if they do.

When a referral comes in from A&E, the substance misuse service contacts children's social care to check if they are already involved.

### The impact

Health and Wellbeing Lead Carol Johnston said the work at the hospital has been really successful in focussing on the needs of individuals. "It feels like we are one big team even though we work for different organisations."

On average she will have contact with around 40 people a week. One of those who has been helped said; "I feel so grateful that I have had this opportunity. It has, quite simply, saved my life. I am nearing the end of my six month programme, and while the future holds some fears, I am confident that I can face them and continue to grow in life and sobriety."



## Lessons learned

One of the challenges in terms of tackling alcohol-related problems is getting people engaged. The in-reach work with adults and young people has enabled the service to hone its approach.

With adults, the service initially made set appointments for clients for when they are discharged. But now the leads encourage the clients to contact the service themselves and keep in touch with them as a reminder that support is available.

Public Health Programme Lead, Julia Sharp said: “There was an extremely high rate of non-attendance so we wanted to do something to empower individuals. They can now just drop-in at one of our hubs and get help that way. Before, people would miss their appointments, and think that was it. Now they know all they have to do is come in and they will be seen straight away.”

Meanwhile, for young people and children, there is a policy in place to offer three appointments. If the young person does not attend and there has been no contact with the parents or carer a fourth letter is sent stating that if they do not make contact, the substance misuse service will pass their concerns on to the safeguarding team. This normally prompts the parents to engage.

## How is the approach being sustained?

The council is planning to conduct a self-assessment review of the service to see how it can develop further the approaches and interventions at all levels.

Ms Sharp said the hospital in-reach work will form part of that process. “One of the things I am aware of is how we support those who maybe do not qualify for specialist help, but are drinking too much and whether there are additional opportunities that we can utilise to provide the lower risk drinking advice.

“In recent years we have been running brief intervention training on alcohol for people in the voluntary sector and front-line community staff, such as librarians. We have trained about 80 people since the end of 2017. This is something we could extend.”

### Contact details

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## THE BENEFITS OF CO-DESIGNING CHANGE

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Alcohol services have been changed in east Kent thanks to a co-design process involving staff, service users, local people and stakeholders. It has led to more consistency in services, boosted innovation and improved performance.

### The challenge

Alcohol and drug treatments in Kent are split between the east and the west. The service in the east covers the areas of Swale, Thanet, Canterbury, Ashford and Dover.

Historically drug and alcohol treatments have been run as separate services, but that changed in 2013 when they were integrated. In 2017 a new provider, Forward Trust, was appointed to run services in the east of Kent.

Alcohol support was identified as a key area that needed reviewing as over time variations in practice had developed and there was a desire to achieve better outcomes. The council requested a co-design to be undertaken as a part of development of a new model, involving staff, service users, local people and key stakeholders.

### The solution

The Forward Trust partnered with mental health charity, Rethink, and placed service users and partner organisations at the heart of the process.

A service design group was established along with five local co-design branches covering the east Kent region. In total 250 service users and more than 70 stakeholders were involved in the six-month exercise, which involved in-depth analysis into the state of current services and what was needed for the future.

The work on alcohol led to a recommendation that dedicated pathways be established. These were established in July 2018.

All service users presenting to treatment are assessed at the point of entry to establish their level of alcohol. This helps to identify their treatment needs and which alcohol pathway is most appropriate. This assessment includes the use of an Audit C questionnaire and Severity of Alcohol Dependence questionnaire if required.

Pathway one is for the most dependent drinkers – those who score 16 on the alcohol screening tool assessment. It involves one-to-one support with a key worker and five group sessions aimed at changing behaviour.

This is then accompanied by a range of other support, including family support, longer-term detox if required and a structured 13-week day programme, which combines a range of different therapies; from cognitive behavioural therapy to motivational enhancement therapy.

Meanwhile, pathway two is aimed at the less dependent drinkers and is much shorter with clients being offered three group sessions. Those that need it can then be referred into pathway one.

### Impact

The introduction of the pathways has had an immediate impact. The number of people starting a structured treatment episode between April to June 2018 – the final quarter before the changes – was 114.

In the first full quarter since the changes – October to December 2018 – that figure had risen to 180, a jump of more than 50 per cent. That level has been consistently achieved ever since.

The benefits of the changes can also be seen in the innovative way the service engages families. Herne Bay resident Rachel contacted the service about her husband's drinking. He had been a heavy drinker for more than 30 years and his alcoholism was destroying their relationship. He had no intention of stopping.

The service worked with her about her approach to his drinking. It was considered her actions, which she described as being confrontational and detective-like – hunting for drinks hidden at home and disposing of them – was actually making the situation worse.

She was taught to put her feelings of anger to one side and work on improving their relationship. Soon her husband began accessing treatment himself.

The service has also been praised by the Care Quality Commission. Inspectors reported that clients found staff “friendly, welcoming, helpful and responsive”.

East Kent Substance Misuse Strategic Commissioner Chris Beale said: “The results are really pleasing. It's a difficult client group to engage, but the fact we are keeping them involved and getting greater numbers is great.”

## Lessons learned

When running a co-design process, co-ordinating partners and maintaining momentum can be a challenge.

Mr Beale said: “It took a little longer than first envisaged and that caused problems in terms of maintaining people's engagement. We saw the number of people taking part in the co-design process drop quite significantly, which was a shame.

“But these approaches are certainly worthwhile. It helps you build partnerships and find the right solutions. The Forward Trust has started working with some of the local partners that were part of the co-design process to find solutions.”

An example of this can be seen at the Canterbury service, which has partnered with Catching Lives, an independent charity aimed at supporting rough sleepers and homeless people. It is seeing a more holistic approach taken to this vulnerable client group involving health trainers alongside substance misuse support.

## How is the approach being sustained?

A formal evaluation of the new pathway is being carried out by The Forward Trust, while the council is in the process of carrying out a full needs assessment for both alcohol and drugs misuse. The review will be available later this year and help inform the future direction of services.

Council Public Health Specialist Lin Guo, who is carrying out the needs assessment, said: “This will be a very important process. It will give us a clear idea of what we need to do and build on what has been achieved so far.”

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## REACHING OUT TO YOUNG PEOPLE EARLY

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New ways of engaging young people are being explored in Lancashire thanks to a government-funded project. Non-alcohol specialist staff are getting extra training and early intervention work is taking place with teenagers and families.

### The challenge

Lancashire has a well-established substance misuse service aimed at young people. For the past decade it has been run by the Young Addaction charity. The service is split across three areas – central, east and north. It accepts referrals for young people under the age of 25.

The majority of people offered treatment are aged 15 to 18 and tend to be referred for alcohol misuse along with cannabis addiction. The service offers a variety of psychosocial interventions and, where needed, drug treatment.

Referrals come from a variety of sources, including schools, hospitals, the criminal justice system and from families themselves. One of the problems traditionally faced is that young people are only given help once their problems have become entrenched.

### The solution

The Future Foundations project was launched in April 2019 thanks to funding from the Department for Health and Social Care and Department for Work and Pensions.

Three staff were recruited to run the one-year programme – two key workers from the existing service and a member of staff from the Amy Winehouse Foundation.

There are three components to the Future Foundations programme.

Firstly, the team has started offering one-day training workshops for frontline staff to increase knowledge, skills and confidence

in how to identify and support children of parents misusing alcohol.

This training is aimed at any staff who come into contact with children, including school staff, GPs, family workers, social workers and police and probation staff.

Future Foundations project lead Lisa Nicolson said: “Staff are very aware of the adult treatment options, but less so about what is available to children and young people, and how best to intervene.

“We spend time going through how to have different conversations, the overlapping things to look for and where to refer on. It is not just us – there are lots of different services and support out there.

“We also knew we had to look at different ways of supporting young people before problems develop. Growing up in an environment where there is problem drinking and other substance misuse increases the risk of the child developing problems.

“Our treatment services work well, but they are largely designed around those who have already started misusing.”

In response, the second two parts of the project were developed. Skills for Change is aimed at children aged 11 to 19 and mainly involves groups in settings such as schools, youth clubs and sports venues.

The sessions, which are aimed at building resilience and improving emotional wellbeing and self-esteem, are aimed at both the general population and those who are particularly at risk through parental drinking.

Meanwhile, Animate 8 is an arts-based approach for families, particularly those with younger children. It encourages families to explore feelings and the impact of substance misuse through drawing.

## The impact

The Future Foundations work only started running in spring 2019, but within four months more than 50 frontline professionals have received the training – well on the way to achieving the target of 100 by March 2020.

The Skills for Change and Animate 8 workshops took a little longer to get up-and-running, but they too have now started having an impact.

One of the exercises that has proved particularly successful in Animate 8 has seen key workers asking children to draw an animal to represent their parents.

Ms Nicholson said: “One child drew a grizzly bear surrounded by bottles. The dad saw it and you could see it made him think. As they say, a picture is worth a thousand words.

“The whole point is to get parents thinking about their drinking and the impact. Tackling these problems early is much better than picking up the pieces when things have gone horribly wrong.”

## Lessons learned

Despite the progress, Ms Nicholson acknowledges there are still challenges to overcome as the project develops in the coming months.

“We have been much better at engaging mothers than fathers. I think men are much more reluctant to open up and feel the need to keep what goes on inside the family.

“It is something we are looking to tackle. You have to constantly look at new ways to engage people.”

## How is the approach being sustained?

The desire to innovate is something that has spread across the service. For example, the core teams have recently started running a digital pilot, which involves key workers keeping in touch with young clients via WhatsApp.

The initial assessments and core part of the treatment is still done face-to-face, but then the regular follow-up checks up can be done digitally.

Gregg Marshall, the team leader for the central Lancashire team, said: “It has proved really popular. Clearly young people use mobile technologies a lot so it makes sense to make the service accessible this way.

“The other benefit is that it allows our staff to see more people. They are not travelling such huge distances to see people. That is important at a time when there is pressure on budgets.”

Lancashire is also taking a close look at how it can further integrate alcohol and substance misuse services with social care. One option being considered is embedding some adult and young people’s substance misuse workers with social care teams.

Lancashire County Council Public Health Specialist Chris Lee said: “For a number of people alcohol and drug use leads to social care needs so it makes sense to have substance misuse workers embedded with our social care teams.

“Hopefully it will mean we can reach out to people at an earlier stage and stop things spiralling out of control.”

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## HOW INTEGRATION HELPS INNOVATION

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Leeds has integrated its substance misuse services – and this is helping boost innovation. Support is being moved into GP centres, there is an enhanced family service and a new team to work with those with early-stage alcohol problems.

### The challenge

Leeds has one of the largest treatment populations in England – second only to Birmingham among the core cities in terms of total numbers of people in drug and alcohol treatment.

At any one time there are around 3,500 active service users – 2,500 of which have alcohol issues.

A review of services was undertaken in 2014. At that point services were separate with different agencies providing support for drugs and alcohol, and children and young people.

The review recommended greater integration to create services that were more responsive to the needs of individuals.

### The solution

A new service – Forward Leeds – was launched in July 2015 and is provided from three main integrated hubs where the full range of services can be accessed.

The service is run by a consortium of four voluntary sector organisations. It is led by Humankind (previously known as DISC) and also includes St Anne's Community Services, Barca and Leeds and York Partnership NHS Foundation Trust.

Council Adults and Health Directorate Commissioning Manager Ian Street said: "18 months of work went into developing the new service. We liaised closely with the providers and service users to work out what was best.

"Before, there was a degree of fragmentation. It was difficult when someone had a dual diagnosis – it wasn't clear where they should be referred to. Was it the drug side or alcohol? We also wanted to improve the pathway when young people reached 18 years old and needed to be transferred to the adult services.

"The integration has allowed us to develop new approaches and build on what had started to be done in some cases."

There are a number of examples of this, said Mr Street. A new focussed intervention team has been established, which can support people who do not necessarily need longer-term treatment as their drinking or drug use has not yet become dependent.

The consortium has also expanded the number of clinics being held in GP surgeries and created an enhanced service to work with families where both children and their parents/ carers can be supported.

Meanwhile, for those aged 18 to 24 years the service has made access easier by allowing meetings to take place in community settings, such as cafes, colleges and community centres.

Mr Street said: "This was already done for under 18s and the decision was taken to try it for young adults as there were quite high attrition rates between referral and entering treatment.

"Young people can be put off going into the clinics where they can find themselves with older people who have long-term problems. It is still early days, but the signs are encouraging."



## The impact

There have been significant improvements in completion rates for those entering treatment.

In 2016, 20 per cent of service users treated for alcohol misuse completed treatment, but that has now increased to more than 42 per cent. The corresponding figure for those treated for both alcohol and drug misuse has gone up from 20 per cent to nearly 37 per cent.

Meanwhile, the proportion of those who complete and do not re-enter treatment within six months has risen too. By the turn of the year more than 43 per cent of alcohol service users who completed treatment were not re-entering it, up from under 30 per cent since 2016.

The improvement has also been recognised by the Care Quality Commission, which carried out an inspection in spring 2019. It praised the “positive culture”, “passionate staff” and responsiveness of the service.

Those who have been helped by the new service are also full of praise. Sally attended a 14-week rehab programme for her heavy drinking. “My life was a mess. I was drinking morning, noon and night.

“I couldn’t function without alcohol, my family were slowly becoming more distant towards me. I had a relationship break up and was spending less time with my son.”

She says she now has her life back. “I wake up every morning and I just embrace the day... rather than going to the bottle.”

## Lessons learned

The new contract for the integrated service is much longer than previous services. Whereas drug and alcohol providers had tended to be given three year contracts previously, with options of an extra 12 months, the 2015 contract was for five years with an option of another three.

Mr. Street said: “We thought really hard about this. There are some people who say shorter contracts encourage innovation and keep

providers on their toes, but we were not so sure about that. By giving the security of a longer contract you help providers invest in new ideas, recruit better staff and develop their services more.

“What is more, if you have short contracts providers are constantly worrying about re-tendering and the council is also having to invest time in that process. You can still build clauses into the contract to create flexibility. For example, we had to make savings to the contract because of the cuts to the public health budget.”

## How is the approach being sustained?

The council conducted a review into the service, which was published in spring 2019. This was done to help the council decide whether to extend the five-year contract.

The review concluded the service was “high quality, well performing and innovative”. The three-year extension was subsequently agreed.

The move is allowing the service to further improve the way it works. For example, a pilot is about to start with a local hepatology consultant to identify those most at risk of advanced liver disease.

Two portable fibroscanners are being purchased with a view to testing people using the Forward Leeds service or those attending GP centres. This will identify those with early stage liver disease, as well as those requiring alcohol treatment, triggering a referral into treatment.

Possibilities of building on work with rough sleepers is also being looked into. Forward Leeds already has a member of staff who works with the city’s street outreach team and the council is looking into further funding to further develop the work in this area.

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## SEGMENTING CLIENTS TO MAKE SERVICES MORE APPEALING

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Oxfordshire's substance misuse has seen an improvement in performance for clients with alcohol problems after re-organising the way clinics are delivered. The service introduced segmentation – grouping together clinics with similar clients.

### The challenge

Oxfordshire covers a largely rural area as well as the city of Oxford. More than 680,000 people live in the county, and recent estimates indicate there are more than 5,500 people with alcohol dependence.

Like many areas it has moved to an integrated substance misuse service, covering drugs and alcohol.

Kate Holburn, Oxfordshire County Council's Head of Public Health Programmes, said: "There is a lot of sense to integrating services – it allows a seamless and coordinated approach for people who need alcohol or drug support.

"However, there are concerns this can lead to some people who solely have alcohol problems being put off. They may not feel that a service also offering support for drug users is right for them.

"A few years ago we were aware that we needed to look at our alcohol performance – and also at how this could be an issue."

### The solution

In 2015 a new provider, Turning Point, was appointed to run the service. Working with the public health team, Turning Point looked at how services were organised.

The decision was taken to introduce a new way of working called segmentation. The substance misuse service is operated from four hubs – in Oxford, Banbury, Didcot and

Witney – along with a number of satellite clinics in locations such as community centres and GP surgeries. Segmentation involves ensuring people with a similar scale and type of problem are attending the clinics at similar time.

Timetables of clinics were reorganised, creating times of the week when only those with alcohol problems would be at the clinics as well as dedicated sessions aimed at people in similar circumstances.

Wednesday afternoons were cleared to run a series of clinics for people with complex drug misuse problems. "During those times other clients, such as those already engaged on an alcohol treatment programme will not attend," said Ms Holburn.

"Segmentation allows the same space to be used for treating clients with a range of severities of addiction, while avoiding them being in the same place at the same time.

"For example clients who have detoxed from alcohol and are engaged with recovery clinics attend at different times to clients who are currently using drugs. This ensures they are not distracted from their own treatment focus."

### Impact

Father-of-three Rob is the perfect example of the type of client segmentation benefits. He is 48 and works in Oxford as an accountant. His drinking had escalated in recent years due to pressures at work and home. He started drinking five evenings a week, consuming four to five bottles of lager at a time.

He put off seeking help, worried about using the substance misuse services. Eventually things got so bad he contacted the service and was given an appointment at the Resolution Clinic; a dedicated evening alcohol service aimed at workers who would like to reduce their drinking to safer limits.

He attended five weekly one-to-one appointments and was able to look at different strategies to reduce his drinking and improve his general wellbeing.

He said: “It was great and not what I expected. It was really practical. It feels good to be drinking less and I have even started walking to work.”

The benefits of segmentation can also be seen in terms of the improvement in overall performance. The latest successful completion rate of courses relating to alcohol use in Oxfordshire is 52.7 per cent, compared to a national average of 37.8 per cent. This has grown from 27.8 per cent three years ago - close to a two-fold rise.

## Lessons learned

Ms Holburn says changing services in this way requires patience. “When Turning Point came in they had build new relationships within the system, assess services and the need among the population, and support staff moving to the ethos and culture of a new provider”.

“All that takes time – so you have to be patient. It was several months before they could start the segmentation approach. We are seeing the benefits now, but you do need a close relationship with your provider.”

“In the first year we monitored progress with strategic implementation meetings, which were attended by partners from across the system. We also have quarterly contract monitoring meetings to look at performance and service developments to ensure the service is meeting the evolving need.”

## How is the approach being sustained?

The idea of better targeting services at specific populations is being further developed thanks to £215,000 of alcohol capital grant funding provided by Public Health England. The money was announced in spring 2019 as part of PHE’s capital grants programme.

This will be used to create a dedicated alcohol service within a new homelessness hub in Oxford and a clinic at the Salvation Army’s homelessness centre at Bicester.

The money is also being used to develop family-focused alcohol services at community venues, and a new alcohol-only wing is being created at another local hub.

Ms Holburn said: “It will give people with alcohol problems their own space. The aim is to make services more appealing and accessible – if people can’t easily get to services or don’t feel like the service is aimed at them they are less likely to engage with treatment.”

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## TARGETING THE MOST PROBLEMATIC DRINKERS

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Sandwell MBC has partnered with Alcohol Change UK to run a project aimed at the most change-resistant drinkers. It targets those who are alcohol dependent, a burden on public service and not engaging with treatment, by surrounding them with support.

### The challenge

Sandwell is the 13th most deprived borough in England. It has significantly higher levels of alcohol-related hospital admissions – more than 2,000 a year - and premature mortality – 170 a year - than the national average. Furthermore, more than 1,400 alcohol-related crimes are committed every year.

It is estimated there are around 4,700 dependent drinkers in the borough. The numbers being reached by alcohol treatment services has been rising, but still only 16 per cent of them get support.

Among those are a few hundred core problem drinkers who are very resistant to treatment and have a huge cost to the public purse in terms of policing, housing and anti-social behaviour.

Alcohol Change UK estimates these high-impact, change-resistant drinkers cost society up to £100,000 a year.

### The solution

Sandwell MBC partnered Alcohol Concern to launch the Blue Light Project in 2015. It is aimed at people who are alcohol dependent, a burden on public service and not engaging with treatment. The goal is to provide a more holistic range of support to these drinkers.

A multi-agency group was established to oversee the work, involving the local hospital trust, Clinical Commissioning Group (CCG), public health, social care and police.

More than 200 specialist and non-alcohol specialist staff, including emergency service workers, social workers, housing officers and police attended a series of one-day workshops to learn how to identify Blue Light clients and how to provide brief advice.

A new system has also been set up whereby referrals are sent into a central Blue Light Operational Group, which appoints a lead worker for each client accepted. This is normally the alcohol treatment specialist, although it does not need to be.

The lead worker then coordinates support from all the different services – whether it is benefits, housing, the criminal justice system or social care.

It starts off very intensive – sometimes several times a week – before being phased out gradually as issues are resolved. This process can last several months and support is never taken away until the client is ready.

Sandwell Public Health Director Dr Lisa McNally said: “The thing we found was that these drinkers were coming into contact with plenty of services, but each service was just responding in isolation.

“The police service was not asking or trying to address the drinking, the alcohol service was not helping the client with housing. It was like a leaky bucket – unless you plug the holes there is no point pouring water in.

“What this new way of working does is surround the individual with support, helping resolve all the issues that are contributing to their drinking.”

## The impact

Sandwell focused on a small number of individuals at first, evaluating the impact of the support after one year. The support given was then analysed.

In the year before the Blue Light intervention Sandwell was responsible for costs to the public purse of £244,000, but a year later that had been reduced to £93,000. The intervention costs £25,000, resulting in a return on investment of more than 400 per cent.

The success led to the continuation of the Blue Light project with funding provided by public health. Around 50 individuals are being helped each year and the impact continues to be significant. One individual who has been helped recently is Mike, referred to the service by police.

He had made 150 calls to police in the previous two years, complaining about an ex-girlfriend. He also had a history of domestic abuse and was facing charges of affray. He had been alcohol dependent for 16 years.

With encouragement, he accepted joint home visits by the police and alcohol treatment service. A mental health assessment was carried out and brain scan organised. He was eventually diagnosed with organic brain syndrome, which had been causing his erratic behaviour.

He is now in treatment, attending regular hospital appointments and has been helped to claim benefits.

## Lessons learned

As the project has progressed, the importance of working with the voluntary sector has become increasingly apparent. Voluntary sector members now sit on the operational group, helping key workers to link clients in with a whole range of community groups and activities.

Dr McNally said: “Voluntary sector groups are part of the solution. These people are often really socially isolated so linking them in with walking groups or football teams can play a vital role in tackling their drinking. It is not just about the statutory services.”

Just as important is the need to get senior leadership on board. “Public health has provided funding for this, but the biggest cost is the time and commitment of different people. We are working with a wide range of staff now and what is important is that we close the gaps between services. Where gaps exist, things go wrong. But staff need permission to do this, to work across boundaries.”

## How is the approach being sustained?

This year funding has been secured from another source, the Better Care Fund. Some £200,000 of investment has been provided to expand the work of the Blue Light Project over the next year.

The principles developed over the last four years will now be extended to drug users and homeless people.

“We have proved it works – and this is the chance to benefit even more people in Sandwell. It is exactly what the Better Care Fund should be used for,” added Dr McNally.

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## CREATING A 'SUPER' PARTNERSHIP OF MULTIPLE PROVIDERS

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Six core service partners are working together in Solihull to deliver treatment and support to people with alcohol problems. The Solihull Integrated Substance Misuse Service (SIAS) is led by the local mental health foundation trust in partnership with a range of voluntary sector providers and the council's social care team.

### The challenge

The borough of Solihull is in the West Midlands. It is one of seven unitary councils in the region and covers a population of more than 200,000 residents.

Challenges exist within Solihull to address the 11-year life expectancy gap between the most deprived and least deprived areas of the borough. Alcohol misuse is certainly a factor with the area seeing an increasing number of alcohol-related admissions.

Traditionally substance misuse services were commissioned from separate providers, which focussed solely on the core areas of treatment and recovery.

But successfully tackling alcohol problems requires input from many different areas, such as mental health, education and social care as well as health.

### The solution

The council's public health team set out to develop a partnership of providers to harness substance misuse expertise. It led to the creation of the SIAS partnership, bringing together a range of voluntary sector organisations and the social care team under the leadership of the Birmingham and Solihull Mental Health Foundation Trust.

Over the years the partnership has worked to develop targeted support streams; supporting the family, hospital liaison, health needs, young people and transition, skills and work, criminal justice and mental health.

Services are provided from multiple outreach hubs across the region and are complemented by specialist services, including detox services, a counselling hub and recovery clinic.

Another benefit of the partnership is the bespoke peer-led community prevention work. A recent project included the creation of a mobile café from a converted caravan to tour the local area and engage young people about alcohol consumption.

Head of Commissioning and Performance Michelle Hughes said: "Alcohol misuse is complex and requires many different partners working together. By providing services under this partnership model we have been able to harness the skills and expertise of a number of different agencies."

### The impact

The partnership work means the service can provide holistic, wrap-around support to clients. An example of this is the care provided to Roger. He came to the attention of SIAS when he was admitted to hospital after having a fall. He was 47 and had a history of injuries from falls linked to drinking.

The hospital alerted SIAS and the hospital in-reach team visited him and carried out an assessment. Previous attempts to tackle his drinking had failed so a different approach was established.

A social worker was brought in and arranged for him to be admitted to a residential rehab centre.

Within two days he had been transferred there and engaged in a four-week detox programme, while receiving care for his injuries. Following this he took part in an educational programme and is now rebuilding his life.

In terms of performance, the partnership has seen an increase in the number of referrals as well as enjoying high satisfaction ratings.

What is more, Solihull is now ranked first of all 151 local authorities with 45 per cent of all residents requiring alcohol treatment receiving it.

## Lessons learned

As the partnership developed it became clear that housing was a core issue that needed to be incorporated into the service.

Housing support was integrated into the service in 2017. It has seen staff from Solihull Community Housing working with the SIAS teams both from hubs and doing outreach work together on the street to target homeless people.

This has been aided by the development of a Housing First model that sees homeless people offered housing first, rather than needing to be alcohol or drug free before they get accommodation.

Funding from the grants programme linked to the Housing First approach is helping to fund two new posts – a rough sleepers co-ordinator and domestic abuse worker. Both will work closely with SIAS.

Mrs Hughes: “Housing has a major impact on our clients. It’s such a crucial issue – and if you cannot support that and bring some stability it is very hard to tackle alcohol and drug problems.”

## How is the approach being sustained?

A new contract started in April 2019 and runs until 2023 with the option of an extension until 2027 depending on performance, giving the providers the security of a longer contract to build on the progress that has been made. The previous contract was for three years with an option of a two-year extension.

Mrs Hughes: “It was a sign of how pleased we are with how the service is developing. By giving a longer contract we feel we are evidencing our investment in the partnership, providing longer term commitment to allow the ability to continue to build on what has been achieved so far.”

To help ensure the service remains challenged the partnership board arranges twice-yearly performance review meetings with key stakeholders, including the police, the CCG, local Public Health England representatives, licensing and the Safer Solihull Partnership.

Mrs Hughes said: “It is designed to be a robust process. We want to hear from those we are working with about how we can improve what we do. You need to have communication to continue to build on what you are doing.”

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## SETTING UP A DEDICATED RECOVERY HUB

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A stand-alone Recovery Hub has been established as part of Sutton's substance misuse service. It is situated away from the main treatment clinic giving clients a sense of progress and achievement when they get there, while providing them with the on-going support they need to stay alcohol-free.

### The challenge

Sutton is an outer London borough in the south of the city. It is home to just over 200,000 people.

Traditionally the substance misuse service relied on voluntary sector support to provide recovery support, leaving it to concentrate on providing expert treatment for alcohol problems.

Clients would be forwarded on to services such as housing and benefits support or the local volunteering centre.

When a new contract was awarded to Cranstoun, it was decided that a more comprehensive approach was needed for recovery.

### The solution

The dedicated Recovery Hub was set up three years ago as part of a new integrated service known as Inspire to provide comprehensive support for clients who have achieved abstinence.

It is separate to the treatment service and offers a wide range of support for people over the age of 18.

There are peer support groups, arts and music groups, and employment and education advice. Clients can also volunteer to work at the hub or can be put in touch with the volunteer centre nearby which can organise other opportunities. This has become so popular that a representative from the centre is now introducing their services to clients at some of the groups held at the hub.

Commissioning Manager Leanne Bobb said: "We have brought together different elements of support to help aid recovery in a coordinated way.

"We believe it is very important to have a separate space to the treatment side of things as it gives clients a sense of progress and that they are on a journey. That helps engage and motivate them whilst also celebrating their success.

"The same staff work across the treatment and recovery service – so the clients will recognise staff and have that familiarity."

### The impact

At any one point there will be around 500 clients on the service's books. Around half have alcohol-related problems – sometimes alongside a drug addiction.

In terms of successfully treating them, Sutton currently has one of the best performing services in the country – and this is in no small part down to the Recovery Hub.

In terms of alcohol misuse, 55 per cent of clients complete treatment and do not return within six months, that puts the borough top of the local comparators group and third overall in London, according to May 2019 data.

Meanwhile, for alcohol misuse combined with non-opiate drug abuse, performance is at 45 per cent, putting Sutton third in the local comparators group and fourth in London.



One of those who has been helped is Marie-Louise. She was referred by her GP as she was drinking in excess of 20 units a day.

She ended up being admitted to an inpatient detox unit and then attended group sessions to maintain her abstinence before being referred on to the Recovery Hub.

Marie-Louise attended three groups a week at the hub and fully engaged with the wider programme, ending up becoming a peer mentor and service user rep herself. In doing so, she helped to create and introduce a comprehensive welcome pack for the hub and spoke at an event held for local councillors and commissioners.

The confidence and motivation she gained from this inspired her to look for work. She soon found a job at a local care home where she continues to work.

## Lessons learned

Sutton has found that the location of the hub is extremely important. The vision was always to locate it in a different building to the treatment clinic, which is at one end of the high street.

The building that was found for the hub initially was a little way out of the town centre, but it was clear that was not working.

Inspire Borough Manager Darren Nicholas said there was a certain degree of “ambivalence” about moving on to the hub when it was out of the town, but that changed when a high street venue was found.

“Now it is a 10-minute walk away, volunteers, service user reps and sometimes staff themselves are able to walk clients down to from the main treatment site.

“This has significantly reduced the anxiety and apprehension of clients and has enabled us to better motivate and encourage them to attend.”

Ms Bobb agrees. “It only moved a year ago, but it is already having an impact. It’s a really nice welcoming space with frosted glass on the windows and good communal spaces. It’s completely normalised among the shops on the high street.

“We could have put it in the same building as the treatment clinic, but just thought that would not be in the best interests of those who have moved on to recovery.”

## How is the approach being sustained?

The hub is constantly looking to innovate. As well as being open to those who go through treatment, the hub is now available for people who have had substance misuse problems and stopped drinking or drug-taking through other methods.

The borough has also piloted the Breaking Free app. The digital service provides users with information and advice about tackling drinking problems.

There is also a function that allows the user to map their local neighbourhood and flag up potentially risky places that could cause them to lapse, such as a favourite pub or shop for buying drinks. The app then alerts them when they are in the vicinity and encourages them to use coping methods.

Ms Bobb said: “The service is in a really strong position now. The hub is providing something that was not really there before and that is benefiting our clients. We want to keep building from here. The Breaking Free app is a good example of that. It just provides that little extra support to maintain recovery.”

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