Reducing Alcohol related harm
Reducing barriers to treatment through collaboration and engagement in West Berkshire

Background

Swanswell have delivered the Blue light project since its inception and in fact were one of the contributors/sponsors for the original project. During this process, we have learnt an incredible amount and we continue to look at different ways to engage those who are reluctant and not ready. We support colleagues across services to manage and mitigate risk these service users and those close to them and the wider community experience.

We currently use the Blue Light Manual, which contains:

- Tools for understanding why clients may not engage
- Risk assessment tools which are appropriate for drinkers
- Harm reduction techniques workers can use
- Advice on crucial nutritional approaches which can reduce alcohol related harm
- Questions to help non-clinicians identify potential serious health problems and deliver enhanced personalised education
- Management frameworks
- Guidance on legal frameworks

We want to build on this work in West Berkshire to create a multi- agency response that is co-ordinated by Swanswell through an operation group.

The client group and the local burden

- At any one time the vast majority of problem drinkers are not engaged in a process of change. Public Health England has suggested that 75% of dependent and higher risk drinkers are not engaged with services (Blue light manual)
- Swanswell services cannot provide an assertive response to meet all of this large group of people's needs. However, this is a group of people which contains some of the most risky and vulnerable members of our community. Many are the focus of concern to the health, social care and criminal justice system e.g. the frequent attendees in the hospital system, the perpetrator of anti-social behaviour, the nuisance 999 caller and the repeated arrestee. Additional resources will be needed to fulfil this element.

We will undertake:

- Two initiatives which will support this whole group of clients; &
- A more intensive initiative targeted at a small group of the highest risk clients

Targeting all change resistant clients

We will:

- Ensure the roll out of alcohol Identification and Brief Advice to as many frontline staff as possible but enhance this with inputs on what to do with people who reject change;
- Provide more in-depth training courses on working with change resistant drinkers
- Provide independent reviews of those individuals in treatment who continue to be resistant to change

Targeting the highest risk drinkers
An intensive response cannot be offered to the vast number of drinkers who make up the 94% who are not engaging. Alcohol Identification and Brief Advice (ABI) and the offer of services are a reasonable approach to a large swathe of these drinkers. However, a small group require a more targeted approach. Making this work will require clear agreement on a definition of the group to be targeted.

At the heart of this process will be a multi-agency group which meets at least monthly. This will have core membership of:

- Swanswell
- Police
- Hospital
- Probation
- Local authority

This membership could also include, as necessary:

- Ambulance / Fire Service
- Housing
- Primary care

1. **Process**

The group will jointly agree the local high volume / high risk service users with alcohol problems who require a more intensive response.

The partner agencies will ensure relevant staff are aware that when such a service user is identified a specific response is required i.e.:

- Signed permission will be sought for Swanswell to make contact.
- Swanswell will require the provision of relevant risk information.
- Positive encouragement will be given to promote client self-belief.
- Harm reduction and risk management advice will be given.
- Feedback will be required for the next multi-agency meeting.

Where appropriate Swanswell will engage other agencies to support their work. This involvement should be agreed wherever possible, e.g. the ambulance service jointly visiting a client.

If consent is secured, Swanswell should be contacted to ensure a swift response.

- Swanswell will offer an assertive response including a swift appointment, a home visit or a meeting at a convenient location.
- Wherever possible the referring agency should be willing to undertake an initial joint visit.
- Swanswell will make assertive efforts to reduce risk and harm and engage the person into service.
- Partner agencies will work in concert by reinforcing messages to the person about harm reduction and encouraging change.
- All agencies involved with the person will report back to the monthly meeting on progress and next steps

If consent is not secured, the multi-agency meeting will ensure that agency staff continue to seek opportunities to engage and the group will consider alternative approaches e.g.

- Barriers which may be preventing engagement in services.
- Alternative approaches to engaging the person.

- Other local resources, such as faith groups, which could be utilised to work with the individual.
- Involving family members.
- Identifying incentives to engage the person in treatment.
- The possible use of compulsory powers.

In some cases this group will be responsible for identifying, recording and reporting unmet need to commissioners.

Measuring the impact
The impact targets for this work are very straightforward and will encompass output and outcome targets.

Output: The number of clients identified by the multi-agency group who are engaged and the period of engagement
Outcome: The reduction in the behaviours which had brought the client to the attention of the multi-agency group e.g. hospital attendances, arrests, 999 calls etc.

The outcome target will be to reduce the cost burdens presented by the clients meeting the definition and brought to the multi-agency group by 20% per annum.

As part of the service delivery Swanswell will undertake the following:

GP Liaison
To support GP in identifying appropriate referrals and encourage partnership working and signposting to appropriate services
Help primary care practices to identify those who have alcohol related issues and review with the practice each individual and together create a plan

Monitor with the practice the progress against plan. This is an intensive piece of work and we would suggest supporting 1 practice per quarter.

Outreach/Home Visits
Assessing, and engaging, the needs of those who have failed to engage with services and fulfil the requirement above. This will be achieved through an outreach capacity and linking in with partner agencies to conduct joint home visits with the aim to integrate the individual into appropriate services.

Hospital Liaison/Triage/ A+E Admissions
Linking in with hospital alcohol nurses in Basingstoke and Swindon and working alongside the RBH in identifying frequent flyers so to coordinate and plan an approach to a+e admissions. Part of this work will be underpinned through educating hospital staff on the service and referral pathways, creating Joint Working Protocols (JWP)to ensure Swanswell are able to 'catch' individuals when in hospital so that the optimum time for engagement is not missed.

Ambulance
Strengthening referral pathways when ambulances are called out to a person who may meet the criteria. Establish JWP to share data on attendances to area/addresses so to better inform service provision plans and identify needs of local area

Police

Strengthening referral pathways when the Police are called out to a person who may meet the criteria of the service. Establishing JWP to share data on attendances to area/addresses so to better inform service provision plans and identify needs of local area.

Housing
Working with local housing services including WBC ASB department and identifying those who may need benefit from the service, this may be through those at risk of eviction.

Swanswell Nurse
Working in close partnership, offering alcohol assessment and identifying suitable community and in-patient detox candidates.

Mental Health and Adult Social Care
Working in partnership to up skill staff to take an innovative/person centred care plan approach to working with treatment resistant drinkers, including supporting to identifying appropriate services.

Swanswell will provide IBA and optional motivational interviewing training and IBA plus training for partner organisations and GP practices who support those who historically have not engaged or regularly drop out of service. Pathways will be developed with the following organisations.

Other Services where support will be offered

- **SEAP Advocacy Service**
  Mental health advocacy service
- **Age Concern**
- **Community Groups**
- **Bereavement Services**
  We imagine there will be an aging population who may amongst other reasons, drink due to loneliness.

- **Domestic Abuse Services/ Perpertrator Services**
  There is strong evidence to suggest close links between DV and Alcohol Use
- **Florey Unit Contraceptive Outreach Nurse**
  Poppy Team Specialist Midwife
- **CAB**
- **LGBT Services/Groups**
- **Mutual Aid**
  Including linking into AA sponsor network

Background statistics in West Berkshire.
The Blue Light Costing - West Berkshire sourced from Alcohol Concern Data

The number of dependent and higher risk drinkers not engaged with treatment:

	Population (2011 census data)	Dependent drinkers	94% not engaging	Higher risk	85% not engaging
West Berkshire	153,822	4,969	4,670	5,138	4,367

Estimates of the cost burden:
This data applies the data in section 7 - the Blue Light costing - to the local partner areas to give a calculation of the local cost of this client group. The data is adjusted by population and the regional level of need. The latter is calculated by calculating the percentage that the regional rate of male and female alcohol specific mortality and hospital admissions is of the national average and then using this percentage as a multiplier to increase or reduce the local rate. The percentages are included at appendix 2.

Service area	Cost of Blue Light clients
Primary care	£316,470
Emergency department	£45,472
Hospital	£292,486
Ambulance	£186,021
Alcohol services	£95,081
Mental health services	£2,808,792
Police	£626,755
Probation	£95,174
Anti-social behaviour services	£789,247
Adult social services	£684,138
Children and families services	£1,511,873
Housing and homelessness services	£98,517
Fire service call outs	£6,593
Fire service false alarms	£4,782
Total	£7,561,401

Estimate of number of Blue Light clients:
This table applies the data in section 8 - the estimate of the number of Blue Light clients - to the local partner areas to give a calculation of the local cost of this client group. The data is adjusted by population and the regional level of need as explained in the table above.

Service area	Estimate of number of Blue Light clients
Primary care	26
Emergency department	26
Hospital	26
Mental health	16
Police	12
Probation	19
MAPPA	2
MARAC	28
Anti-social behaviour	7
Adult social services	35
Children and families social services	56
Housing and homelessness services	6
Street drinkers	21

The total number of clients identified in this table is just over 280. The estimates have been cautious and erred on the lower sider. However, some of these will be the same person counted twice. This suggests that 150 individuals is a realistic baseline estimate.

Dual diagnosis:
A significant proportion of problem drinkers will also have a mental health problem. This combination is associated with high levels of suicide, self-harm and violence to others and makes clients difficult to engage in services or treat effectively. Data from the North East Public Health Observatory provides a picture of the level of mental health need in each area borough.[i] This data can be used to provide an estimate of the numbers with a dual diagnosis.

National Statistics estimates that 27% of respondents in a study of people with mental disorder had an AUDIT score of 8 or more (increasing risk or higher) including 14% who were classified as alcohol dependent.

LA name	Any neurotic disorder	Dependent drinkers (14%)	Depressive episode	Dependent drinkers (14%)
West Berkshire	12,878	1,803	1,809	253
	Secondary MH services	Dependent drinkers (14%)	On CPA	Dependent drinkers (14%)
	237	33	249	35

Impact of dementia on this client group

A sub theme of this project has been the impact of early stage alcohol-related brain damage or injury as a factor in reducing the ability or willingness to engage with change. Ken Wilson's paper *Alcohol related brain damage in the 21st century* has highlighted the potential scale of the unrecognised impact of this condition on dependent drinkers. His work estimates that:

- 35% of dependent drinkers would be diagnosed post mortem with ARBD
- 16% could be clinically identified with ARBD while alive

	Population (2011 census data)	**Dependent drinkers**	**35% of dependent drinkers would be diagnosed at post mortem with ARBD**	**16% of dependent drinkers could be clinically diagnosed with ARBD while alive**
West Berkshire	153,822	4,969	1,739	795