

## **Extract from the Herefordshire Alcohol Strategy 2003-6**

### **GAPS IN SERVICE**

#### **Allocation of community care funds to alcohol services**

The pooled budget arrangement for Mental Health services, using the new Freedoms and Flexibility's legislation needs to consider the most appropriate way of ensuring that funding for people who seriously misuse alcohol is available.

#### **Community Alcohol Service**

Connections between Accident and Emergency, Police departments and the specialist alcohol services needs to be reviewed to ensure that services are available for these front line agencies to refer on to. This needs to be looked at in the context of current staffing levels consisting of 3.5 posts, which places inevitable restrictions on time available for this and other service provision.

#### **Coordination**

Work is going on in the major organisations around alcohol services and responses to alcohol abuse and related behaviours. It is however fragmented, poorly coordinated. For example the health and social dimension is dealt with locally through the Health and Care Partnership and the offending element by the Community Safety Partnership. A recent decision has been made to redress this by looking at the membership of the two relevant groups – the Alcohol Strategy group and the Alcohol Implementaion Group and creating a single group to take forward the combined agenda.

The National Alcohol Strategy should raise the profile of Alcohol Services Nationally and Locally

#### **A range of day opportunities**

There are limited opportunities for service users to access specialist day opportunities and establish informal and/or peer group support networks. More emphasis needs to be placed on the need for practical assistance to access "ordinary life" activities and opportunities.

#### **Dual Diagnosis**

A proportion of people with serious mental illness also have significant alcohol related problems. In addition, people identified as having alcohol related problems often have significant mental health needs. Since the work on this strategy started, a dual diagnosis task group has been established and will soon be in a position to make recommendations.

#### **Health Promotion**

There is a lack of effective promotion of the damaging effects of alcohol use, by the media, both locally and nationally. The 'cool' image of the product as portrayed through advertising far outweighs the promotion of 'sensible' drinking.

### **Hospital In-Patients**

It is well established that a significant proportion of patients admitted to medical, surgical and other hospital departments have significant alcohol related problems. Although these problems are associated with a significant morbidity they are often not identified. This points to a need for improved training. Even when problems are identified there is no appropriate on site service response.

### **Housing**

Continue to develop a range of housing and support to help people maintain their tenancies

### **Knowledge Base**

There are concerns about a limited knowledge base, levels of experience and confidence of professional staff in statutory, voluntary and independent sector agencies. A programme for raising awareness of alcohol issues amongst Health professionals is underway (Health Promotion/CAS) in parallel with a programme for primary care practice staff.

There is a wider need for skills based training and ongoing supervision in all agencies, which will require appropriate planning and investment.

### **Older People**

There is a lack of designated and appropriately trained personnel in the Community Alcohol Service to meet the needs of this age group, through training and education.

### **Protocols**

Clear protocols for accessing services and for referring between services are required, as well as ensuring that a continuum of care is available to meet needs at different levels of intervention.

### **Relatives**

There is insufficient help available to the carers and relatives of problem drinkers. Young carers in particular have long-term problems that should be addressed. A review of carers needs is currently being done and will start to address these needs.

### **Services geared to women's needs**

Locally there are no designated alcohol services for women.

### **Social alternatives to alcohol based recreation**

There is a paucity of affordable social and recreational options for young people that do not encourage the use of alcohol. There are some examples of successful events run by Crime Stoppers Council/Police/Health Promotions that have been well used by this age group, such as SNAP Dance Nights for young clubbers (4 times a year), backed up with related programmes for schools.

### **Voluntary Sector Involvement**

There is no voluntary sector involvement in assessment and treatment within Herefordshire. This means that individuals have little choice about where to seek help. This may in turn inhibit some potential users from seeking the help they need. Voluntary organisations often provide easy access walk-in services and provide first level counselling in a non-stigmatising way. The result of which can lead to earlier and timely interventions being made.

### **Workplace alcohol policies**

Work needs to be undertaken to ensure that major statutory and non-statutory employers have coherent and appropriate alcohol policies. It is important that these policies provide guidance to staff and offer help rather than being seen as punitive.

## **PRIORITIES**

Establish a **Local Implementation Team** to develop Alcohol Services in Herefordshire and to implement the Local and National Strategies, comprising major statutory organisations, clinicians, users, carers and relevant voluntary sector representatives. It would coordinate alcohol developments and be the champion of alcohol related needs.

The group should produce a detailed action plan and establish **time limited** task groups to achieve specific pieces of work initially based on the identified priorities in this document.

This group should be responsible for contributing to the Three Year Delivery Plan and Modernisation Plan and ensure all resource implications are fed into the relevant financial frameworks.

An Alcohol Implementation Team, which reports to the Community Safety Partnership, already exists and it would be more efficient and cost effective to amalgamate both agendas. This would avoid duplication and the need for some individuals to attend two groups.

**Review Community Alcohol Service** in the light of the National and Local Strategies, leading to a development plan for the next three years. This should involve the re-provision and re-allocation of some resources, as well as a need for some additional resources. This review should particularly address the gaps identified in this strategy e.g. services for older people.

Within the context of the **model** develop clear and transparent referral protocols that facilitate appropriate access.

Ensure **funding** for alcohol services is addressed as part of the pooled budget arrangement for Mental Health.

Review **workplace alcohol policies** and develop proposals for a consistent approach across all agencies.

Review and make recommendations about a range of **day opportunities, employment opportunities, education and retraining opportunities and recreational activities**.

Consider the services that are needed but currently not provided and which could be developed by the **voluntary sector**. Then consider how this service design can best be met by relevant voluntary sector organisations.

Develop and evaluate **Health Promotion** schemes to encourage the safe and sensible use of alcohol.

Develop a comprehensive **education and training** programme for school and workplace settings.

Identify existing **counselling services**, establish what is required at each level of intervention and identify gaps.

Identify the unique **needs of women** who experience difficulties caused by alcohol and make recommendations.

Publish a **resource directory** both in hard copy and electronically to provide easily accessible information for the public and which could also be available to NHS Direct.

Develop a specification for a **young persons alcohol worker**

Encourage **local planners** to take every opportunity to develop non-alcohol related facilities in both the city and rural towns villages.

Develop proposals for a more effective **local media** approach to alcohol related issues. This is being undertaken by the Media - setting group as part of the Mental Health National Service Framework, Standard One.

Develop a **first point of contact service** to effectively refer people seeking help to the most appropriate services.

## **THE WAY FORWARD**

Agree composition and terms of reference of the combined Alcohol Implementation team. **Action: Paul Dubberley / Mike Thomas**

Develop a detailed action plan based on priorities, with milestones and deadlines. **Action: Alcohol Implementation Team**

Establish task groups as needed. **Action: Alcohol Implementation Team.**

Identify resource implications and feed into financial planning cycles. **Action: Alcohol Implementation Team.**

**Agreed and signed off Health and Care Executive 10/3/03**

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