CHESHIRE EAST COUNCIL

REPORT TO HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting:	**6 September 2012**
Report of:	**Mike O'Regan, Associate Director of Joint Commissioning, Central and Eastern Cheshire Primary Care Trust (CECPCT)** **Davina Parr, Associate Director of Public Health, CECPCT**
Title:	**Re-commissioning of Specialist Adult Alcohol Misuse Services**

1. Report Summary

1.1. This paper is about the re-commissioning of Specialist Adult Alcohol Misuse Services for Central and Eastern Cheshire, which includes the population served by Cheshire East Council.

1.2. This project is a partnership led by commissioners at CECPCT who are the funding organisation, in collaboration with Cheshire East Council, Cheshire West and Chester Council, GP's, Clinical Commissioning Groups and public health leads from CECPCT and NHS Western Cheshire.

1.3. The report sets out in detail the rationale for the project, including the contractual issues that have made this re-commissioning process necessary.

1.4. It also describes the implications of the re-commissioning process for Cheshire East Council, who will take over the responsibility for commissioning alcohol services from 1 April 2013 when public health duties transfer from the NHS to local authorities.

2. Recommendations

2.1. That the Health and Wellbeing Scrutiny Committee note the work ongoing to re-commission Specialist Adult Alcohol Misuse Services.

2.2. The Committee notes the implications and opportunities when the commissioning of these services becomes the Council's responsibility from 1st April 2013.

3. Rationale for Re-commissioning

3.1. The Joint Strategic Needs Assessment has highlighted a need to address the issue of alcohol related harm and there is a consensus among all partners, including Clinical Commissioning Groups and Local Authorities, that this is a priority for our population.

3.2. A number of commissioned services are currently in place, as described in **Appendix 1**. Notice has been served on these providers who are aware of the plans to re-commission services.

3.3. This tendering process will aim to slow or reverse the trend for ever increasing rates of alcohol related hospital admissions**. Appendix 2** shows the recently published 2012 Local Alcohol Profile for Cheshire East highlighting Cheshire East as having significantly worse hospital admissions due to alcohol in females and in the under 18's, compared to the average for England.

3.4. A number of issues with existing alcohol service provision have been identified and is intended that by re-commissioning alcohol services these issues can be addressed:

<u>Service Capacity</u>

3.5. Core funding has been stable for several years however there is a perception amongst primary care colleagues and the services themselves that community alcohol services are underfunded. The tendering process will include reviewing funding levels to ensure that they are sufficient to deliver the service capacity needed for our population.

3.6. Department of Health recommendations are that commissioners should ensure provision and uptake of evidenced based specialist treatment for at least 15% of estimated dependent drinkers in the CECPCT area. This equates to services having a capacity to treat 1,946 individuals.

Sustainability

3.7. Additional "top up" funding has been made available on a non-recurrent term basis for various projects in the past, including work to reduce waiting lists, however this is not sustainable. The additional capacity should be built into the core service in future, however this will require a commitment to recurrent funding.

Contractual Issues

3.8. Central and Eastern Cheshire Primary Care Trust's current contract with Addaction (who provide services in the South Cheshire and Vale Royal areas) is based on a previous agreement with Community Integrated Care (CIC), who made a decision to withdraw from alcohol service provision in 2011. In order to provide continuity of provision and avoid creating a gap in services, it was agreed that Addaction would take over the CIC contract in April 2011 as a short term arrangement rather than a permanent solution.

3.9. We have now reached a stage where this arrangement needs to be reviewed and contracts need to be put out to tender in line with NHS procurement rules. Therefore the PCT, in partnership with NHS Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups, Cheshire East Council and Cheshire West and Chester Council, is re-commissioning Specialist Adult Alcohol Misuse Services.

Comprehensive Pathways

3.10. Previous commissioning has not included lower level interventions such as health promotion activities, education and training, however these are outlined as specific requirements in the draft service specification in line with our intention to commission a comprehensive alcohol pathway.

Data and reporting requirements

3.11. Both services submit a core data set as a national requirement each month. A set of local performance and quality indicators needs to be agreed and reporting arrangements need to be put in place and honoured by all parties.

Integration and partnership working

3.12. Future service provision needs to be integrated at locality level (e.g. integration between Community and HALS provision). There also needs to be close working between these services and e.g. drug services, social care, criminal justice, safeguarding and other services that may make or receive referrals from alcohol services.

4. Service Scope

4.1. The tendering process will be for a comprehensive community alcohol service for adults including Hospital Alcohol Liaison Service (HALS) provision at Leighton Hospital. Services for children and young people (under 18) are excluded from this tender, as is provision of planned inpatient detoxification services.

4.2. The proposed model for future service delivery for the Cheshire East area is:

Community Alcohol Services – to be based within Eastern Cheshire and South Cheshire CCG footprints
Hospital Alcohol Liaison Services – based at East Cheshire Trust (Macclesfield) and Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital)

4.3. Options for shared management arrangements will be sought through the tendering process.

5. Service Outcomes

5.1. The outcomes for the Community Service will be;

Provide a community based Alcohol Treatment Service which meets the needs of the patient group
A reduction in the number of alcohol related hospital admissions
A reduction in chronic and acute ill health caused by alcohol
A reduction in alcohol related attendances at Accident and Emergency Departments

5.2. The outcomes for the Hospital Alcohol Liaison Service will be:

Provide an Alcohol Liaison Service which meets the needs of the patient group
A reduction in the number of alcohol related hospital admissions
A reduction in chronic and acute ill health caused by alcohol
A reduction in alcohol related attendances at Accident and Emergency Departments
A slower rate of increase in relation to alcohol related hospital admissions

5.3. Service users will agree their own personal outcomes with the provider but we expect these to include:

Reduction in alcohol consumption
Reduction in alcohol dependence
Improvement in alcohol related health problems
Improvement in alcohol related social problems
General improvements in health and wellbeing

6. Future Commissioning Arrangements and Opportunities

6.1. The responsibility for commissioning alcohol services, including the provision of alcohol treatment services, will transfer to Local Authorities from 1 April 2013. This will be for the Cheshire East area only and not as is currently the case with the CECPCT boundary which includes the Vale Royal Area. Commissioning for the Vale Royal population will go to public health within Cheshire West and Chester Council.

6.2. Following input and advice from procurement and legal departments from the local authority, it has been agreed that the PCT will run the procurement on behalf of Cheshire East Council. The contract will be handed over on 1 April under a transfer note arrangement. The procurement advert will make it clear that the procurement is for a service which will have a commencement date of 1 April 2013 and will be the responsibility of the public health service under the local authority as set out in the Health and Social Care Act 2012.

6.3. A three year contract is recommended in order to give the new service(s) sufficient time to become established and demonstrate that they are delivering the outcomes described in the service specification. The contract will include a break clause after twelve months.

6.4. Future opportunities exist to consider how alcohol services may be commissioned in different ways to include drugs misuse, sexual health and mental health services as part of a new approach to supporting “risk taking behaviours”, rather than commissioning services in isolation. There will also be opportunities to consider how this commissioning may be integrated with other Council departments to support children, families, working age adults and older people’s services, taking a more holistic approach to service commissioning and provision across the “life course”.

Appendix 1: Summary of Current Provision

	East Cheshire Alcohol Service		Central Cheshire Alcohol Service		
Provider(s)	Cheshire and Wirral Partnership Trust		Addaction Cheshire and Wirral Partnership Trust		
Staffing		CWP		Addaction	CWP
	Managers	0.25	Managers	1	0.25
	Project workers	0	Project workers	4	0
	Clinical	8.29	Clinical	-	3.58
	Admin	2	Admin	2	0.5
	Team Leader	-	Team Leader	1	-
	Total staff	**10.54**	**Total staff**	**8**	**4.33**
	Volunteers	8	Volunteers	-	-
Base	Macclesfield		Crewe with outreach provided at Northwich and Winsford		
CCG area (s) served	Eastern Cheshire		South Cheshire and Vale Royal		

	East Cheshire NHS Trust		Mid Cheshire Hospitals NHS Foundation Trust		
Provider(s)	Cheshire and Wirral Partnership Trust		Addaction Cheshire and Wirral Partnership Trust		
Staffing		CWP		Addaction	CWP
	Alcohol Liaison Nurse	1	Alcohol Liaison Nurse	-	1
	Project workers	Limited (from within community services)	Project workers	2	-
	Administrative support		Administrative support	0.6	-
Base	Macclesfield DGH		Leighton Hospital		
CCG area (s) served	Eastern Cheshire		South Cheshire and Vale Royal		

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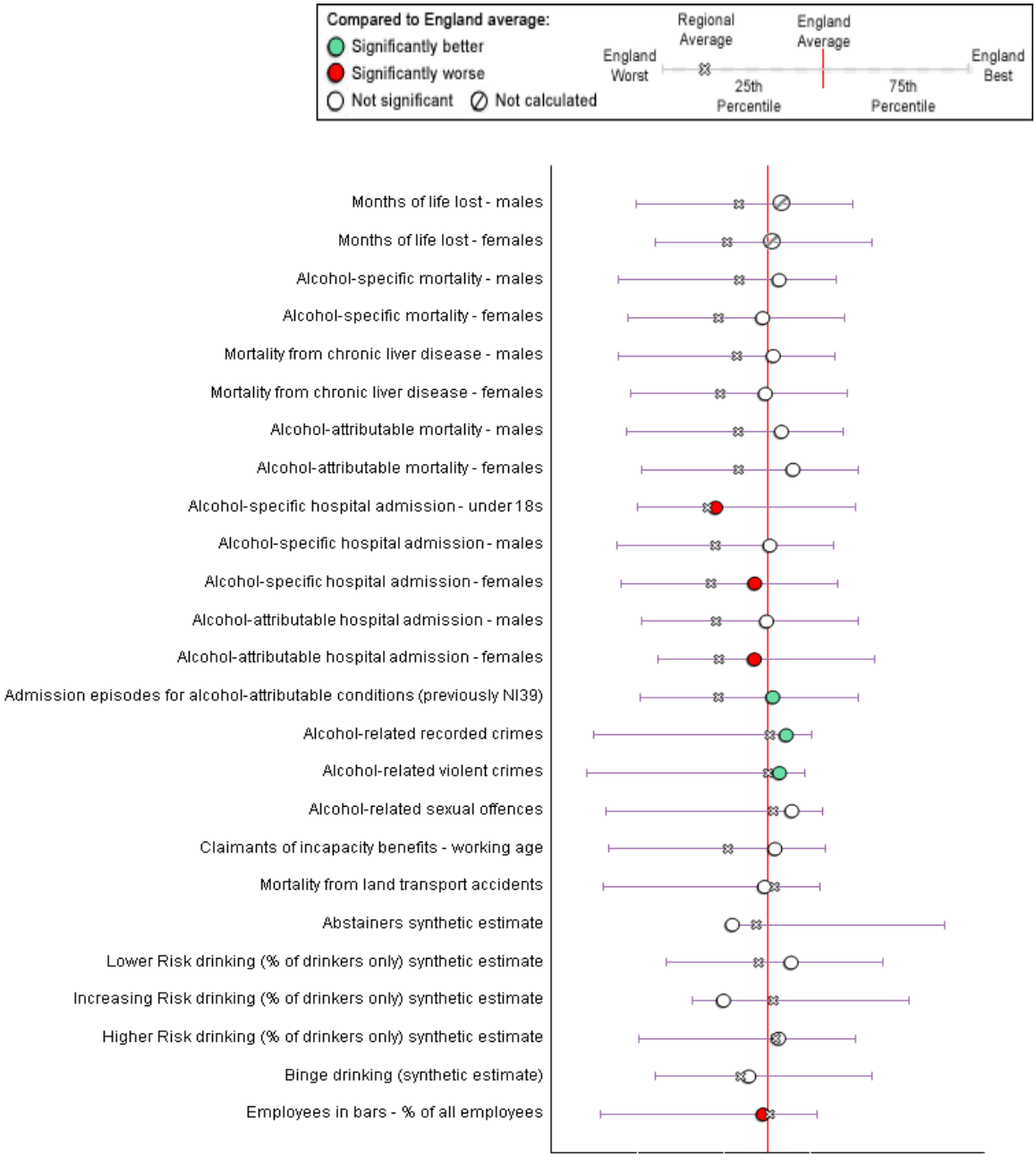
Appendix 2 – Local Alcohol Profile for Cheshire East Council

LAPE
Local Alcohol Profiles for England

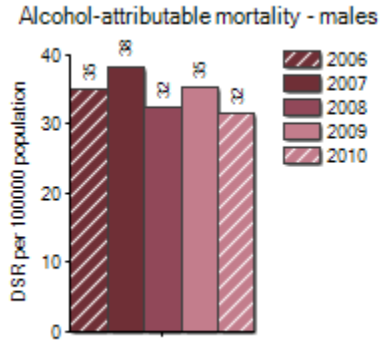
Chart

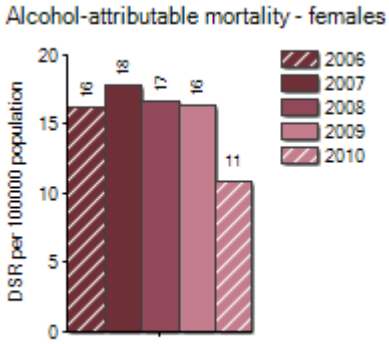
The chart shows Cheshire East's measure for each indicator, as well as the regional and England averages and range of all local authority values for comparison purposes.

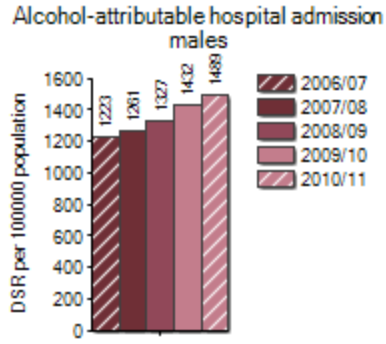


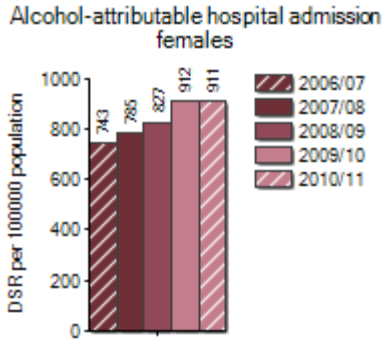
Alcohol Treatment- Prevalence per 1,000 population - currently only available at primary care organisation level

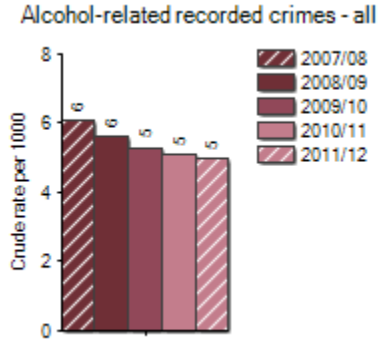
Trend Charts

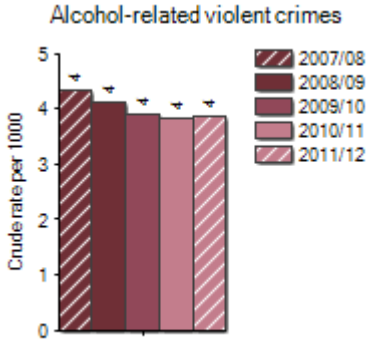


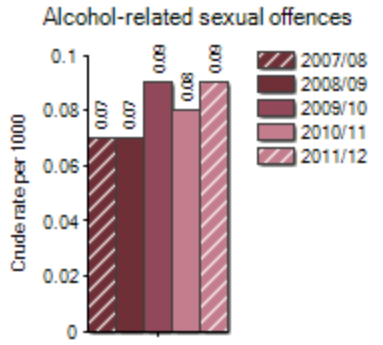












Data

	Indicator	Measure(a)	National Rank (b)	Regional Average
1	Months of life lost - males	8.1	141	11.5
2	Months of life lost - females	4.1	186	5.8
3	Alcohol-specific mortality - males	10.8	153	18.5
4	Alcohol-specific mortality - females	6.4	222	9.8
5	Mortality from chronic liver disease - males	12.5	180	19.8
6	Mortality from chronic liver disease - females	7.1	200	11.1
7	Alcohol-attributable mortality - males	31.5	142	43.4
8	Alcohol-attributable mortality - females	10.8	69	19.0
9	Alcohol-specific hospital admission - under 18s	88.6	282	93.7
10	Alcohol-specific hospital admission - males	437.5	201	695.9
11	Alcohol-specific hospital admission - females	255.3	242	363.5
12	Alcohol-attributable hospital admission - males	1489.1	209	1888.0
13	Alcohol-attributable hospital admission - females	911.3	235	1095.2
14	Admission episodes for alcohol-attributable conditions (previously NI39)	1832.0	196	2425.5
15	Alcohol-related recorded crimes	5.0	120	6.7
16	Alcohol-related violent crimes	3.9	130	4.9
17	Alcohol-related sexual offences	0.1	93	0.1
18	Claimants of incapacity benefits - working age	79.2	194	152.8
19	Mortality from land transport accidents	1.4	173	1.1
20	Abstainers synthetic estimate	12.9	311	15.4
21	Lower Risk drinking (% of drinkers only) synthetic estimate	72.5	90	73.5
22	Increasing Risk drinking (% of drinkers only) synthetic estimate	21.0	275	19.9
23	Higher Risk drinking (% of drinkers only) synthetic estimate	6.6	114	6.6
24	Binge drinking (synthetic estimate)	22.3	246	23.3
25	Employees in bars - % of all employees	2.1	171	1.9

Footnotes

	Definition
Alcohol-specific	Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
Alcohol-attributable	Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
a)	The actual indicator value for the local authority as calculated in the definitions below.
b)	The rank of the local indicator value among all 326 local authorities in England. A rank of 1 is the best local authority in England and a rank of 326 is the worst. For indicators 20 to 24, a rank of 1 is the highest and a rank of 326 is the lowest value, as the desirability of the value (what is better or worse) has not been determined.
1,2	**Months of life lost- males/females** An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2008-2010 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2008-2010 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2008-2010.
3,4	**Alcohol-specific mortality- males/females** Deaths from alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2008-2010 and mid-year population estimates for 2008-2010).
5,6	**Mortality from chronic liver disease- males/females** Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2008-2010 pooled).
7,8	**Alcohol-attributable mortality - males/females** Deaths from alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2010 and mid-year population estimates for 2010).
9	**Alcohol-specific hospital admission - under 18s** Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2008/09-2010/11 and Office for National Statistics mid-year population estimates 2008-2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
10, 11	**Alcohol-specific hospital admission - males/females** Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2010/11 and Office for National Statistics mid-year population estimates 2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.

12, 13	**Alcohol-attributable hospital admission - males/females** Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2010/11 and Office for National Statistics mid-year population estimates 2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
14	**Admission episodes for alcohol-attributable conditions (previously NI39)** Admission episodes for alcohol-attributable conditions (previously NI39): directly age and sex standardised rate per 100,000 population. (Department of Health using Hospital Episode Statistics 2010/11 and Office for National Statistics 2010 mid-year population estimates).
15, 16, 17	**Alcohol-attributable recorded crimes** Alcohol-related recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2011/12). Office for National Statistics 2010 mid year population were used. Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the former UK Prime Minister's Strategy Unit.
18	**Claimants of incapacity benefits - working age** Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, crude rate per 100,000 (working age, persons) population. (NWPHO from Department for Work and Pensions data Aug 2011 and Office for National Statistics 2010 mid-year population estimates). NB Important Note Supplied by DWP - To qualify for Incapacity Benefit, claimants have to undertake a medical assessment of incapacity for work called a Personal Capability Assessment. The medical condition recorded on the claim form does not itself confer entitlement to Incapacity Benefit. So, for example, a decision on entitlement for a customer claiming Incapacity Benefit on the basis of alcoholism would be based on their ability to carry out the range of activities assessed by the Personal Capability Assessment; or on the effects of any associated mental health problems. It is also important to note that where someone has more than one diagnosis or disabling condition, only the predominant one is currently recorded.
19	**Mortality from land transport accidents** Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages, persons) directly standardised rate per 100,000 population (standardised to the European Standard population). (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2008-2010 pooled and Office for National Statistics mid-year population estimates 2008-2010). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.
20	**Abstainers synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the total population aged 16 years and over who report in abstaining from drinking alcohol. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
21	**Lower Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in lower risk drinking, defined as consumption of less than 22 units of alcohol per week for males, and less than 15 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.

22	**Increasing Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
23	**Higher Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in higher risk drinking, defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
24	**Binge drinking (synthetic estimate)** Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women) (2007-2008). Estimates developed by APHO on behalf of Department of Health (2010) (Revised dataset published March 2011 and updated to LAPE resources in April 2012). Please see PHOs JSNA Datasets for further information: www.apho.org.uk/resource/view.aspx?RID=91736
25	**Employees in bars - % of all employees** The number of employees, employed in bars as a percentage of all employees. (Business Register and Employment Survey (BRES) 2010, National Statistics, from Nomis website: www.nomisweb.co.uk). Office for National Statistics single year of age mid 2010 population estimate for males aged between 16-64 years and females aged 16-60 years. A rank of 1 is the lowest local authority value in England and a rank of 326 is the highest. Values that are significantly lower than the England average have been highlighted green and values that are significantly higher have been highlighted red. The desirability of the value (what is better or worse) has not been determined.

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