

South East Alcohol Innovation Programme  
High Impact Innovations - Service Specifications

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### Introduction

This document sets out the five service specifications which form the basis of the grant application process for Year 2 of the South East Alcohol Innovation Programme.

In Year 1 of the Programme we set out to find and fund as many innovative ideas as possible to tackle alcohol related hospital admissions. We were delighted to be able to award funds to a broad range of pilots across the whole of the region that delivered excellent and exciting work.

In Year 2 of the Programme we have selected the top five pilots that had the greatest impact - our "High Impact Innovations".

The service specifications set out below, describe each of the High Impact Innovations - what they did, how they did it, what targets they set and what funding they received.

We are now accepting bids for any stakeholder in the South East to copy any one of the High Impact Innovations to deliver a similar model in their own area.

We want potential bidders to use the specifications as the basis upon which to build their own ideas to see if they can refine, improve or extend the models that have already been tried and tested.

### **Bidding instructions**

Bids should be submitted via email to [ram@publicinnovation.org.uk](mailto:ram@publicinnovation.org.uk)

Bids will only be accepted using the Year 2 grant application form (i.e. we will not accept bids that use the Year 1 grant application form). The grant application form is available on the South East Alcohol website.

Bids will only be accepted that are clearly based on one of the five High Impact Innovation models (as set out below). Bids must indicate which of the five models they are utilizing.

All bids should be saved using the name of the area where the bid comes from and the name of the High Impact Innovation model that you are using - e.g. rochesterfrequentflyers.doc

We will accept multiple bids from areas and from individuals. Each bid must be submitted on a separate grant application form.

We are happy to take queries about the High Impact Innovation models, about the service specifications and about the grant application process in general. Questions should be submitted via email to the email address above. Please allow up to 72 hours for a response. Queries will be accepted up to and including Friday 17<sup>th</sup> August 5pm. All responses to queries will be posted on the website so that all applicants can access the information.

The deadline for applications is 5pm Wednesday 22<sup>nd</sup> September 2010. We will not accept any bids that arrive after this time.

## 1. Frequent Flyer

### 1.a Scope

This Service Specification is for the *High Impact Innovation Frequent Flyer* model of service delivery. The project provided a specialist community based worker to work intensively with a small cohort (n=10) patients with the highest level of alcohol related repeat hospital admissions, to coordinate their care, reduce the impact on other services and ultimately reduce the likelihood of further admissions.

The Frequent Flyer Model was originally piloted in Portsmouth and the project was led by Alan Knobel, Substance Misuse Coordinator, Safer Portsmouth Partnership - [Alan.Knobel@portsmouthcc.gov.uk](mailto:Alan.Knobel@portsmouthcc.gov.uk)

### 1.b Service Description

Individuals were identified by Medical Assessment Unit (MAU) records and referred to the community based specialist worker. The worker proactively contacted the individuals and sought to engage them in a full assessment of their needs, linking with and coordinating the care and treatment from other specialist services. By offering dedicated care management of these individuals the specialist worker aimed to achieve a more effective and coordinated approach to their treatment, freeing up resources of those currently working with them in a more sporadic, unplanned way. The model drew on learning from a PPO drugs approach which suggested that this dedicated, intensive approach yields better results in terms of effectively engaging patients and improving their motivation to remain in treatment and make positive health and lifestyle changes.

### 1.c Service Delivery

Learning from the pilot evaluation indicated that the community based specialist worker role was best located within an existing alcohol treatment service provider to enable continuity of care between specialist worker and wider alcohol treatment services.

The specialist worker provided support (not limited to):

- facilitating client's engagement with housing services,
- facilitating client's engagement with primary health providers (in particular GPs),

- mental health services,
- accessing Welfare Benefits,
- accessing other support services.

The support provided was very intensive with often daily contact during the first few weeks. The clients needed accompanying to many 'routine' appointments to encourage engagement. They needed constant motivation and monitoring.

#### 1.d Referral, Access and Acceptance Criteria

The project focused activity on dependent alcohol users whose alcohol use impacted on their health so significantly that they were the most frequent attendees at hospital through alcohol related issues.

Clients were identified through MAU hospital records, tracking the most prolific attendees over the past 12 months.

#### 1.e Performance Targets

Bidders will be expected to set both output (process) and outcome targets for their bids. Your output targets should relate to the outcome targets you set. Outcome targets must report a change in a/behaviour, b/satisfaction or c/state (health) in the intended client group.

For the original pilot, the following targets were agreed:

##### 1.e.1 Outcome Targets

The outcomes set by the original pilot were:

1. Reduced rate of re-admission to hospital in the target group of patients.
2. Increase number of successful alcohol detoxifications for patients admitted via MAU.
3. Better coordination of treatment/care between hospital and community services.

Note - bidders seeking to replicate this mode may wish to adapt/amend the outcomes set to better align to local context.

### **1.e.2 Output Targets**

The targets set by the original pilot were:

1. Identify and assess the 20 most prolific patients at MAU over past 12 months.
2. Engage 10 of this cohort in specialist community support programme.
3. Demonstrate reduction in month-on-month admissions to hospital for patients engaged in the programme March - May 2010.

Note - bidders seeking to replicate this model will not be expected to copy the targets set out above, but should use them to inform relative levels of performance that will be expected.

### **1.f Service Budget**

The original budget allocated to this project was £15,000 (fifteen thousand pounds) which covered staff and on-costs for three months operation of this service.

## 2. Pharmacy Brief Advice

### 2.a Scope

This Service Specification is for the *High Impact Innovation Pharmacy Identification and Brief Advice (IBA)* model of service delivery. The project engaged with community pharmacies to provide pro-active alcohol brief advice offering health awareness, understanding units, early identification of possible excess, brief advice, data capture on awareness and units consumed and signposting/referral for additional support where required.

The Pharmacy IBA model was originally piloted in Hampshire and the project was led by Michael Holden, Chief Officer, Hampshire & Isle of Wight Pharmaceutical Committee - [michael.holden@hampshireipc.org.uk](mailto:michael.holden@hampshireipc.org.uk)

### 2.b Service Description

This project sought to raise awareness of safe alcohol consumption among those who are not aware of how much alcohol they are consuming by delivering brief advice interactions through community pharmacies. The project specifically sought to target low and medium risk drinkers.

### 2.c Service Delivery

The project focused on the areas of Hampshire with the highest levels of hazardous and harmful drinking, as noted by the North West Public Health Observatory. These areas are Gosport, Havant, Fareham, Hart and Rushmoor. In total, 25 pharmacies were engaged in the pilot.

Pharmacies participating used a validated alcohol questionnaire to assess alcohol-related harm. The questionnaire used was AUDIT-C. Brief advice was offered where clients scored five points or above. Where dependence was suspected, a referral was made to specialist treatment providers.

All pharmacists and pharmacy staff who delivered IBAs completed an e-learning package available on the Alcohol Learning Centre website as it was considered essential that staff were confident in talking about units and familiar with the unit content of common drinks.

The project included an audit of interventions undertaken - assessment of knowledge of safe drinking, risk assessment, brief advice (information, advice and/or signposting). The audit outputs were collated, analysed and reported.

## 2.d Referral, Access and Acceptance Criteria

The pharmacies targeted:

- People attending the pharmacy for a medicines use review,
- People attending the pharmacy for medicines supply for their long-term condition,
- People seeking to purchase “hang-over” cures.

Within these groups, additional effort was made to target people with:

- Relevant physical conditions - e.g. hypertension and gastrointestinal or liver conditions,
- Relevant mental health problems - e.g. anxiety, depression or other mood disorders.

## 2.e Performance Targets

Bidders will be expected to set both output (process) and outcome targets for their bids. Your output targets should relate to the outcome targets you set. Outcome targets must report a change in a/behaviour, b/satisfaction or c/state (health) in the intended client group.

For the original pilot, the following targets were agreed:

### 2.e.1 Outcome Targets

The targets set by the original pilot were:

1. 50 pharmacists and their support staff will undertake brief interventions in Gosport, Havant, Fareham, Hart and Rushmoor.

Note - bidders seeking to replicate this mode may wish to adapt/amend the outcomes set to better align to local context.

### **2.e.2 Output Targets**

The targets set by the original pilot were:

1. 50 Pharmacists/pharmacy team members will have been trained.
2. 2,500 IBAs delivered within MUR, medicines supply or opportunistically.

Note - bidders seeking to replicate this model will not be expected to copy the targets set out above, but should use them to inform relative levels of performance that will be expected.

### **2.f Service Budgets**

The original budget allocated to this project was £15,500 (fifteen thousand five hundred pounds) which covered the cost of IBA training for participating pharmacies, a fee for delivery for pharmacies and administration costs.

### 3. Hostel Clinical Nurse

#### 3.a Scope

This Service Specification is for the *High Impact Innovation Hostel Clinical Nurse* model of service delivery. The project provided increased opportunities for alcohol dependent clients living in a hostel environment to address their substance misuse as well as improve their mental and physical health. Due to being heavily alcohol dependent and chaotic, the target group does not currently tend to access existing services.

The Hostel Clinical Nurse Model was originally piloted in Brighton and the project was led by Nikki Homewood, Director of Homelessness and Complex Needs, BHT - [nikki.homewood@bht.org.uk](mailto:nikki.homewood@bht.org.uk)

#### 3.b Service Description

The project provided clinical support to hostel providers working with alcohol dependent clients.

The project funded a clinician to provide clinical support and training for hostel staff to support previous rough sleepers with alcohol dependency to reduce their drinking and address attendant health problems, within a 24 hour supported environment. The project specifically targeted a group for whom inpatient detox does not work - usually ending with a return to the hostel environment and resumed drinking. The project aimed to replace this cycle with personalised, gradual detox within the hostel environment.

#### 3.c Service Delivery

The grant was used to employ a clinical nurse to work within two hostels in Brighton that provided intensive high support and 24 hour cover. The project was delivered in partnership with BHT, CRI and Sussex Partnership Trust.

The project provided an entirely new and direct focus of work to this client group, consolidating and enabling existing services to make a real, measured "break through" with an entrenched and hard to reach group. The clinical nurse worked across services, trying out new solutions for this challenging, complex needs client group.

The clinician provided proactive and safe interventions around clients' drinking in order to address their physical and mental health needs and enabled this excluded group to access existing resources that they have not been able to utilise due to the high level of need, and chaotic behaviour, of this client group. The project enabled this group to access and engage primary health care facilities in order to address pressing and life threatening illnesses, thereby reducing hospital admissions and the use of A&E.

Pilot clients were identified who were living at either one of the two participating hostels. Clients were identified on the basis that they were presenting as having problematic alcohol issues along with a poor history of engaging with services. Most, if not all, of the identified clients had attendant health issues related to their drinking.

Although there were a large number of potential clients identified as being suitable for participation, the number selected was limited to ten as it was felt that this was a manageable caseload for the pilot.

The clinician was based within the hostels to maximise opportunities for direct client work. The pilot evaluation indicated that this proved to be vital in the success of the pilot.

### **3.d Referral, Access and Acceptance Criteria**

The project worked with male and female hostel residents (18 years plus) who were dependent and problematic drinkers, with a history of homelessness.

The project worked with people who experienced extreme poor health and life threatening conditions as a result of disadvantage linked to poor housing and homelessness, poverty, and complex and difficult backgrounds. Due to being consistently under the influence of heavy alcohol use, all healthcare needs of clients (both preventative and treatment) had remained unaddressed.

Because of their drinking, all clients engaged with were known to frequently access A&E and had been admitted to hospital for health conditions that had become serious/life threatening, but could have been prevented with earlier intervention and prevention.

### 3.e Performance Targets

Bidders will be expected to set both output (process) and outcome targets for their bids. Your output targets should relate to the outcome targets you set. Outcome targets must report a change in a/behaviour, b/satisfaction or c/state (health) in the intended client group.

For the original pilot, the following targets were agreed:

#### 3.e.1 Outcome Targets

The targets set by the original pilot were:

1. 10 problematic dependent drinkers who have experienced inpatient detox two times in the past five years, yet are still heavily alcohol dependent, who are currently not engaged in primary or secondary healthcare, will benefit from a personalised detox programme.
2. Clients will address their dependency, through longer term, personalised and tailored care packages in the community, effecting change gradually, changing drinking behaviour and social behaviour.
3. Hospital admissions for alcohol related issues will be reduced.

Note - bidders seeking to replicate this mode may wish to adapt/amend the outcomes set to better align to local context.

#### 3.e.2 Output Targets

The targets set by the original pilot were:

1. 10 hostel residents who have experienced inpatient detox two times in the past five years, and who are still heavily alcohol dependent, who are currently not engaged in primary or secondary healthcare and who have had numerous hospital admissions for alcohol related issues will undergo a personalised detox programme within a hostel environment.
2. 50 hostel staff will have received a structured training programme to enable them to work proactively with this client group.
3. Alcohol related hospital admissions amongst this group will reduce by 50%.

Note - bidders seeking to replicate this model will not be expected to copy the targets set out above, but should use them to inform relative levels of performance that will be expected.

### **3.f Service Budgets**

The original budget allocated was £10,000 (ten thousand pounds) which covered payment for clinical support for 15 weeks, training materials for hostel staff and overhead costs.

## 4. Supported Housing Self-Help Group

### 4.a Scope

This Service Specification is for the *High Impact Innovation Supported Housing Self-Help Group* model. The project raised awareness of alcohol use amongst clients and established a client help group within a supported housing setting

The project was led by Janet Rowley, Manager of Drugs Prevention Education and Awareness Agency, Buckinghamshire County Council - [jrowley@buckscc.gov.uk](mailto:jrowley@buckscc.gov.uk)

### 4.b Service Description

The project established a client self-help group within a supported housing setting using the vehicle of alcohol workshops to encourage the formation of a group.

The project addressed some of the issues which made these clients reluctant to access specialist services whilst providing awareness of the levels of alcohol consumption and ways to reduce this to safer levels. The self-help format enabled clients to support one another, drawing on their own skills and experiences, to participate in group discussions that drew out and identified their reasons for non-engagement with treatment services, and therefore put in place mechanisms in order to manage these reasons for non-engagement.

### 4.c Service Delivery

The project commenced with the delivery of alcohol awareness workshops to the client group to raise awareness of alcohol related harms. Workshops were delivered within the supported housing setting. The workshops consisted of a structured two hour session aimed at new residents and included information on health, judgement and behaviour, impairment and functioning, employment and relationships. The workshops were initially run by the Drugs Prevention Education and Awareness Project but involved supported housing staff in order to enable them to deliver the workshops themselves.

The workshop was run a few times in order to encourage the creation of a self-help group off the back of it. Themes from the workshop were then used within the self-help group to repeat and reinforce messages.

After some initial reluctance from the clients, very positive levels of engagement were achieved. Crucial to this was adapting the original concept from running one support group per week for an hour to three groups per week for half an hour per session. Although apparently more time limited, clients were able to stay for as long as the group wanted to continue running. In practice this meant that groups normally lasted two hours. Groups were run on set times and days in order to introduce some routine to otherwise chaotic clients.

Once the self-help group had been established and was being regularly attended, contact was made with treatment service providers to enable joint working with staff in the supported housing setting, the group facilitator, and the group as a whole. In this way, services were brought to the clients. Clients indicated that they felt more comfortable getting support within a supported housing setting

#### 4.d Referral, Access and Acceptance Criteria

The project worked with vulnerable adults aged 18 plus with multiple needs who lived in supported housing. The client group included both genders and across any minority group living in the hostel. The client's alcohol consumption put them at multiple risk including alcohol related harm, homelessness and public place disorder.

Client's drinking was predominantly at a high risk to dependent level with clients not yet ready or reluctant to engage with treatment services or other self-help groups.

New people tended to join the support group via word of mouth.

#### 4.e Performance Targets

Bidders will be expected to set both output (process) and outcome targets for their bids. Your output targets should relate to the outcome targets you set. Outcome targets must report a change in a/behaviour, b/satisfaction or c/state (health) in the intended client group.

For the original pilot, the following targets were agreed:

#### 4.e.1 Outcome Targets

The targets set by the original pilot were:

1. Group attendees will actively take part in the course.
2. Group attendees will actively engage in looking at the amount they drink and how they can reduce it
3. Group attendees to be referred into and engage with other services as appropriate.

Note - bidders seeking to replicate this mode may wish to adapt/amend the outcomes set to better align to local context.

#### 4.e.2 Output Targets

The targets set by the original pilot were:

1. 35 people will have attended three workshops in total.
2. 35 people will have received brief advice on alcohol consumption and engaged with motivational work.
3. 15 will have agreed to follow up work in regards to reduction alcohol consumption.
4. 5 will have achieved a reduction in alcohol consumption.
5. 3 clients will have attended their first appointment at specialist treatment services.
6. 2 will have attended their second appointment.
7. 1 client will have achieved a reduction in alcohol consumption from higher risk to lower risk.

Note - bidders seeking to replicate this model will not be expected to copy the targets set out above, but should use them to inform relative levels of performance that will be expected.

#### 4.f Service Budgets

The original budget allocated to this project was £5,000 (five thousand pounds) which covered the delivery of alcohol workshops and initial costs to facilitate the self-help group.

## 5. Hospital Healthcare Workers - IBA Delivery

### 5.a Scope

This Service Specification is for the *High Impact Innovation Hospital Healthcare Worker* model of service delivery. The project trained healthcare support workers in Accident & Emergency, Medical Assessment Unit and gastroenterology wards in simple IBA techniques. Healthcare support workers come into contact with all patients admitted and usually have more time available to deal with patients than nursing and medical staff. The project trained these workers to screen patients to identify problematic alcohol use and deliver brief advice to these patients whilst performing basic care tasks thereby effectively delivering information at a point of crisis for individuals, to impact on their alcohol use and reduce repeat admissions for alcohol related conditions.

The Hospital Healthcare Worker Model was originally piloted in Portsmouth and the project was led by Sue Atkins, MAU Sister, Queen Alexandra Hospital - [susan.atkins@porthosp.nhs.uk](mailto:susan.atkins@porthosp.nhs.uk)

### 5.b Service Description

A cohort of approximately 30 Healthcare support workers were identified in the MAU, A&E and gastro wards in the hospital. These workers were identified as those most likely to be in frequent contact with individuals attending or admitted to hospital due to alcohol related problems. In addition, this group of workers expressed a high level of motivation and interest in developing skills to work with people to address problematic consumption, and generally spend more direct time with patients during admissions than other medical professionals. As such, they represent a uniquely well positioned resource for delivering screening and brief advice to alcohol users.

### 5.c Service Delivery

The project delivered a training package including screening assessment, delivery of brief interventions including awareness and advice about safer drinking levels, and knowledge and skills for giving appropriate and effective care to individuals admitted for alcohol related problems (for example nutrition advice for individuals detoxifying).

Once trained the Healthcare workers screened patients admitted and delivered interventions as appropriate.

Once the pilot commenced, training was also offered to staff nurses working on the gastroenterology ward. This has enabled nurses to commence alcohol treatment on a quicker and more timely basis.

#### **5.d Referral, Access and Acceptance Criteria**

Any patient attending A&E, MAU or gastroenterology in the Queen Alexandra Hospital, Portsmouth who is identified as drinking above recommended safe limits with a focus on dependent, harmful and hazardous drinkers.

#### **5.e. Performance Targets**

Bidders will be expected to set both output (process) and outcome targets for their bids. Your output targets should relate to the outcome targets you set. Outcome targets must report a change in a/behaviour, b/satisfaction or c/state (health) in the intended client group.

For the original pilot, the following targets were agreed:

##### **5.e.1 Outcome Targets**

The targets set by the original pilot were:

1. Reduction in harmful and hazardous drinking through individuals increased awareness and knowledge resulting in more informed choices.
2. Reduction in numbers of repeat admissions to hospital due to alcohol related conditions.
3. Improved standard of healthcare including better identification and appropriate referral for specialist interventions, leading to overall improvements in health and wellbeing for individuals treated in hospital for alcohol related admissions.

Note - bidders seeking to replicate this mode may wish to adapt/amend the outcomes set to better align to local context.

### 5.e.2 Output Targets

The targets set by the original pilot were:

1. 24 healthcare workers attend training and successfully completed end of course assessment to demonstrate knowledge and skills to deliver interventions by 31<sup>st</sup> March 2010.
2. Healthcare support workers referring patients directly to community alcohol teams by March 2010
3. Increase in total number of referrals for specialist alcohol treatment from MAU from (baseline month) to (target 5% increase for April 2010)

Note - bidders seeking to replicate this model will not be expected to copy the targets set out above, but should use them to inform relative levels of performance that will be expected.

### 5.f Service Budgets

The original budget allocated to this project was £8,500 (eight thousand five hundred pounds) which covered training costs for the healthcare support workers and training materials.