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**CHESHIRE EAST COUNCIL**

**SERVICE SPECIFICATION**

 **STOP SMOKING & ALCOHOL SERVICE**

**Part of the Cheshire East Integrated Lifestyle and Wellness Service**

All service specifications are made up of two parts:

**Part A -** ‘Overarching Service Specification for the Integrated Lifestyle and Wellness Service’ forms part of this service specification. The overarching specification provides the requirements that are common to all services.

**Part B –** Stop Smoking & Alcohol Service Specification

This service specification should be read in conjunction with:

**Provider Plus service specification**

And

* Cheshire East Council Place Based Targets and Resource Profile
* Cheshire East Council Provider Monitoring Framework

**Tobacco Needs Analysis**

Smoking still remains the biggest killer and cause of ill-health and disease across England and the Northwest with at least one out of every two long term smokers being affected. All professionals who have contact with members of the public should know how to refer into their local stop smoking service so that smokers can have the opportunity to access a more specialist/intensive therapy.

The majority of people start smoking within childhood and they are typically of routine and manual background. This is reflected in the local figures with more affluent Poynton recording a prevalence of 11.1% and Crewe a prevalence of 23.2%.

For Cheshire East as a whole statistics are as follows:

* 17.4 of our adult (over 16 years of age) population smoke
* 12% of our young people smoke (aged 14 + in 2013)

Tobacco smoking not only costs society in terms of treating illnesses within established smokers and second-hand smoking but there are other costs such as loss of productivity due to smoking breaks and sickness; loss of property and life due to tobacco related fires and damage incurred to the environment due to tobacco waste and litter.

Further information can be found in the Cheshire East Joint Strategic Needs Assessment (JSNA) <http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx>

(Information can be found under ‘Pregnancy and post-natal care’, ‘Supporting Young People’ and ‘Lifestyle Choices’)

We are to commission a universal service with targeting of areas with highest smoking rates. Using he Health Profiles for Electoral Awards, available on the JSNA web site, the table below shows the ward areas with the highest smoking rates.

Smoking: Wards in **Quintile 1 (Highest 20% of wards nationally)** and *Quintile 2*

|  |  |  |
| --- | --- | --- |
| **Smokers aged 11 – 15 yrs** | **Smokers aged 16 – 17 yrs** | **Low birth weight[[1]](#footnote-2)** |
| **Sutton, Macclesfield****Macclesfield South****Macclesfield Central Macclesfield Hurdsfield***Macclesfield West & Ivy**Bollington* | **Sutton, Macclesfield***Macclesfield South**Macclesfield Central***Macclesfield Hurdsfield***Macclesfield West & Ivy**Bollington**Handforth**Macclesfield East* |  |
|  |  | **Wrenbury****Alsager****Disley***Broken Cross & Upton, Macclesfield* |
| **Crewe South****Crewe Central****Crewe St Barnabas****Crewe North***Crewe West* | *Crewe South***Crewe Central****Crewe St Barnabas***Crewe North**Crewe West**Crewe East* | *Crewe South**Crewe Central**Crewe St Barnabas**Crewe North**Crewe East* |
| **Odd Rode****Dane Valley, Cong****Knutsford****Handforth** |  |  |
|  | *Sandbach Heath & East***Dane Valley, Congleton** |  |
|  |  | *Wilmslow Lacey Green**Wilmslow Dean Row**Alderley Edge* |
| **Nantwich South & Stapeley** |

|  |  |
| --- | --- |
| **Nantwich North and West** |  |

 |  |

**Information available from:** [http://cemyteams2010.ourcheshire.cccusers.com/sites/CECPH/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FCECPH%2FShared%20Documents%2FPH%20Intelligence&FolderCTID=0x012000C35498B19C8E044A8B6F24E554D81440&View={84578348-0767-4383-B480-7FA18C692A83}](http://cemyteams2010.ourcheshire.cccusers.com/sites/CECPH/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FCECPH%2FShared%20Documents%2FPH%20Intelligence&FolderCTID=0x012000C35498B19C8E044A8B6F24E554D81440&View=%7b84578348-0767-4383-B480-7FA18C692A83%7d)

**Scope of Stop Smoking Services**

**Service aims and objectives**

* To empower and support residents to stop smoking and make the change permanent

**Service Delivery expectations**

The Public Health Commissioning Strategy 2015-2020 sets out our ambition to reshape the delivery of public health services in a way that responds directly to the changing health needs of residents. The key changes in our plan begin to align public health funding to where it is needed most; respond to how local communities can shape place based commissioning; deliver fairness and equity in health improvement; support service delivery based on the requirements of users and improve the health and wellbeing of residents faster than in other areas in the country. The service expectations are:

* To deliver services that offer equity and fairness in “Health Chances”
* To deliver improvements in both premature mortality and disability and out perform similar Councils across the country
* To provide services which put the multiple needs of users first, to focus on integration and expand choice where services are delivered
* To provide within wider systems of health and social care to strengthen delivery and support partnerships
* To support service providers, to support innovation and deliver excellent services that delight residents
* To ensure strong governance, clear targets and open reporting underpin our commissioning plans

**Service Aims:**

* To actively promote the service to all eligible Cheshire East residents.
* To be responsive to the individual needs of residents and their carers and/or families
* Ensure that the needs of the diverse population are met and ensure equity in access and service provision
* Develop robust partnerships with other stop smoking providers across the Borough and with other providers, statutory and non-statutory organisations who contribute to the tobacco control agenda
* Demonstrate measureable improvements for users including longer term behaviour change
* To provide support (including behavioural support/counselling) to individuals in order to help them stop smoking and/or reduce harm
* To adhere to recommendations offered by recognised guidance
* To provide advice and guidance on the different treatments available
* To use the NRT voucher system to prescribe NRT and to liaise with GPs for the prescribing of varenicline
* To provide appropriate access to all individuals aged 12 years and over
* To manage and produce stop smoking service data

**Key Challenges for a Stop Smoking Service**

* Areas with high levels of smoking prevalence
* People’s ability to quit smoking/reduce harm from smoking
* People’s recognition of the need to quit smoking/reduce harm
* People who are highly addicted (e.g. mental health patients)
* Pregnant smokers
* Stopping young people starting (making them aware of the dangers of tobacco)
* Unlicensed nicotine releasing products (e/g vaporisers)

**Expected Public Health Outcomes – Indicators include improvements in the following:**

* Smoking status at time of delivery
* Smoking prevalence – 15 year olds
* Smoking prevalence – Adult (over 18s)
* Disability adjusted life years attributable to smoking
* Mortality from causes considered preventable
* Mortality from CVD
* Mortality from Cancer
* Mortality from respiratory disease
* Low birth weight

**Capacity of the Service:**

The service will sit within a wider integrated lifestyle system which may include many stop smoking providers. The system is built on the principles of choice, equity, continuous improvements and excellent service to residents.

The service as a whole will support targets to reduce both the incidence and prevalence of smoking in Cheshire East within the population and in particular high risk groups.

* The service as a whole will support >5% of local population (per annum) which equates to a minimum of 2576 individuals. (Calculations from 297,777 residents of Cheshire East aged 18 years above where 17.4% of that population are smokers)
* Estimated smoking prevalence by Ward is estimated to range from 500-1500 depending on the age specific prevalence rate. This data will be used to estimate and apply Place Based Targets for the service.
* Initial outline 4 week quits target for Cheshire East range from n=1030 – n=1287. Further detail will be available from *Cheshire East Council: Place Based Target and Resource Profile*.
* Success Rates – conversion rate is expected to range from 40-60% with a minimum standard of 40%. This figure should be based on all those who start treatment, with success defined as not having smoked in the third and fourth week after the quit date. Success should be validated by a CO monitor reading of less than 10 ppm at the 4-week point. This does not imply that treatment should stop at 4 weeks. At least 85% of four-week quits should be CO verified (see NICE guidance, PH10 ‘Stop Smoking Services’, 2008)
* Harm reduction – Providers will be expected to submit as part of their bid how many smokers they plan to take through the harm reduction process before setting a 4 week quit.
* Providers will be expected to contribute to reduction in health inequalities in targeting smokers from:
1. Routine and manual smokers (minimum of 25% throughput of services)
2. From wards in Quintile 1 (Highest 20% of wards nationally) and Quintile 2

**Guidance**

**National Guidance and Local guidance**

The following polices and guidance provider the context and evidence base within which the service will be delivered. The provider is expected to comply with all relevant legislation, policy and guidance referred to to ensure that the service is delivered in line with national and local policies relating to smoking cessation and tobacco control. In the event that any of the documents listed are updated or replaced, the provider is expected to comply with the most recent legislation, policy and guidance.

* Local Stop Smoking Services – Service and delivery guidance 2014 NCSCT http://www.ncsct.co.uk/
* NICE guidance PH14 (July 2008) Preventing the uptake of smoking by children and young people
* NICE guidance PH26 (June 2010) Quitting smoking in pregnancy and following childbirth
* NICE guidance PH45 (June 2013) Tobacco: Harm Reduction approaches to Smoking
* NICE guidance PH48 (Nov 2013) Smoking Cessation in Secondary Care: acute, maternity and mental health services

\* NICE guidance <http://www.nice.org.uk/guidance/published?type=ph>

* ASH - Fact sheets & Ready Reckoner <http://www.ash.org.uk/about-ash>
* Public Health England (2015) Local Tobacco Profile: Cheshire East. http://www.tobaccoprofiles.info/
* Shahab, L (2015) “Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level” NCSCT http://www.ncsct.co.uk/
* Smoking Still Kills: ASH 2015 http://www.ash.org.uk/files/documents/ASH\_962.pdf

Local guidance such as the JSNA, and the learning from previous service provision.

**Key Standards, policies and procedures**

In establishing the key standards reputable organisations such as NICE guidance, Public Health England and peer reviewed evidence based research should be used. Implementation of innovation should be combined with robust evaluation and undertaken in conjunction with the Public Health Team at Cheshire East Council.

**Evidence base**

Local stop smoking services: service delivery and guidance (2014)

* Overall the commissioned services should aim to treat >5% of the smoking population each year
* Providers should use local knowledge to inform activity (e.g. JSNA and the Health and Wellbeing Strategy)
* Stop smoking services are an integral part of any tobacco control programme and deliver cost effective interventions and programmes.
* Providers should target specific groups and adjust the approach depending on the individual client requirements
* The design of any service should be informed by the latest evidence (e.g. NICE guidance)
* All licensed medicines should be made available (combination therapy has been shown to be highly effective)
* Accreditation for practitioners should be through the NCSCT
* The 4 week quit should be used as the national and local outcome. A longer term outcome will be developed locally
* Behavioural support can be provided to those using e-cigarettes as a method to stop smoking tobacco
* All professionals who come into contact with members of the public (especially health professionals) should be trained to give very brief advice and be able to refer into the specialist service
* Providers should use local marketing as well as tagging onto national campaigns such as ‘National No Smoking Day’ and ‘Stoptober’ in conjunction with the Provider Plus
* All interventions should be multi-sessional, offering weekly support for at least the first four weeks following the quit date
* One-to-one interventions should have a total potential client contact time of at least 1 hour 50 minutes (from pre-quit preparation to four weeks after quitting). This will ensure effective monitoring, client adherence to the treatment programme and ongoing access to medication

**Service Requirements**

**Priority groups for all providers are:**

1. Children and young people: two thirds of adult smokers begin to smoke before they are 18. Key influences on smoking status include family members smoking, peer members smoking and the portrayal of smoking within the media.
2. Lesbian, gay, bi-sexual and transgender (LGBT): This group are more likely to be cigarette smokers and initially a harm reduction approach may be more appropriate as they are less likely to embrace abrupt cessation. Encouraging them to access the service includes the highlighting of the harm reduction model and the willingness to support anyone who wishes to reduce the amount of tobacco that they are smoking.
3. Routine and Manual Workers: This group of the population have been shown to have higher smoking rates. All providers will be expected achieve the target of 25% of their clients and quits coming from the routine and manual workers group.
4. Other priority groups: The Provider Plus will provide specialist services to secondary care patients (when in hospital), pregnant smokers, smokers with a diagnosis of mental illness and Polish migrant smokers. Providers will be expected to work with Provider Plus on patients being discharged from hospital into the community (to ensure services are provided close to their home and give choice in the community) and smokers with a mental health diagnosis, pregnant smokers and Polish migrant smokers.

**The Service Model**

**The commissioner is looking for service providers to:**

|  |
| --- |
| * actively promote the service to Cheshire East residents including carers.
* be responsive to the individual needs of clients and their carers and/or families
* ensure that the needs of the diverse population are met and ensure equity in access and service provision
* develop robust partnerships with other stop smoking providers across the Borough and with other providers, statutory and non-statutory organisations who contribute to the tobacco control agenda
* demonstrate measureable improvements for users including longer term behaviour change
* provide support (including behavioural support/counselling) to individuals in order to help them stop smoking/reduce harm
* provide support (including behavioural support/counselling) to individuals in order to help them reduce harm by reducing the number of cigarettes they smoke with a view to quit over a longer period
* To adhere to recommendations offered by recognised guidance including recommendations around nicotine releasing products (both licensed and non-licensed)
* provide advice and guidance on the different treatments available to help an individual to stop smoking and/or reduce harm (having an in-depth knowledge of both Nicotine Replacement Therapy and Varenicline)
* use the NRT voucher system to prescribe NRT
* manage and produce stop smoking service data (including quarterly reports)
* liaise with GPs for the prescribing of Varenicline
* provide an ‘open’ service where access is free and open to all individuals aged 12 years and over who are motivated to stop smoking and/or reduce harm
* inform the client’s GP the outcome of any quit attempt
* be responsible for actively promoting and marketing itself to other service areas and also to the public across the population of Cheshire East. The Service will develop, in line with branding guidelines agreed with the commissioner, a ‘service specific’ suite of resources (in conjunction with the Provider Plus)
* be responsible for the purchase of own CO monitors and the annual calibration
 |

**Population covered**

Any resident who is a smoker and requests support to reduce harm and/or quit smoking should be empowered to do so. Smokers from the age of 12 upwards who wish to stop will be offered medicinal and behavioural support.

**Training**

Providers will ensure that all their practitioners within their service have completed and passed the **recognised NCSCT course** and have **knowledge** in the following areas:

* Wider Tobacco Control agenda
* The use of NRT
* The use of Varenicline (Champix)
* Psychological methods of behaviour change – social cognition models, goal planning and principles of habitual behaviour change
* Relapse prevention
* Harm reduction
* Effects of smoking on individual health, on the family and local communities
* The treatment and support of clients with mental health issues, young people and disadvantage communities
* Effective customer service, delivering person centred service

**Funding**

The contract value will fund all of the service elements (workforce, accommodation and related costs including CO monitors).

**Tariff**

The service will operate on a payment according to a set Tariff. The Tariff for the service elements is set out below:

A weighted payment scheme is in place in order to enhance the reduction in health inequalities. The payment scheme rewards the targeting of our most disadvantaged communities.

The fee is a targeted fee which is dependent on the occupational status of the client and the stage of their quit process i.e.:-

|  |  |  |
| --- | --- | --- |
|  **4 week Quits**  | **Set a Quit Date** | **4 week Quit**  |
| Routine and Manual Group         | £15 | £25 |
| All other groups                                 | £8 | £16 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Harm Reduction** | **Taken on HR Programme** | **On going support** | **4 week Quit** |
| Routine and Manual Group | £8 | £15 | £25 |
| All other groups | £4 | £8 | £16 |

**Prescribing**

* Providers, apart from Community Pharmacist providers, will use the **‘NRT vouchers system’**. This system enables a stop smoking practitioner to issue NRT (Nicotine Replacement Therapy – licensed products containing different doses of nicotine) without any other clinical intervention and does not normally have a defined inclusion/exclusion criteria (though the use of guidance is recommended). A pharmacist will then issue NRT and instructions for use. Community Pharmacist providers will issue NRT direct to clients along with instructions for use.
* **Varenicline (Champix)** is a prescription only drug which has been shown to increase long term abstinence. It can only be prescribed by a General Practitioner and should be issued as in conjunction with a programme of behavioural support. A quit date should be set for 1-2 weeks after treatment begins but prior to the commencement of treatment. Providers will work with local GPs to ensure varenicline is prescribed where it is the most appropriate stop smoking aid.

(Full guidance on the prescribing of Varenicline will be developed and agreed between the Commissioner, the Provider Plus and the other providers. Commissioners will also work with providers in the development of a PGD for Varenicline)

**Community Pharmacy Dispensing**

See Appendix gives further information on NRT dispensing. Community Pharmacies that receive a contract for Stop Smoking Service delivery will also be contracted to dispense NRT.

**Electronic Cigarettes (or ‘Vapourisers’)**

These devices are not currently prescribed and we would expect all providers to follow National Guidance in conjunction with local direction from the Public Health Team. Any adult who is currently using an electronic cigarette can access behavioural support from any trained practitioner. Recent DH guidance is introducing the prescribing of e cigarettes as a stop smoking aid. Providers will work with the Commissioner on the implementation of this guidance.

**Addition to Part A service specification**

**Service access**

The service should provide:

* An easy book appointment system for anyone requiring support through a pre arranged appointment

**Referral & discharge**

Referrals to providers can come through a variety of pathways – these include:

* Self referral
* Referral via another professional e.g. general practitioner, Social worker, Youth Worker
* Referral through the Integrated Lifestyle and Wellness Systems Assessment Programme

Whilst these services form part of the ILWSS service users do not have to have a Lifestyle and Wellness assessment to access the services.  Some referrals may come via this route, however, providers must enable and accept access via self referral or by another service provider.

Patients are discharged after completing the standard 12 week programme. Those on the harm reduction programme will be supported for no more than 6 months. After 6 months of support they will be required to fund their own NRT.

**Exclusions**

* Any individual **under** 12 years of age cannot access pharmacotherapy
* The service is available **only for those aged 12 and over** who are motivated to reduce harm and/or quit smoking

People who have relapsed are encouraged to return back to the service for as many quit attempts as required

**Location & access to services**

The Commissioners will work with providers to ensure that residents have choice of venues and service coverage that is proportionate to smoking prevalence.

**Waiting times and prioritisation**

Maximum of 1 week in own locality.

**Accommodation**

All accommodation used by the Service will be of a standard that ensures a comfortable, hospitable welcome that will create an atmosphere of value and respect. The Service needs to provide a private space for consultations so that all information exchanged between practitioner and patient remains confidential. The space also needs to have Wi-Fi access.

**Information Technology system**

The provider(s) must comply with commissioner data requirements, including but not limited to, a commissioner provided IT system(s). Data to be collected includes patient details, service monitoring for both harm reduction and quits and details of NRT prescribing.

**Background Information**

**Current commissioned services**

Stop smoking services are provided by a number of providers. The Specialist Stop Smoking Service (Provider Plus) is provided by Peaks and Plains Housing Trust. Community Stop Smoking Services are provided by a number of Community Providers including Community Pharmacists, a NHS Trust and a Community Interest Company.

**Alcohol Service Component Development**

We expect the Alcohol service component of the service specification to be developed and be implemented within the first 6 months of the contract in terms of service scope, service capacity and fundamentally the move to a dual Smoking and Alcohol service in order to meet the multiple needs of residents. At the start of the service we require a clear plan to ensure that the Dual service will be delivered in terms of a) Workforce capacity and competence and b) Dual service options and c) Clear access routes to residents and d) Robust pathways in place with the Specialist Substance misuse services.

We recognise the challenge of the transition but we also recognise the potential of a limited but additional Alcohol service offering brief advice and interventions could have for residents.  We also recognise the overlap not only for residents (who may benefit from a joint smoking and alcohol harm reduction intervention) and for service development (given the key to delivering both programme will be based of evidence based behaviour change principles).

Given the above we are seeking an innovative and willing provider to embark on a programme of service development, transformation and integration. In return we will support an agreed programme of transition and service development with flexibility and provide additional support and recognition of the challenges when needed.

**Alcohol Needs Analysis**

**Alcohol**

Drinking more than the recommended limits of alcohol can increase the risk on health including liver problems reduced fertility, high blood pressure, increased risk of various cancers and heart attack. There are also the hidden impacts of alcohol misuse, the ‘hidden harm’ can also lead to unemployment, domestic violence and child neglect.

The Cheshire East Joint Strategic Needs Assessment (JSNA) shows that there were 1832 per 100,000 (8455 in total) alcohol-related hospital admissions in 2010/11.

Living and Working Well, Lifestyle Choices, Adults: [www.cheshireeast.gov.uk/social\_care\_and\_health/jsna/living\_well\_working\_well.aspx#LifestyleChoices](http://www.cheshireeast.gov.uk/social_care_and_health/jsna/living_well_working_well.aspx#LifestyleChoices)

Recent figures from Local Alcohol Profile England (LAPE) (2011-13) indicate that alcohol-specific (13 per 100,000) and alcohol-related (44.3 per 100,000) mortality rates in Cheshire East are similar to the national average at 11.9 per 100,000 and 45.3 per 100,000 respectively. LAPE data (2013-14) also indicates that alcohol-related hospital admissions (1249 per 100,000) are similar to the national average (1253 per 100,000). This shows that there has been a reduction in hospital-related admissions since the 2010/11 data within the local JSNA. However we cannot be complacent with this reduction in hospital admissions, as the 2011-13 LAPE data indicates that in Cheshire East there are an average of 11 months of life lost due to alcohol (men) and 6.5 months of life lost (women) due to alcohol.

Public Health England, Local Alcohol Profiles for England [www.lape.org.uk/](http://www.lape.org.uk/)

The 2015 Health Profile produced by Public Health England for Cheshire East Unitary Authority indicates that the rate of hospital stays among those under 18 was 57.8 per 100,000, which is worse than the England average 40.1 per 100,000. Public Health Observatories (Public Health England) <http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=71128>

Evidence within the Cheshire East JSNA suggests that higher numbers of young people (aged 14-19) in

Cheshire East residents compared to nationally or the North West are drinking to harmful levels:

1. It is estimated that 682 16-19 year olds a year in Cheshire East have alcohol-seeking behaviour and are ‘higher-risk’ drinkers (over 50 units per week).

2. More young people aged 14-17 in Cheshire East drink alcohol once a week and binge drink occasionally compared to the North West.

3. Fewer young people aged 14-17 in Cheshire East have never drank alcohol compared to the North West.

Starting and Developing Well, Supporting Young People, Young People Substance Misuse: [www.cheshireeast.gov.uk/social\_care\_and\_health/jsna/starting\_and\_developing\_well.aspx](http://www.cheshireeast.gov.uk/social_care_and_health/jsna/starting_and_developing_well.aspx)

We are to commission a universal service with targeting of areas of highest need. Using the Health Profiles for Electoral Awards, available on the JSNA Web site, the table below shows the ward area with the poorest outcomes for Binge Drinking (Adults) and Admissions for Alcohol.

Wards in **quintile 1** (highest 20% of wards nationally) and *Quintile 2*

|  |  |
| --- | --- |
| **Binge Drinking (Adults)** | **Admissions for Alcohol** |
| *Wrenbury**Bunbury**Audlem**Nantwich South and Stapley**Nantwich North and West* | *Nantwich North and West* |
| *Wybunbury**Shavington**Willaston and Rope***Crewe South****Crewe West****Crewe Central***Crewe St Barnabas**Crewe North**Crewe East**Leighton* | **Crewe South****Crewe West****Crewe Central****Crewe St Barnabas****Crewe North****Crewe East** |
| **Haslington***Sandbach Ettiley Heath and Wheelock**Sandbach Elworth**Sandbach Heath and East**Middlewich**Brereton Rural**Alsager* | *Sandbach Ettiley Heath and Wheelock**Sandbach Heath and East**Middlewich* |
| *Congleton West**Dane Valley* | *Congleton East* |
| *Knutsford**High Leigh**Mobberley* |  |
| *Wilmslow West and Chorley**Wilmslow Lacey Green**Handforth**Wilmslow Dean Row**Wilmslow East* | *Handforth* |
| **Broken Cross and Upton***Macclesfield West and Ivy***Macclesfield South****Macclesfield Central****Macclesfield East****Macclesfield Huddersfield***Macclesfield Tytherington* | *Broken Cross and Upton***Macclesfield West and Ivy****Macclesfield South****Macclesfield Central****Macclesfield East****Macclesfield Huddersfield** |
| **Bollington***Poynton West and Adlinton**Poynton East and Pott Shrigley***Disley** |  |

**Scope of Services to be commissioned**

**Service aims and objectives**

**To Prevent:**

* People from developing drinking problems
* Harm from alcohol misuse, including the hidden harm: such as domestic violence, child abuse and neglect, unemployment and crime
* and delay the first use of alcohol (Young People)

**To Empower**

* our residents to take responsibility for sensible drinking behaviours

**To Integrate with:**

* GPs
* Specialist Substance Misuse Services (SMS)
* Community Recovery / Mutual Aid Services
* Mental Health Services
* Hospital Alcohol Liaison Services (HALS)
* Cheshire East Domestic Abuse Hub
* Cheshire East Adult and Children’s Safeguarding Teams
* Adult and Children’s Social Care Teams
* Housing

**Alcohol Service Delivery expectations**

We are looking for a number of providers to develop the service in order to give service users the option of a dual stop smoking and alcohol service. We expect the joint service to

* deliver identification and brief advice to enable individuals to change their drinking behaviour and to reduce alcohol related harm
* to deliver specific identification and brief advice focusing on: parental responsibility for alcohol use by children and young people; challenging ‘treatment-reluctant’ drinkers; and family safety concerns
* Develop a option to undertake a four week follow up for ‘increased risk’ (score 8-15) drinkers by phone

**‘Provider Plus’**

The ‘Specialist SMS will act as the ‘Provider Plus’ to deliver IBA training and specialist advice to universal services on the delivery of alcohol harm reduction messages e.g. GPs, Pharmacies, Hospitals, Local Authority services, Health Visitors, Midwives, Businesses/Workplaces, Voluntary, Community and Faith Organisations.

Pathways will need to be developed to ensure that there is an integrated approach between the ‘Provider Plus’ (Specialist SMS) and the ILWSS:

* effective pathways and referral routes with the ‘Specialist SMS’ for increased risk (score 16-19) and dependent (score 20+) drinkers
* effective pathways and referral routes with HALS for individuals who have visited hospital due to alcohol
* effective pathways and referral routes with GPs who have screened individuals who have scored 8-15

**Key Challenges**

* Areas with high levels of alcohol related hospital admissions
* Treatment reluctant drinkers
* The hidden harm of alcohol misuse
* The impact on children/young people whose parents/carers are high risk drinkers
* People’s recognition of the impact of their drinking behaviour on children/young people in their care
* People’s recognition of the need to reduce or stop drinking
* People’s ability to change their drinking behaviour and
* Ability to develop and deliver a joint smoking and alcohol service

**Service areas**

The service will be a ‘proportional universalism’ service providing some aspects across the whole area and others in areas with high numbers of alcohol related hospital admissions, primarily in areas of deprivation.

**Strategic outcomes to be realised**

* Fewer people misuse alcohol and a reduction in levels of harmful drinking
* Reduce the impact and harm on children and young people whose parents/carers misuse alcohol
* Reduce the number of hospital admissions
* Reduce alcohol related mortality
* Reduce alcohol specific mortality

**Public Health Outcomes**

* Reduce the number of people who misuse alcohol
* Reduce the levels of harmful drinking: Reduce the number of Cheshire East residents that are increased risk (audit score 8-15) or higher risk (score 16-17) drinkers
* Reduce the number of parents/carers in Cheshire East who are increasing risk (audit score 8-15) or higher risk (audit score16-17) drinkers
* Reduce the number of alcohol hospital admissions

**Local Outcomes/Measurement/Outcomes**

The key alcohol related outcomes within the public health outcomes framework (PHOF) and the local alcohol profiles for England (LAPE):

* Under 75 mortality rate from liver disease
* Under 75 mortality rate from liver disease considered preventable
* Alcohol specific mortality
* Alcohol related mortality
* Mortality from chronic liver disease
* Admission episodes for alcohol related conditions
* Alcohol specific hospital admissions (under 18s / Adults)
* Alcohol related hospital admissions

**National and Local Guidance**

The following polices and guidance provide the context and evidence base within which the service will be delivered. The provider is expected to comply with all relevant legislation, policy and guidance referred to to ensure that the service is delivered in line with national and local policies relating to smoking cessation and tobacco control. In the event that any of the documents listed are updated or replaced, the provider is expected to comply with the most recent legislation, policy and guidance.

**NICE Guidance**

Alcohol LGB6 <http://www.nice.org.uk/advice/lgb6/chapter/Introduction>

NICE guideline PH24 [Alcohol-use disorders: preventing the development of hazardous and harmful drinking](http://www.nice.org.uk/Guidance/PH24)

Recommendation 10 from [Alcohol-use disorders - preventing harmful drinking](http://guidance.nice.org.uk/PH24) (NICE public health guidance 24)

[NICE public health guidance 24](http://guidance.nice.org.uk/PH24) recommendations 5 and 9.

Joint Strategic Needs Assessment for Cheshire East (JSNA)

<http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx>

**Public Health England Alcohol Learning Resources**

Identification and Brief Interventions <http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/>

**Screening and Intervention Programme for Sensible Drinking (SIPS)**

<http://www.sips.iop.kcl.ac.uk/>

**Key Standards, policies and procedures**

In establishing the key standards reputable organisations such as NICE guidance. Public Health England and peer reviewed evidence based research should be used. Implementation of innovation should be combined with robust evaluation and undertaken in conjunction with the Public Health Team at Cheshire East Council.

**Evidence base**

Brief interventions for alcohol-use disorders (NICE) evidence of effectiveness: <http://pathways.nice.org.uk/pathways/alcohol-use-disorders/brief-interventions-for-alcohol-use-disorders#content=view-node%3Anodes-brief-advice-for-adults-who-are-attending-a-service>

BMJ <http://www.bmj.com/content/346/bmj.e8501>

Public Health England, From Evidence into Practice: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf>

PHE Alcohol Learning Resources (Evidence) <http://www.alcohollearningcentre.org.uk/Topics/Browse/Evidence/> **Service Requirements**

**Introduction**

To tackle and reduce alcohol related harm we need to take a life course approach from pre-conception through pregnancy, infancy, early years, childhood, adolescence and through to adulthood and preparing for older age. Action requires an appropriate balance of investment and effort between prevention and support, for those who are low to higher risk drinkers, and those requiring *treatment* who are dependent drinkers*.*

Over the duration of the contract we are looking to develop service as follows:

1. Identification and Brief Advice (IBA) to adults who are increased risk or higher risk drinkers
2. IBA to pregnant women who are drinking alcohol
3. IBA to families/parents/carers who are increased risk and higher risk drinkers about the impact that their drinking behaviour can have on their children
4. A four week follow up on IBA by phone for increased risk drinkers
5. Effective partnership with the Specialist Substance Misuse service(SMS) to provide advice to other providers and organisations on the delivery of alcohol harm reduction messages e.g. GPs, Pharmacies, Hospitals, Local Authority services, Health Visitors, Midwives, Businesses/Workplaces, Voluntary, Community and Faith organisations
6. Development and maintenance of self-help signposting tools e.g. contributing to the Lifestyle and Wellness web portal
7. Support to attend existing community assets and alcohol support such as Mutual Aid networks
8. A family approach should be taken in the cases of children and wherever possible with adults and older people.

**Service Model**

**The commissioner is looking for numerous providers that provide:**

|  |
| --- |
| * Identification and brief advice to enable individuals to change their drinking behaviour and to reduce alcohol related harm
* Specific identification and brief advice focusing on: parental responsibility for alcohol use by children and young people; challenging ‘treatment-reluctant’ drinkers; and family safety concerns
* A four week follow up for ‘increased risk’ (score 8-15) drinkers by phone
 |

**The Commissioner is looking for providers to work in partnership with the Specialist SMS as the ‘Provider Plus’**

|  |
| --- |
| The ‘Specialist SMS will act as the ‘Provider Plus’ to deliver IBA training and specialist advice to universal services on the delivery of alcohol harm reduction messages e.g. GPs, Pharmacies, Hospitals, Local Authority services, Health Visitors, Midwives, Businesses/Workplaces, Voluntary, Community and Faith Organisations.Pathways will need to be developed to ensure that there is an integrated approach between the ‘Provider Plus’ (Specialist SMS) and the ILWSS:* effective pathways and referral routes with the ‘Specialist SMS’ for increased risk (score 16-19) and dependent (score 20+) drinkers
* effective pathways and referral routes with HALS for individuals who have visited hospital due to alcohol
* effective pathways and referral routes with GPs who have screened individuals who have scored 8-15
 |

**Pregnancy**

During pregnancy, all women should be supported and encouraged to make positive lifestyle changes and to maintain those changes once baby arrives.

**Children and young people**

Research suggests that protective factors such as parents play a key role in preventing young people from developing alcohol problems. Equally parental drinking can increase the risk of harm for children and young people, such as abuse and neglect. Parental drinking can also influence drinking behaviour in young people ‘normalising’ drinking which can lead to earlier alcohol intake for young people. Parents/carers should be advised about their parental responsibility in relation to alcohol.

**Adults and older people**

All adults and older people will be able to access help and information about the impact of alcohol related harm, how to assess their own level of risk, how to monitor their alcohol consumption and the help and support available if they have increased or higher levels of risk. This will be available through a locally developed web site and Applications (Apps).

Adults and older people identified as eligible through assessment will receive brief advice and a four week follow up for those who are higher risk drinkers.

Parents/carers who are assessed as increased or high risk drinkers will receive specific parental and family safety advice. Specific advice will also be available for treatment reluctant drinkers.

Older people who are increased or higher risk drinkers also have increased risk of falls and wider safeguarding issues as a result of their drinking behaviour.

**Service pathways**

Examples of referral routes out of the service include:









**Service Levels**

* Number/percentage of individuals who receive IBA
* Number/percentage of individuals who receive IBA by geographical area (targeting need / JSNA Ward Map)
* 4 week follow up for ‘increased risk’ (score 8-15) drinkers (reduced alcohol consumption / abstinence)

There are an estimated 16.9% of the Cheshire East population who are ‘Increased Risk’ drinkers and 4.4% Higher Risk drinkers[[2]](#footnote-3) (373,000 residents in Cheshire East).

The service will deliver Alcohol IBA to a minimum of 3152 individuals (5% of the local population who are identified as ‘Increased’ drinkers

**Service integration**

All providers delivering services through the Integrated Lifestyle Wellness System will work with:

* GPs
* Specialist Substance Misuse Services (SMS)
* Community Recovery / Mutual Aid Services
* Mental Health Services
* Hospital Alcohol Liaison Services (HALS)
* Cheshire East Domestic Abuse Hub
* Cheshire East Adult and Children’s Safeguarding Teams
* Adult and Children’s Social Care Teams
* Housing

**Addition to Part A service specification**

**Population covered**

The targeted groups are:

1. Adults and older people who are assessed as increased risk or higher risk drinkers
2. Pregnant women who are drinking alcohol
3. Parents/carers who are assessed as increased risk or high risk drinkers
4. Treatment reluctant drinkers
5. Adults identified through the NHS Health Check as increased or high risk drinkers

**Referral & discharge**

* Discharge following the provision of information (website / leaflets) for low risk (score 0-7) drinkers
* Discharge following brief advice and a four week follow up for increased risk (score 8-15) drinkers
* Referrals to the Specialist SMS when assessed as higher risk (score 16-19) or dependent (score 20+) drinkers

**Exclusions**

Under 16 year olds

**Waiting times and prioritisation**

Brief advice should be offered immediately following assessment.

**Background Information**

**Current commissioned services**

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the provider for the Cheshire East specialist Substance Misuse Service ‘Stepping Stones’. The service promotes recovery through early intervention and prevention for people of all-ages.

This specialist substance misuse service is one service provided collaboratively with a range of partners. The expert teams are from a variety of professional backgrounds to ensure that people who access the service have the benefit of wide-ranging knowledge and skills to meet their needs at various stages of their recovery.

CWP have subcontracted with ‘recovery based’ community organisations and mutual aid groups such as Acorn Recovery, Intuitive Thinking Skills, Catch22, Expanding Futures, Emerging Horizons and Changing Lanes.

Stepping Stones Leaflet: <https://platform-cwp-live.s3-eu-west-1.amazonaws.com/attachments/3924/original/Substance_Misuse_Service_C-CESMS-15-641.pdf?AWSAccessKeyId=AKIAJ4LLNFEOH7WUFWDA&Expires=1443771619&Signature=rPDCTGLhPZd%2BDo78fWu7NKUUuFA%3D>

**Definitions and Abbreviations**

**Alcohol-use disorders identification test (AUDIT)**

[AUDIT](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf) is an alcohol screening test designed to see if people are drinking harmful or hazardous amounts of alcohol. It can also be used to identify people who warrant further diagnostic tests for alcohol dependence.

**Alcohol-related harm** - Physical or mental harm caused either entirely or partly by alcohol. If it is entirely as a result of alcohol, it is known as 'alcohol-specific'. If it is only partly caused by alcohol it is described as 'alcohol-attributable'.

**Alcohol dependence** – A cluster of behavioural, cognitive and physiological factors that typically includes a strong desire to drink alcohol and difficulties in controlling its use.

Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations. For further information, please refer to: 'Diagnostic and statistical manual of mental disorders' (DSM-IV) (American Psychiatric Association 2000) and 'International statistical classification of diseases and related health problems – 10th revision' (ICD-10) (World Health Organization 2007).

**Brief intervention** - This is a short session of structured brief advice, which aims to help someone reduce their alcohol consumption (sometimes even to abstain) and can be carried out by non-alcohol specialists.

**Early Help** - interventions usually based within complementary services which enable users to get access to services

**Life-course** - Services appropriate for children/young people and adults

**Mutual Aid** - men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from substance misuse (see also self-care)

**‘No wrong door’** - a service model which can provide, parents and professionals access to valuable information that will enable people to access the services they need

**Prevention** - Interventions aimed at delaying first use and/or reducing harm from use (see also Harm Reduction)

**Recovery** - Giving people the support they need to move towards a substance free state and maintain this ideally for life ‘*Alternative? “Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society.”   (*The Road to Recovery - Scottish Government 2008*).’*

**Treatment Reluctant Drinker** - An individual who has been assessed as being at risk from drinking alcohol, but is unwilling to access treatment

**Unit** - In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8 g or 10 ml of ethanol. The same volume of similar types of alcohol (for example, 2 pints of lager) can comprise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol).

**Appendix A Nicotine Replacement Therapy Vouchers Scheme Provision In Community Pharmacies**

All stop smoking providers, with the exception of Community Pharmacists, will use the Cheshire East ‘NRT vouchers scheme’. This scheme allows Stop Smoking Practitioners to prescribe NRT products through the use of a ‘voucher’ and for all local community pharmacies to dispense the voucher and claim a payment (minus any prescription fees collected). Vouchers under this scheme can only be dispensed at Cheshire East Pharmacists.

**The Products**

The following is a list of NRT products which can be dispensed. It is not exhaustive. If a pharmacist is in doubt about the prescribing of an item they should contact the Provider Plus provider.

|  |  |
| --- | --- |
| **Patches**  | Nicorette Invisipatch 25mg, 15mg, 10mgNiQuitin 21mg, 14mg, 7mgNicotinell TTS30, TTS20, TTS10 |
| **Inhalator** | Nicorette Inhalator 15mg |
| **Sprays**  | Nicorette QuickMist Nicorette Nasal Spray  |
| **Microtab** | Nicorette Microtab  |
| **Gum** | Nicorette Nicorette Icy White NiQuitin Nicotinell  |
| **Lozenge**  | Nicorette Cools NiQuitin MINI NiQuitin Nicotinell  |

**Varenicline**

Varenicline will be issued via a GP FP10; a varenicline PGD is to be developed.

**Appendix B – AUDIT C**

**This is one unit of alcohol…**

****

**…and each of these is more than one unit**

****

**AUDIT – C**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**Scoring:**

**SCORE**

**SCORE**

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

**Score from AUDIT- C (other side)**

**SCORE**

**SCORE**

**Remaining AUDIT questions**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk,

**TOTAL = =**

 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals

AUDIT C Score (above) +

Score of remaining question

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**Scoring:**

**SCORE**

**SCORE**

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

**Score from AUDIT- C (other side)**

**SCORE**

**SCORE**

**Remaining AUDIT questions**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk,

**TOTAL = =**

 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals

AUDIT C Score (above) +

Score of remaining question

1. Associated with smoking during pregnancy [↑](#footnote-ref-2)
2. North West Public Health Observatory (2011) Synthetic estimates of numbers and proportions of abstainers, lower risk, increasing risk and higher risk drinkers in local authorities in England <http://www.lape.org.uk/downloads/alcoholestimates2011.pdf> [↑](#footnote-ref-3)