

**CABINET RESPONSE TO : MEMBER LED REVIEW – IMPROVING THE  
EDUCATION AND TRAINING OF PROFESSIONALS TO HELP ALCOHOL  
MISUSERS**

*To:* **Cabinet**

*Date:* **22<sup>nd</sup> February 2011**

*From:* **Mike Davey, Director, Community Engagement**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable** *Key decision:* **No**

*Purpose:* **To consider the Member led review on improving the education and training of professionals to help alcohol misusers.**

*Recommendation:*

**i) To thank Scrutiny for producing a valuable report.**

**ii) To support the majority of recommendations in the report.**

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## **1. BACKGROUND**

- 1.1 The Member Led Review from Cllr Brooks-Gordon and Cllr Tierney has produced a report which contains eleven recommendations for consideration by Cabinet.
- 1.2 Cabinet would like to thank Scrutiny for producing the report and seeking the views of officers and members during the study.
- 1.3 The report is comprehensive and detailed, and is welcomed by Cabinet and officers within the Authority with responsibility for the provision of substance misuse services and those responsible for training professionals.

## **2. RESPONSE TO RECOMMENDATIONS**

- 2.1 The proposed response to the recommendations of the Member Led Review is set out below.
- 2.2 **Recommendation 1: The IBA training roll out is continued to ensure practitioners feel more confident addressing alcohol issues with clients**

### **Proposed response**

Agreed-At present there are monthly IBA training sessions organised throughout the county run by the current treatment provider Addaction. However there is flexibility and if increased need is identified then additional training sessions can be provided.

- 2.3 **Recommendation 2: There should be rigorous systematic and scientific evaluation of the IBA training**

### **Proposed response**

IBA training has been rolled out by the Department of Health (DOH) after many years of trialling brief intervention tools in the primary care setting. The end product was then clinically evaluated by John Moores University in Liverpool. It can be argued that the IBA model itself has undergone intensive thorough review and we plan to evaluate local IBA training course provided locally to ensure it meets the needs of professionals.

- 2.4 **Recommendation 3: Alcohol misuse training should be treated as a priority for Adult and Children's Social Care**

### **Proposed Response**

Agreed - This should be taken to the relevant directors to ensure that alcohol and drug misuse training is mandatory for social workers and that time is allocated for individual professionals to enable them to do so.

- 2.5 **Recommendation 4: Offer IBA training to people in the community as a qualification that can be used on CVs. People who gain the qualification can then spread the message within their own communities. As a pilot scheme this might be something other councils will look to as a future model.**

**Proposed Response**

At present the IBA training is a recognised intervention and those who participate in the training will acquire additional skills. However this training does not represent a validated qualification, however certificates of attendance can be issued to participants and as such can be used as part of a training portfolio adding contribution to a CV.

- 2.6 **Recommendation 5: Train volunteers to accompany alcohol misusers in journeys to detox clinics. This would be part of a “buddy” system.**

**Proposed Response**

Currently Addaction workers accompany clients to inpatient detox. However the Addaction volunteer scheme has trained a number of volunteers that can help support this work as well as assisting clients with visits to residential rehab units across the country.

- 2.7 **Recommendation 6: It is recommended that a hard copy of alcohol services be provided to all practitioners so that services can be contacted immediately**

**Proposed Response**

At present the DAAT produces locality wide leaflets and posters detailing local Alcohol and Drug Treatment services with contact details and opening times and a brief overview of the services provided. National helpline numbers are also provided on these cards/posters. These are updated regularly and distributed to a range of professionals.

- 2.8 **Recommendation 7: It is recommended that job shadowing opportunities are provided between Addaction and Social Care to increase shared understanding of each other’s roles.**

**Proposed Response**

Agreed – Relevant managers would need to commit to releasing staff in order for this work to progress. To be taken to the relevant directors.

- 2.9 **Recommendation 8: Hinchingsbrooke Hospital to review its data sharing of Accident & Emergency information with partner agencies.**

**Proposed Response**

This is currently in the early stages and in the last month Hinchingsbrooke Hospital have agreed in principle to the sharing of A&E data. If this information is not made available then the Leader of the Council is asked to write to the Chief Executive of Hinchingsbrooke Hospital in order to progress matters further.

- 2.10 Recommendation 9: Addaction to share more information with statutory professionals on clients' progress where appropriate so that appropriate risk assessment can be made (especially re. children).**

**Proposed Response**

Addaction offers a confidential service and whilst information sharing is valuable, this is at the discretion of the client. It is accepted that where it is in the best interest of the client, agreement should be sought for some information to be shared, but confidentiality is an over-riding principle.

- 2.11 Recommendation 10: The Co-chairs of this review strongly recommend that a separate Member Led review be taken into domestic violence in Cambridgeshire.**

**Proposed Response**

Agreed – this would be valuable piece of work.

- 2.12 Recommendation 11: Coordination of training, following the departure of the DAAT Alcohol coordinator and DAAT's restructure, needs to be allocated as a role to an individual / individuals in the team.**

**Proposed Response**

The training and some of the alcohol co-ordination functions will be picked up by the team, it is proposed in the restructure that some members of the team will expand their roles and responsibilities to include alcohol as part of their day to day work. Without this specific post clearly coordinating alcohol work for the county will be more challenging. Through the work of the Adult Alcohol Commissioning Group (AACG), key partners recognise that progressing alcohol work in the county is the responsibility of all partners and not the responsibility of just one agency.

**3. SIGNIFICANT IMPLICATIONS**

**3.1 Resources.**

Funding relating to alcohol misuse is severely limited, therefore it is the responsibility of all agencies to consider issues relating to alcohol and to act accordingly.

**3.2 Statutory Duties**

No direct implications.

**3.3 Climate Change**

No direct implications.

**3.4 Access and Inclusion**

No direct implications.

### 3.5 Engagement and Consultation

No direct implications.

Source Documents	Location
None	NA