

<b>MEETING:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>DATE:</b>	<b>18 OCTOBER 2011</b>
<b>TITLE OF REPORT:</b>	<b>ALCOHOL INTEGRATED NEEDS ASSESSMENT – EXECUTIVE SUMMARY</b>
<b>REPORT BY:</b>	<b>Dr Sarah Aitken &amp; Dr Alison Merry</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

For the Health and Wellbeing Board to note the alcohol integrated needs assessment including the methodology that has been developed for this and to approve the recommendations.

### **Recommendation(s)**

**THAT:**

- (a) the methodology developed for this alcohol INA is adopted as the Health and Wellbeing Board’s standard Integrated Needs Assessment (INA) methodology;**
- (b) this INA is used to inform the development of an alcohol harm reduction strategy in the context of a commissioning cycle;**
- (c) a coordinated range of actions are undertaken to address alcohol-related harm to health using the ladder of interventions as a conceptual framework;**
- (d) data collection and surveillance on alcohol-related harm to health continues to be developed and refined (“step 1 of the ladder”);**
- (e) social marketing campaigns are developed to reduce alcohol-related harm to health in young people (“step 2 of the ladder”);**
- (f) IBA (identification and brief advice) services should be expanded across health and non-health settings increasing the number of at risk people who are supported and allowing specialist services to focus on specialist care (“middle of the ladder”);**
- (g) clear commissioning intentions for integrated alcohol services are**

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Further information on the subject of this report is available from  
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developed using the NTA's stepped model which covers tier 1 to tier 4 services ("middle of the ladder");

- (h) work continues to build on existing partnership initiatives to reduce alcohol-related harm to health through influencing default choices, incentives, disincentives and enforcement ("top of the ladder");

## Key Points Summary

- The INA methodology uses quantitative and qualitative data, including wide stakeholder input to bring together information on "what is the size of the problem", "what are the current services" and "what works" and to make recommendations for future action.
- INA contributes to the JSNA process, informs strategy development and forms the first step in the commissioning cycle
- Key findings of alcohol INA – in Herefordshire:
  - 23% of men and 11% of women drink over recommended limits
  - Alcohol-attributable hospital admissions are a major cause of hospital admission in and have increased by over 30% since 2007/08.
  - The alcohol-specific hospital admission rate for under 18 year olds is significantly higher than the England average.
  - There is an upwards trend in alcohol-specific hospital admissions with a 19% increase (men) and 29% increase (women) since 2007/08.
  - There is a strong social gradient in alcohol-attributable hospital admissions
  - People from the most deprived neighbourhoods are **twice as likely** to be admitted with an alcohol-attributable condition as people from the least deprived neighbourhoods.
  - Young people from the most deprived neighbourhoods are **twelve times more likely** to be admitted to hospital with an alcohol-attributable condition than those from the least deprived neighbourhoods.
  - Alcohol-specific hospital admission rates for young people are higher in Herefordshire than in other areas with similar population characteristics.
- The National Treatment Agency recommends a four-tiered "stepped model" for integrated alcohol harm services. Compared to this, there are gaps within local service provision.
  - Increased provision of Identification and Brief Advice (IBA) is needed in a range of health and non-healthcare settings
  - Specialist services currently focus on non-specialist care and there is insufficient specialist capacity within county
- Recommendations are included in the report and have been outlined above.

## Alternative Options

1 n/a

## Reasons for Recommendations

2 Based on assessment of need and evidence of what works

## **Introduction and Background**

- 3 The Health and Wellbeing Board has agreed to look at alcohol-related harm to health and alcohol harm reduction services with the first step being to undertake an alcohol integrated needs assessment. This paper provides an executive summary of the alcohol needs assessment and provides a standard methodology for future integrated needs assessments on other topic areas. The INA is intended to inform the development of an alcohol harm reduction strategy in the context of a commissioning cycle.

## **Key Considerations**

- 4 As set out in the alcohol INA

## **Community Impact**

- 5 To be determined

## **Financial Implications**

- 6 To be determined

## **Legal Implications**

- 7 To be determined

## **Risk Management**

- 8 To be determined

## **Consultees**

- 9 A range of stakeholders were consulted in the course of developing the INA using a questionnaire, structured interviews and a stakeholder workshop

## **Appendices**

- 10 n/a

## **Background Papers**

- None identified