Herefordshire Council

MEETING:	**HEALTH AND WELL-BEING BOARD**
DATE:	**9 JULY 2013**
TITLE OF REPORT:	**UPDATE ON THE REVIEW OF SERVICES AND PATHWAYS FOR ALCOHOL MISUSE**
REPORT BY:	**CONSULTANT IN PUBLIC HEALTH/ASSISTANT DIRECTOR OF PUBLIC HEALTH**

1. Classification

Open

2. Key Decision

This is not a key decision.

3. Wards Affected

County-wide.

4. Purpose

To review development work on the review of services and pathways for alcohol misuse.

5. Recommendation(s)

THAT:

(a) Activity on addressing the impact of alcohol consumption priority be noted and discussed.

6. Key Points Summary

- The Health and Wellbeing Board task and finish group has identified eight specific priorities for the Demand Management workstream which include alcohol consumption and improving joined-up care pathways.
- Reviewing services and pathways for alcohol misuse is one of the specific areas that the Demand Management workstream has chosen to focus on in the first quarter of 2013-2014.
- Alcohol misuse contributes to a wide range of health conditions and is the third greatest overall contributor to ill health and premature death after smoking and raised blood pressure.
- In Herefordshire:
    - There were over 3,500 alcohol-attributable hospital admissions among Herefordshire residents in 2011-2012;

    - There has been an increase of over 25% in alcohol-attributable hospital admissions among Herefordshire residents since 2007-2008;
    - There are, on average, around 65 alcohol-attributable deaths per year, with major variation in mortality rates between the most deprived communities in the county and the county population overall;
    - The costs to the NHS of secondary healthcare associated with alcohol are estimated at £6.25 million.[1]
- Almost 30% of Herefordshire's drinking population drink at increasing or higher risk levels; 20% of all adults binge drink.[2]
- Although final figures for 2012-2013 are not yet available, the data which is available to date suggests possible decreases in the numbers of alcohol-related hospital admissions for this year including:
    - 5% reduction in the rate of alcohol-attributable admissions;
    - 56% reduction in the rate of alcohol-specific admissions in under 18 year olds;
    - 16% reduction in alcohol-specific admissions in men;
    - 19% reduction in alcohol-specific admissions in women.
- Whilst the forecast 50-60% reduction in alcohol-specific admissions in young people is very welcome, it is important to note that we do not yet have evidence of a permanent downward trend. The overall numbers in this age group are relatively small and a small change in the total number from one year to the next can produce a large percentage difference between years due to random variation which may not represent a real change.
- A multi-agency Alcohol Harm Reduction Group (AHRG) was established in 2011 to address alcohol-related harm in Herefordshire with a particular focus on harm relating to health and to crime and disorder. During 2011-2012 the AHRG met regularly to develop a one year strategic plan informed by the Alcohol Integrated Needs Assessment (part of the Joint Strategic Needs Assessment) and using a "Ladder of Intervention" framework to identify actions at differing levels and by different agencies. In this first year, the AHRG oversaw the implementation of a varied range of existing and new initiatives. Examples include the introduction of a Street Pastor scheme and the implementation of the Making Every Contact Count programme (brief advice by frontline staff on healthy lifestyles including advice on alcohol).
- The AHRG has recently reviewed its membership, and having identified some gaps, will be widening this accordingly, in particular to ensure appropriate representation from providers of alcohol misuse services and the business sector. The AHRG is currently developing a three year strategic plan for 2013-2015, building on its initial

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[1] Alcohol-specific admissions are conditions that are wholly related to alcohol (eg alcoholic liver disease or alcohol overdose). Alcohol-attributable admissions are those which are caused by alcohol in some, but not all, cases (eg stomach cancer and unintentional injury).

[2] Increasing risk drinking is defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units for females. Higher risk drinking is defined as consumption of 50+ units of alcohol per week for males, and 35+ units for females. Binge drinking is the consumption of at least twice the daily recommended amount of alcohol in a single session (8+ units for men and 6+ for women).

2011-2012 plan.

- The public health roles and responsibilities of local authorities introduced by the Health and Social Care Act 2012 include, with effect from 1st April 2013, the commissioning of alcohol misuse services.

- The public health transition process included the transfer of existing contracts for alcohol misuse services (Tier 0-3) from NHS Herefordshire to Herefordshire Council. Herefordshire CCG is the commissioner for Tier 4 alcohol services (detoxification and rehabilitation).

- The main local provider of alcohol misuse services is 2Gether NHS Foundation Trust, with the alcohol and drug services forming part of the overall block contract which is held by Herefordshire CCG (previously held by the PCT).

- The commissioning of alcohol services will be a major area of work for public health during 2013-2014 and will include reviewing, and where appropriate working with providers to redesign, existing services and pathways against local need and models of best practice.

- As part of its new commissioning responsibilities for alcohol misuse services, the public health team led a half-day Alcohol Pathway Workshop in April 2013 which brought commissioners and providers of alcohol services together with other major stakeholders to consider existing services and pathways, identify issues and plan next steps towards commissioning effective and joined up services.

- A number of key issues and gaps in local provision were identified at this event together with plans for addressing these. The key issues identified included:

    - The importance of a joined-up approach and the need to consider the whole care pathway;
    - The importance of primary prevention and the role of a wide range of partners in this ("prevention is everyone's business");[3]
    - The need to shift the focus of alcohol (and drug) misuse services to a greater focus on recovery in line with the recommendations of the Strang Report.

- The next steps identified at the workshop included:
    - continuing to work as part of the alcohol harm reduction group and supporting the future development of this as a multi-agency stakeholder group with the aim of reducing alcohol-related harm across the county;
    - establishing a commissioner forum for alcohol misuse services;
    - further work to review and, where appropriate, to redesign local alcohol misuse services and pathways, building on the work done at the workshop;
    - working with Public Health England and local partners to shift the focus to recovery-based outcomes (for alcohol and drug services), including running a session with PHE colleagues to explore this.

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[3] Primary prevention aims to prevent disease occurring in the first place; secondary prevention is aimed at detecting and treating problems at an early stage; tertiary prevention reducing negative impacts of existent or established disease by restoring function and reducing complications.

- Whilst it is important to commission effective, efficient and joined-up alcohol misuse services, it is also important to focus on prevention. Alcohol misuse services are highly resource intensive and there is a strong economic argument for investing in prevention. Some examples of programmes which are contributing to prevention include the NHS Health Checks and Making Every Contact Count Programmes. As work to review services and pathways progresses, the public health team will further develop our plans for primary prevention, particularly for children and young people.
- It is important to note that there is a great deal more that could be done to prevent alcohol-related harm and that this requires action by a wide range of partners across the public, private, community and voluntary sectors. Whilst the public health team has a role in influencing and supporting partners in this, full engagement across these sectors is needed in order to make a real difference, with all partners recognising and acting on their own responsibilities for preventing alcohol-related harm.

7. Alternative Options

7.1 Although there are a range of alternative options, alcohol consumption has been identified as a priority by the Health and Wellbeing Board priority-setting task and finish group.

8. Reasons for Recommendations

8.1 To inform the Health and Wellbeing Board of work undertaken on the review of services and pathways for alcohol misuse.

9. Introduction and Background

9.1 Following the prioritisation process undertaken by the Health and Wellbeing Board task and finish group at the end of last year, a set of eight specific priorities for the Demand Management workstream were identified. These included alcohol consumption and improving joined-up care pathways.

9.2 Reviewing services and pathways for alcohol misuse is one of the specific areas that the Demand Management workstream has focused on in the first quarter of 2013-2014.

9.3 This paper provides an update on activity to address the impact of alcohol consumption and to review of services and pathways for alcohol misuse.

10. Key Considerations

10.1 In this first quarter of 2013-2014, the Demand Management workstream has chosen to focus on specific areas from the eight priorities areas to develop further over the year. These include reviewing services and pathways for alcohol misuse.

11. Community Impact

11.1 Alcohol consumption is one of the key issues affecting the health and wellbeing of our population as identified in *Understanding Herefordshire*. Focusing on progress

and improvement in this area will have a positive health impact on those affected by them.

12. Equality and Human Rights

12.1 Commissioning plans for alcohol misuse services are informed by *Understanding Herefordshire*.

13. Financial Implications

13.1 There are no immediate financial implications arising from the recommendations of this report. Ownership and resourcing of action identified will be taken by those partner organisations as agreed in the workstream process.

14. Legal Implications

14.1 None.

15. Risk Management

15.1 None.

16. Consultees

16.1 A wide range of partners took part in the Alcohol Pathway Workshop including representatives from the Health and Wellbeing Board, Herefordshire Council (Public Health, Adult Social Care, Environmental Health and Trading Standards, Community Safety), Herefordshire CCG, 2Gether NHS Foundation Trust, West Mercia Police and West Mercia Probation Trust.

17. Appendices

17.1 Summary of report of the Alcohol Pathway Workshop held on 30th April 2013 (appendix 1).

18. Background Papers

18.1 *Understanding Herefordshire*