

REPORT TO: Safer Policy & Performance Board

DATE: 24 June 2014

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Alcohol update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update to Safer Policy and Performance Board on Alcohol.

2.0 RECOMMENDATIONS: That The Board is asked to receive this report and note its contents

3.0 PERFORMANCE INFORMATION

3.1 The “Healthy Halton” Strategic objective is to “**Reduce alcohol related hospital admissions (NI 39) Rate per 100,000 population**”.

	2012/13 Actual	2013/14 Threshold	2013/14 Qtr 2
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2815.9	3,142	3,184
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	878.0	1039	1038.2

3.1.1 The first indicator above measures the cumulative rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics. The 2012/13 rate was calculated using local unverified data. Local data can be utilised as an interim measure. This is a broad indicator which includes all admissions that are caused by alcohol in some, but not all cases. (This would include conditions such as stomach cancer and unintentional injury). Alcohol-related admissions have been increasing in Halton over recent years, but did decrease during 2012/13.

3.1.2 The second measure provides further detail and relates to admissions which are wholly attributable to alcohol (in other words AAF=1.) This rate is not released nationally so always uses local data. The Halton rate has fluctuated during recent years but did decrease between 2011/12 and 2012/13.

3.1.3 The most up to date information available is Qtr 2 (September 2013). It is a rolling yearly rate and includes data from 1st October 2012 to 30th September 2013 and uses local unverified data in the absence of published information.

3.2 Alcohol Liaison Nursing Service at Whiston and Warrington Hospitals

3.2.1 Performance data has now started to flow from the two providers of the Alcohol Liaison Nurse Service. Work is now underway to further develop the reporting mechanisms and the level of detail provided that relates to Halton residents.

St Helens & Knowsley NHS Hospital Trust – (Apr 13 – Jan 14)

3.2.2 The Alcohol Liaison Nursing Service developed at Whiston Hospital during 2012 continues to operate and has recently expanded its remit. Performance over the last quarter has reduced due to staffing issues and winter pressure.

3.2.3 There is a relative balance between patients seen in the Emergency Department / EAU / Obs and those seen on the wards.

3.2.4 The service is developing a pilot scheme for “regular attenders” which will seek to work with community services and all partners to provide a package of care for those individuals who attend the Emergency Department on a regular basis due to the impact of alcohol.

3.2.6 During the first three quarters of 2013/14 82 out of 505 post-admission patients (16% of total clients) were from Halton. Of those assessed in pre-admission, the following accepted or attended a community referral.

Post- Admission Assessment Activity	April	May	June	Q1 Total	July	August	Sept	Q2 Total	Oct	Nov	Dec	Q3 Total	Grand Total
Number of all referrals to Community Service Halton CRI	1	3	6	10	7	2	6	15	2	0	3	5	30
Attended initial appointment Halton CRI	0	1	2	3	0	0	1	1	0	2	3	5	9
Number of fast-track referrals to Halton CRI	0	0	0	0	1	0	1	2	0	0	0	0	2
Attended initial Fast Track Appointment Halton CRI	0	0	0	0	0	0	1	1	0	0	0	0	1

Warrington & Halton Hospitals NHS Foundation Trust

3.2.7 The Alcohol Nursing Service continues to operate at Warrington Hospital and work is underway to ensure that there are streamlined pathways into the Community Treatment Service in Halton (CRI). The cost of the Service for Halton residents is being met by Public Health Budget.

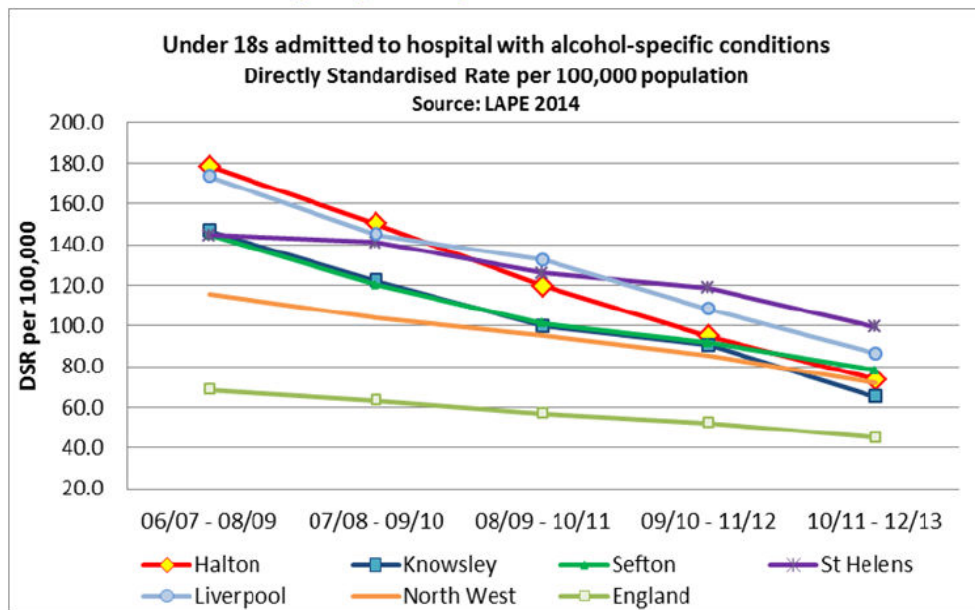
3.2.8 Robust data for the Warrington service is not yet available, but full year performance will be reported to the next meeting of the Partnership.

3.3 Under 18s admitted to hospital for alcohol-specific conditions (crude rate per 100,000 population, rolling 3 year rate)

2010/11 - 2012/13: 72.3 (61 admissions)

Q3 2010/11 – Q2 2013/14: 67.6 (57 admissions)

Under 18 alcohol-specific hospital admissions



The figures above show a fall in the number of under 18s admitted to hospital for conditions that are specifically caused by excess alcohol consumption e.g. alcohol poisoning. Halton now shows a steady year on year downward trend for under 18s hospital admissions. Halton has seen the biggest decrease within Merseyside, and also a greater decrease compared to the England and North West average.

3.4 Detoxification Services

The Local Authority currently commissions inpatient detoxification services from the Kevin White Unit and the Windsor Clinic. As of the end of Qtr 2, the indicative activity plan is forecast to be underachieved by 41.56%. However, this is mainly in the area of drugs detoxification rather than alcohol. Further work is underway to understand referral patterns and local need.

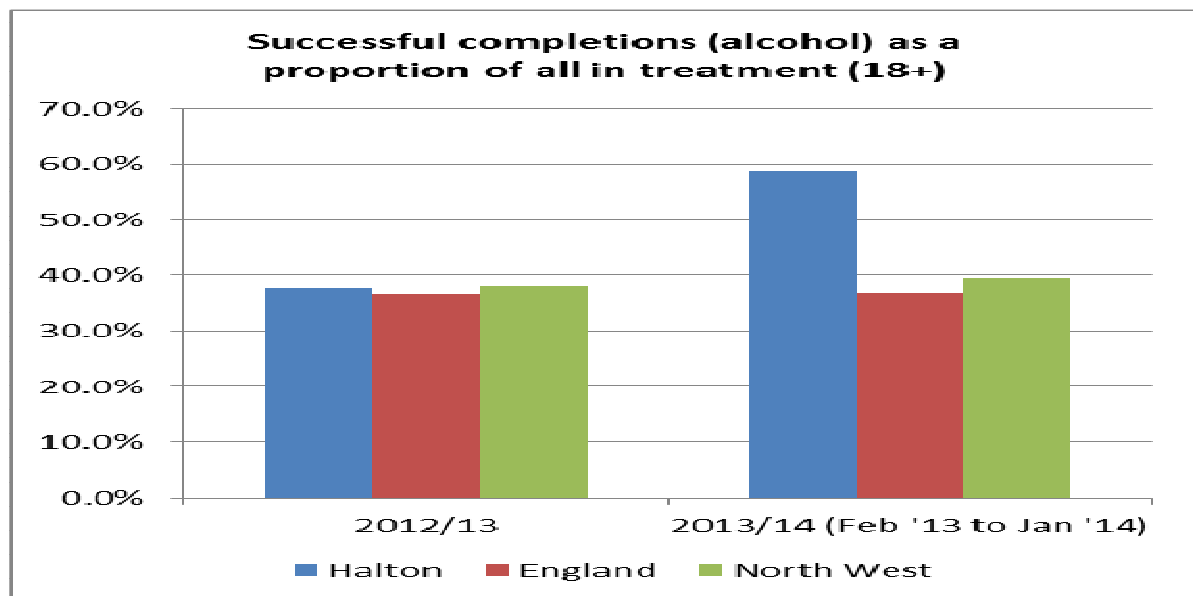
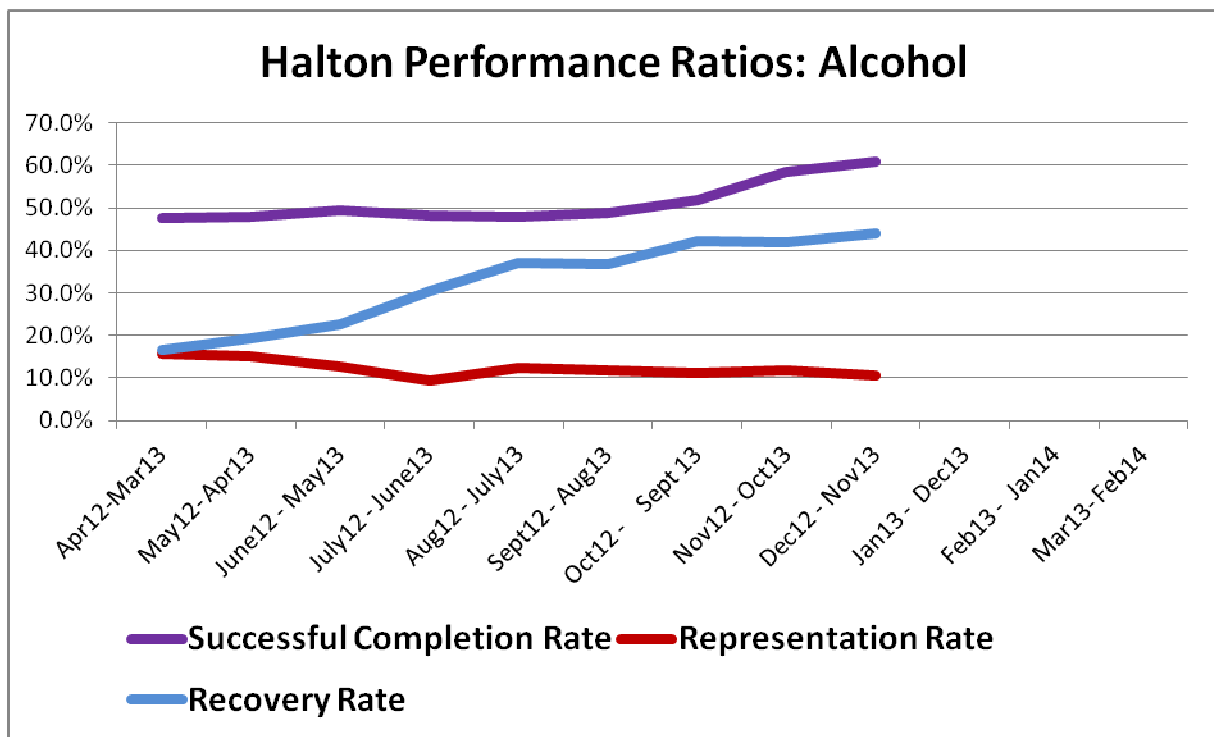
3.5 CRI – Community Alcohol Services

Community Alcohol Detox

3.5.1 Alcohol detox commencements and completions remain below target for Q3. During Q3, with the current nurse team, work has been completed regards easier pathways for accessing bloods from GP surgeries, where nurses making professional decisions in partnership to commence detoxes and weekly activity monitoring with daily flash discussions taking place to highlight suitable candidates. From the point of assessment, those service users scoring 20 plus on the SADQ will automatically be considered appropriate for a detox assessment.

3.5.2 The data below evidences that the number of positive discharges from the alcohol cohort remains high with a low representation rate, even within a 'cleansing exercise period. With more specific and detailed recording of the EBI data CRI will

be able to reflect on the numbers exiting successfully at different stages through a variety of interventions, alongside an increase in the number of community alcohol detoxes.



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
37.7%	Increasing the % of successful	43.9%	58.6% (Feb 13 -	✓	↑

	completions		Jan 14)		
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3.5.3 The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction. It is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that the in-treatment population does not remain static. Data used for Q2 and Q4 above is a rolling yearly percentage. The latest data (Q4) is for 1st February 2013 to 31st January 2014.

3.5.4 The data is demonstrating an increase in the number of clients accessing the treatment service and an increase in the number of successful completions for alcohol. Performance for Feb '13 to Jan '14 is better than the 2012/13 end of year figure of 37.7%. The Halton percentage is statistically significantly higher (better) compared to the North West and England averages.

3.5.5 Work has been taking place to create a pathway between A&E. An extraordinary meeting has taken place in January to determine a joint working arrangement for the continuation of treatment for those who present at secondary care.

4 Public Health Update

4.1 Alcohol Harm Reduction is a priority of the Halton Health & Wellbeing Board and a revised Halton Local Alcohol Strategy is under development following the release of the National Alcohol Strategy in 2012 and further consultation is underway with key stakeholders to agree priority work streams. An Alcohol action plan has been developed to achieve key outcomes in the next 2 years; progress will be monitored through the Health and Wellbeing Board.

4.2 Halton has been awarded the status of “Local Alcohol Action Area”. This is a national campaign which has asked for pilot areas to self-nominate and receive support in addressing the harm from alcohol across three areas – health, the night time economy and crime and anti-social behaviour. A project plan is being developed to ensure that Halton can maximise the impact of this opportunity.

4.3 Dry January – Halton participated and promoted the Dry January campaign. Across the Halton and St Helens areas there were 180 signups which have been broken down as follows:

WA7 – 34

WA8 - 46

WA4 – 18

WA9 – 17

WA10 – 34

WA11 – 14

WA12 – 7

In terms of the national campaign, 17,312 people took part online representing over 400% more than the previous year. There were 25,077 likes on Facebook, 3461 followers on twitter, 500+ pieces of media coverage and 10 online advice sessions where more than 10000 people tuned into each one.

4.4 Work continues to look at the role of S.136 and mental health support for Police operational activity. Initial findings have resulted in a reduction in the number of S.136s used whilst the pilot is in operation.

4.5 In addition, the Public Health Team has also:

- Developed a pilot “social norms” programme to examine young people’s relationship with alcohol. Work in underway to develop a Halton wide programme to change the perceived “social norms” through more intelligent presentation of facts, improving self-esteem and emphasising the normalcy of positive health behaviours as a means to promote health and reduce risky behaviour in schools.
- Began work to examine the potential role of a “dry room” for Halton.
- Developing a proposal to conduct a “community conversation” programme to gain greater insight into local peoples’ relationship with alcohol.

5.0 FINANCIAL IMPLICATIONS

5.1 None

6.0 POLICY IMPLICATIONS

6.1 None

7.0 RISK ANALYSIS

7.1 Any change to the above may impact on service delivery and will require reprioritising of key objectives.

8.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

8.1 Children & Young People in Halton:

The work of the Local Authority and its partner organisations links very closely with that of the council’s Children’s’ and Enterprise Directorate, working with services to promote early intervention, advice and support to reduce the risk of children and young people misusing alcohol. Risk taking behaviour, including the consumption of alcohol, is a priority area for the Children’s Trust.

8.2 Employment, Learning & Skills in Halton:

The Local Authority and its partner organisations work closely with employment and educational services to promote employment and educational opportunities for those individuals engaged in alcohol misuse services, alongside providing information to employment and education providers to reduce or prevent the risk of alcohol misuse.

8.3 A Healthy Halton

Tackling the misuse of alcohol has direct health benefits and is a priority area identified by the Halton Health and Well Being Board through its strategy and action plan.

8.4 A Safer Halton

Alcohol has a direct correlation to anti-social behaviour and crime. The work of the Local Authority and its partner organisations is to reduce the impact of substance misuse for the communities of Halton.

8.5 Environment and Regeneration

Alcohol has a direct correlation to anti-social behaviour and crime. The work of the Local Authority and its partner organisations is to reduce the impact of substance misuse for the communities of Halton.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 None

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

10.1 None under the meaning of the Act.