haringey strategic partnership

**Meeting:** **Well-Being Strategic Partnership Board**

**Date:** **2 March 2009**

**Report Title:** **Alcohol Strategy Implementation Plan Update and Presentation on analysis of the Hospital Episode Statistics data**

**Report of:** **Marion Morris (DAAT) and Susan Otiti (Public Health)**

**Purpose**

- For information (implementation plan update)
- For discussion (HES analysis)

**Summary**

The Alcohol Harm Reduction Strategy implementation plan is in three sections: health, community safety and children and young people. This update concerns the health section, whose actions fall within the remit of the Well-being Partnership Board. Progress is good on all actions with the exception of H9, which is to address the housing needs of problematic drinkers. More details are given below and all the health actions are listed at Appendix 1.

An important element of the strategy is to get a detailed understanding of alcohol-related hospital admissions to inform our approach to reducing the alcohol related hospital admission rate. An analysis has now been done and will be presented to the meeting.

As a result of the analysis a submission for £460k of new investment has been submitted to the PCT to develop hospital liaison services for alcohol and early interventions in primary care through a Locally Enhanced Service.
LES

**Legal/Financial Implications**

£460k new investment pa by the PCT for alcohol interventions.

**Recommendations**

- To note the implementation plan update
- To note the findings of the HES analysis
- To support the new investment

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**Background**

To assist with implementing the alcohol strategy action plan, the DAAT successfully bid for Home Office funding to pay for consultancy support from Ranzetta Consulting until the end of March 2009. This support has made possible additional activity such as the Christmas Alcohol Awareness campaign and pursuit of data sharing between North Middlesex A&E and the SCEB, as well as a formal external evaluation of the screening and brief intervention pilot.

**Progress on the action plan (see Appendix 1 for list of actions)**

Analysis of hospital admissions data (action H1) is crucial to reducing the rate of admissions, which is a Local Area Agreement target (NI39). The paper attached at Appendix 2 shows how we can reduce admissions, based on the analysis (H2). The investment required is £460 as follows:

| New activity | Rationale | Investment required |
|---|---|---|
| Extra alcohol counselling in the community | Using the approach set out by Rush et al[1], modelling of capacity in the current alcohol treatment system shows a shortfall in counselling at tier 3. A senior counsellor at HAGA would be able to have a caseload plus supervise volunteer counsellors. | 1 post @£50k |
| Hospital liaison team | At the Royal Liverpool University Hospital, where this model of provision was developed, the number of inpatient episodes per month for patients admitted to manage alcohol withdrawal, on average fell from 50 to 2 per month (where there was no co-morbidity). | 2 band 7 nurses @ £50k; 0.5 admin@ £15k = £115k |
| Alcohol Local Enhanced Service (primary care) | As per DH guidance, identification and brief advice should be implemented across primary care to provide early intervention for hazardous drinkers. The mechanism for delivering this is usually via a LES (although QOF+ also possible, see Hammersmith & Fulham). The existing brief intervention pilot project would support implementation of the LES through training and support for primary care staff. | c. £200k |
| A&E screening and brief interventions | Again as per DH guidance. This post would complement the post that is currently funded to do brief interventions in North Middlesex, and would be based at the Whittington. | 0.5 post @50k = £25k |
| Public health strategist | This is a contribution towards a new PH post which sits in the DAAT - leading on the alcohol element of social marketing etc. | 5k |
| Management of complex in- | This is needed to fund in-patient detox for patients with complex health and mental health | Spot purchasing |

[1] The Rush Model is the best established method of estimating capacity for alcohol treatment. Rush B (1990) A systems approach to estimating the required capacity of alcohol treatment services, *British Journal of Addiction* **85(1)** p49-59

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|---|---|---|
| patient cases | needs. | budget of £40k |
| Part-time alcohol coordinator | This post holder would drive forward the alcohol agenda/strategy action plan - ensuring alcohol becomes more mainstreamed across the partnership | 25k |

We have more work to do on planning social marketing and prevention campaigns (H3); a needs assessment by Susan Otiti will commence shortly that will inform our thinking on this, and also H13. The new public health strategist post based in the DAAT is working with Public Health to mainstream alcohol in health promotion activities and strategies, including the Health Trainers scheme (H5).

The development of a commissioning framework for alcohol treatment is ongoing and will be discussed at the next Joint Commissioning Group meeting in May (H6), which puts this action a little behind schedule. Discussions between HAGA and the BEH consultant psychiatrist re clinical governance are ongoing (H7). Several meetings have taken place regarding community alcohol detox for poly drug use (H8) as the issue is more complex than first appeared. However a resolution is expected shortly.

There has been no progress on addressing the housing needs of alcohol misusers (H9) and the action as it stands is very unlikely to be completed in time. We will meet with HAGA and specialist housing providers to review the main issues and discuss with Phil Harris how to proceed.

We have agreed with Age Concern how to conduct the needs assessment within existing resources (H10) – we initially expected to need funding. The work is expected to start shortly.

Libby Ranzetta is conducting a formal evaluation of the screening and brief intervention pilot as part of the Home Office funded work (H11). She will work with the public health strategist based in the DAAT to review alcohol workplace policies of the council and PCT (H12).

**Appendix 1: ALCOHOL STRATEGY ACTION PLAN 2008/9** health section 16.2.09

| **Reducing alcohol-related health harm** | | **Wellbeing Board** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Activities to be undertaken** | **Lead organisation and lead officer's name** | **When** | **Resources** | **Partnership or subgroup** | **Related target** | **Thematic board** | **Progress (RAG)** |
| H1 | Analyse alcohol-related hospital admissions data (HES) for: profile of patients (age, gender, ethnicity, ward of residence); patterns of repeat admissions (i.e. which conditions associated with most repeats); profile of conditions contributing to the overall rate of admissions (i.e. which conditions are most important) | Joint Director of Public Health<br>PCT/Council | Dec 08 | Additional resources may be needed to complete the analysis | DAAT (JCG) | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | G |
| H2 | Develop an action plan to reduce hospital admissions based on results of data analysis. (To include consideration of ward-based alcohol interventions for patients with key conditions; development of liaison and referral pathways between hospitals and community based services; alcohol screening and brief interventions in out-patient clinics; primary care, data sharing between A&E and Community Safety re | Drug & Alcohol Strategy Manager<br>Joint Commissioning Manager - Substance Misuse PCT/Council | Feb 09 | Costs dependent on action plan.<br><br>[indicative costs:<br>• £72k continued funding for brief interventions<br>• Hospital liaison | DAAT (JCG) | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | |

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| | violence-related presentations) | | | workers (see Liverpool Lifestyle team) 2 band 7 nurses @ £50k; 0.5 admin@ £15k = £115k<br>• Development of data sharing with the Whittington £2k for training (assumes Enfield will fund corresponding work in North Mid)<br>• Local Enhanced Service for primary care £200k (10/11)] | | | | A |
| H3 | Develop and implement an alcohol prevention action plan based on analysis of HES data (see H1) to include social marketing, health promotion, awareness training for generic health and social care professionals, and targeted work for key communities (using MOSAIC as one way to identify these). | Joint Director of Public Health/ Public Health Strategist – Addictions DAAt Strategy Manager | April 09 | £21k contribution from DAAT; additional c25k to be agreed by PCT | DAAT partnership board | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |

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| H4 | Agree and implement monitoring arrangements for alcohol-related hospital admissions | Joint Director of Public Health/ Head of Performance PCT | By Nov 08 | Core business | DAAT (JCG) | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | G |
| H5 | Ensure alcohol is included in all relevant mainstream health promotion strategies (e.g. obesity, sexual health) and activities (e.g. health trainers) | Joint Director of Public Health | Ongoing | Core business | DAAT partnership board | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |
| H6 | Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement. | Joint Commissioning Manager for Substance Misuse | By Apr 09 | Core business to develop commissioning framework. | DAAT (JCG) | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |
| H7 | Develop a clinical governance framework for specialist alcohol treatment | PCT Clinical Governance Lead/ Director HAGA/Consultant Psychiatrist BEH MHT | By Apr 09 | Core business | DAAT Treatment Task Subgroup | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |
| H8 | Agree and implement joint working arrangements between drug and | Service manager DASH/ Director HAGA / DAAT | May 09 | Costs to be drawn from residential | DAAT (JCG) | | Well-being | |

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| | alcohol services for community alcohol detox for poly drug users | Strategy Manager | | detox budget (savings expected overall) | | | | A |
| H9 | Agree an action plan for addressing the housing needs of problematic alcohol users (to include: data requirements; awareness training for housing workers, RSLs and private landlords; criteria for priority housing; assessing need for floating support and assertive outreach) | Assistant Director Housing / Director HAGA/Regional Director St Mungo's/SP Commissioner | April 09 | Core business | SP Commission-ing Board | Homelessn ess Strategy objectives. | Well-being/ Integrated Housing Board | R |
| H10 | Prepare a proposal to research alcohol problems in older people in Haringey and secure funding to carry this out. Links into PCT falls collaborative. | Director Age Concern | March 09 | | | NI 39 and VSC26: Alcohol-related hospital admissions (improveme nt target) | Well-being | A |
| H11 | Evaluate existing alcohol screening and brief interventions pilot and make recommendations for future developments across A&E and primary care | Joint Commissioning Manager/Director HAGA | Feb 09 | Core business | DAAT (JCG) | NI 39 and VSC26: Alcohol-related hospital admissions (improveme nt target) | Well-being | A |
| H12 | Review alcohol workplace policies for the council and PCT to ensure they meet best practice standards, and train key frontline staff in alcohol awareness | Service Manager, Adult, Community & Culture Services | October 09 | Via Learning and Development Board<br><br>£8k for 16 half day sessions (350 trainees) | Learning and Development Board | NI 39 and VSC26: Alcohol-related hospital admissions (improveme nt target) | Well-being | A |

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| H13 | Develop range of 'age appropriate' targeted information on alcohol related harm following analysis of HES data to address imbalances and inequalities in the strategy as identified by the Equalities Impact Assessment. | Joint Director of Public Health/ public health strategist substance misuse | June 09 | | DAAT Joint Commissioning Group | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |
| H14 | Secure resources to continue to commission HAGA, COSMIC and outreach work with street drinkers | Joint Commissioning Manager/ DAAT Strategy Manager | March 09 | Core Business | DAAT Joint Commissioning Group | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | A |
| H15 | Develop a local hospital protocol for the management and treatment of problem drinkers | DAAT/HAGA/Dual Diagnosis Service/Acute trusts | May 09 | Core business | DAAT Joint Commissioning Group | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | G |
| H16 | Explore possibility of HAGA collecting data on people with disabilities to better inform future service development. | Joint Commissioning Manager/Director HAGA | March 09 | Core business | DAAT Joint Commissioning Group | NI 39 and VSC26: Alcohol-related hospital admissions (improvement target) | Well-being | G |
| H17 | To continue to monitor ethnicity of people using alcohol services and | Joint Commissioning Manager/Director HAGA | Ongoing | Core business | DAAT Joint | NI 39 and VSC26: | Well-being | |

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|---|---|---|---|---|---|---|---|---|
| | ensure that the main community languages are catered for. | | | | Commissioning Group | Alcohol-related hospital admissions (improvement target) | | G |

## Appendix 2: How to reduce alcohol-related hospital admissions

### Key actions

Based on the best available evidence, the Department of Health has identified key actions that PCTs and partners can take that will make the highest impact on reducing alcohol related harm and admissions. These are:

i. Improve specialist treatment access, capacity and effectiveness
ii. Implement Identification and brief advice (IBA) in
    - Health: A&E, Specialist Clinics, Primary Care
    - Criminal Justice
iii. Provide local implementation of national media campaigns
iv. Identify local champions and build the case for investment
v. Work with local partners to develop activities to control alcohol misuse

### Quick wins

Analysis by the PCT suggests the 08/09 target could be achievable by reducing repeat admissions from 'frequent fliers' – ie people with primary alcohol problems who keep being admitted to hospital. In order to assess the number of individuals contributing to admission numbers, admission records with the same NHS number (or patient number if this was unavailable) were linked, and total admission numbers for individual patients were counted, both within each financial year, and over the whole four year time interval.

Table 1 shows the pattern of re-admission from one year to subsequent years for (known) new cases in each year for conditions wholly attributable to alcohol. 16 to 17% of 2004/05 cases returned in subsequent years and readmissions showed only a small decline in the period.

**Table 1:** Pattern of readmission for individual wholly attributable cases

| | **Year of admission** | | | |
|---|---|---|---|---|
| **Year of first (known) admission** | **2004/05** | **2005/06** | **2006/07** | **2007/08** |
| **2004/05** | 341 | 56 | 57 | 53 |
| **2005/06** | | 295 | 41 | 41 |
| **2006/07** | | | 346 | 59 |
| **2007/08** | | | | 333 |

Table 2 shows that many individual patients admitted for conditions wholly attributable to alcohol were subsequently re-admitted, with all patients averaging 1.43 admissions in 2007/08.

**Table 2:** Frequency of in year admissions for individual wholly attributable patients

| Number of Admissions in Year | 2004/05 | 2005/06 | 2006/07 | 2007/08 |
|---|---|---|---|---|
| **1** | 281 | 285 | 337 | 378 |
| **2** | 45 | 37 | 64 | 53 |
| **3** | 7 | 21 | 14 | 35 |
| **4** | 3 | 6 | 13 | 6 |
| **5-9** | 5 | 2 | 15 | 13 |
| **10-14** | | | 1 | 1 |
| **All Patients** | 341 | 351 | 444 | 486 |
| **Average Admissions per Patient** | 1.26 | 1.30 | 1.49 | 1.43 |
| **Maximum** | 6 | 5 | 11 | 10 |

**Medium term**

Research from St Mary's Paddington suggests that for every two patients who screen positive in A&E and are referred to an alcohol worker, there is one less admission. Hence we can prevent admissions by identifying hazardous drinkers early, even if alcohol does not appear to be the primary problem.

In addition to targeted screening in A&E it makes sense to target patients elsewhere in the system with diseases of the circulatory system, as they make a significant contribution to the overall rate of alcohol-related admissions.

**Longer term**

To prevent people getting to hospital in the first place, we need to ensure hazardous drinkers are spotted early in primary care, ie through a Locally Enhanced Service.