Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	23 November 2015
Executive Member / Scrutiny Panel:	Cllr Kevin Welsh – Chair to Statutory and External Partnerships Scrutiny Panel Councillor Lynn Travis, Executive Member (Health and Neighbourhoods) / Statutory and External Partnerships
Subject:	**REVIEW OF THE IMPACT OF ALCOHOL**
Report Summary:	The Chair to Statutory and External Partnerships Scrutiny Panel to comment on the Executive Response (**Appendix1**) to the Scrutiny review of the Impact of Alcohol and the recommendations made to support future services – **Appendix 2**.
Recommendations:	That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of **Appendix 1.**
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Supportive Tameside' and 'Healthy Tameside'.
Policy Implications:	The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.
Financial Implications: (Authorised by the Section 151 Officer)	The 2015/2016 revenue budget allocation for alcohol (including drugs and substance misuse provision) is £3.992 million. This is financed via the Public Health funding envelope. All related recommendations will need to be financed from within this funding envelope.
Legal Implications: **(Authorised by the Borough Solicitor)**	Significant funding is spent dealing with this issue and the Council needs to be assured that it is spending it efficiently and effectively to reduce health inequality and reduce the cost to the health economy generally.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting Paul Radcliffe by: Telephone: 0161 342 2199 e-mail: paul.radcliffe@tameside.gov.uk

APPENDIX 1

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of the Impact of Alcohol

Date: 2 July 2015

Executive Member: Councillor Lynn Travis (Health and Neighbourhoods)

Coordinating Officer: David Boulger, Strategic Public Health Manager

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.	Accepted	Planning work around the use of social and other media to challenge attitudes towards alcohol has already commenced. As per the report, it is aimed at challenging adult attitudes and behaviour by through highlighting the impact of adult consumption on children. This will be fundamental to reducing the harm caused by alcohol in Tameside, and to breaking the intergenerational cycle of alcohol harm and dependence. This programme is being designed using contemporary social marketing approaches and with subtle messaging aimed at influencing attitudes and enabling behaviour change, without alienating people by being overly moralistic.	David Boulger	March 2016

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
2. That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board.	Accepted	At present, whilst the SAG undertakes some valuable work, it is recognised that it needs a clearer position within the wider governance structure. This was identified as part of a self-assessment and peer assessment process we have recently undertaken and will be processed to action. It is proposed that the SAG becomes a formal reporting sub group of the Health and Wellbeing Board.	David Boulger	March 2016

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
3. Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.	Accepted	There are currently too few people accessing formal treatment and support in relation to alcohol addiction and harmful alcohol consumption. There is a target to increase those accessing alcohol treatment which has been assigned to the new treatment and recovery service which is due to commence on 1 August 2015. This will be achieved through: • The co-location of treatment services in local communities and within sites that are accessible to the wider population such as multi-agency hubs and housing offices. • An increase in the services available through primary care providers such as GP's and Pharmacies. • An increase in targeted prevention and assertive outreach programmes and the development of tailored programmes for specific under-represented groups. • A rebranding of the current treatment service to make it more engaging to a wider cross section of the Tameside community. This will also be tied to a wider approach aimed at demystifying and destigmatising alcohol treatment, celebrating recovery and developing a vibrant and visible recovery community.	David Boulger	August 2015 onwards (Subject to annual performance review)

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
4. Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust.	Accepted	Whilst the strategic relationship with the alcohol treatment services at Tameside Hospital is strong, operational services are disjointed. The new community treatment and recovery model should improve that and a co-design workshop is to be held on 9 July 2015 to make this a reality. On a more ambitious note, discussions are ongoing with the Tameside & Glossop CCG around the hospital services being commissioned directly by TMVBC as part of the new transformed model from April 2016.	David Boulger Pat McKelvey (CCG)	March 2016

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
5. That work is undertaken to understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.	Accepted	At present, the treatment cohort is not representative of the wider Tameside population. A key focus of the new service model is to increase the representative nature of the treatment cohort and to increase engagement amongst under-represented groups. This will be achieved through: • The co-location of treatment services in local communities and within sites that are accessible to the wider population. • The development of culturally tailored approaches and programmes. • The growth of a more wide ranging targeted prevention and assertive outreach programme. • The development of a tailored programme to engage 18-25 young people. • A rebranding of the current treatment service to make it more engaging to a wider cross section of the Tameside community. This will need to be underpinned by a wider programme aimed at destigmatising treatment and creating a visible recovery community.	David Boulger	August 2015 onwards Subject to annual performance review

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
6. The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services.	Accepted	See (4)	See (4) + Kerry Lyons (TGH)	See (4)
7. Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough.	Accepted	This now takes place and will continue to do so.	David Boulger	Completed
8. Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder.	Accepted	A specific plan will be developed and implemented to address this issue. Areas already under development are: • Multi-Agency Maternity Algorithm (MAMA) aimed at early and routine maintenance of harmful consumption before and during pregnancy and enhanced links to treatment and recovery services. • Links to Social Marketing programme discussed under (1)	David Boulger Kerry Lyons / Mags Deakin (TGH)	Plan, December 2015 MAMA, December 2015 Social Marketing, March 2016

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

1.1 I am pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of the Impact of Alcohol in Tameside.

1.2 Tameside is disproportionately and adversely impacted by alcohol-related harm with a heavy alcohol presence. When looking at alcohol consumption levels in the borough 25.6% of the adult population meet the binge drinking criteria.

1.3 Alcohol places a huge burden on the local NHS system and accounts for 70% of A&E attendances in the early hours and 40% of weekend attendances. Data also shows that alcohol related hospital admissions have trebled over the last 10 years in Tameside.

1.4 A growing concern is the prevalence of passive drinking, which occurs when an individual's drinking habits have a direct impact on others. A recent Drink Wise report highlighted that over 9000 children in Tameside are potentially open to harm through parental alcohol misuse.

1.5 Work is being undertaken nationally and sub-regionally to tackle the prevailing alcohol culture by addressing the way in which alcohol is priced and promoted. There is clear supporting evidence which shows that health harms, crime and unemployment due to alcohol reduce as the price of alcohol increases.

1.6 The Council is embarking on a large scale transformation project which includes a fundamental change to how Alcohol Treatment and Recovery Services are delivered in Tameside. This will 'go live' on 1 August 2015 and will incorporate an all age integrated drug and alcohol model under the leadership of the Lifeline Project.

1.7 The widespread nature of alcohol harm and its effects within society requires continued support and a multi-disciplinary approach across a range of partners and health service providers.

1.8 On behalf of the Health and Wellbeing Improvement Scrutiny Panel, I would like to thank all those who have participated in this review.

2. SUMMARY

2.1 There are higher rates of alcohol misuse in Tameside compared with regional and England averages, with approximately 26% of adults drinking at increasing or higher risk levels.

2.2 There are a lot of issues linked with the negative health outcomes associated with alcohol consumption. The main areas of concern include hospital admissions, mortality rates and the months of life lost due to alcohol across both males and females.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillors Sullivan (Chair), Councillor Cartey (Deputy Chair), Bailey, Ballagher, Bell, Bowden, Bowerman, Downs, Francis, Jackson, R Miah, Middleton, Reynolds, Whitley

4. TERMS OF REFERENCE

Aim of the Review

4.1 To explore how the Council and health partners can reduce the impact of alcohol by improving the effectiveness and awareness of services to promote health and wellbeing across the borough.

Objectives

4.2 1) To explore the health risks of alcohol consumption on the health and wellbeing of Tameside residents
2) To examine existing strategies that educate and raise awareness of the dangers of alcohol misuse
3) To consider the effectiveness of the Tameside Alcohol Strategy
4) To investigate the effects of drinking in pregnancy and the services that assist residents to reduce or cease their alcohol intake
5) To understand the impact of adult alcohol consumption upon children
6) To identify the different services available targeted at assisting those who misuse alcohol and their effectiveness
7) To produce workable recommendations for the Council to deliver sustainable improvements to the future of alcohol services

Value for Money/Use of Resources

4.3 The scale of alcohol consumption and harmful alcohol use in Tameside results in disproportionate levels of harm which are significantly worse than the national average. Local Alcohol Profiles for England show Tameside's rates of alcohol associated hospital admissions, deaths, disease, crimes by gender and percentage of risk drinkers compared to regional and national averages are significantly worse in 13 of the 25 areas measured.

A scrutiny review of Alcohol Related Crime was undertaken recently and a recommendation highlighted the potential benefits that could be achieved by reviewing alcohol and health impacts on residents of Tameside.

Equalities Issues

4.4 This review will support the corporate priority 'People' by improving resident's health, overall quality of life and increase the life expectancy of the borough.

People and Place Scorecard

4.5 The following targets from the People and Place Scorecard relate to the Impact of Alcohol in Tameside review.

Health	• All age cause mortality MALE • All age cause mortality FEMALE • Premature mortality MALE • Premature mortality FEMALE

5. METHODOLOGY

5.1 The working group met with Anna Moloney, Consultant Public Health Medicine and David Boulger, Strategic Public Health Manager, to receive an overview of the impact of alcohol on Tameside resident's health and wellbeing including the effects that adult alcohol consumption has upon children in Tameside.

5.2 The working group met with David Boulger, Strategic Public Health Manager, to learn what alcohol treatment and recovery services are currently available in Tameside and received information on the Tameside Alcohol Strategy.

5.3 The working group met with Liz McCoy, Barry Gilman and Dr Lesley Peters, Pennine Care, to receive information on the range of services available to Tameside residents who misuse alcohol and initiatives around education on the health risks of alcohol.

5.4 The working group met with Lesley Tones, Head of Midwifery & Women's Services, and Margaret Deakin, Specialist Midwife for Vulnerable Families, Tameside Hospital NHS Foundation Trust, to hear about the effects of drinking in pregnancy and what services are offered to educate and help expectant Mothers stop drinking.

5.5 The working group met with Kerry Lyons and Joyce Southern, Hospital Alcohol Liaison Service, Tameside Hospital NHS Foundation Trust, to hear about the work of the Hospital Alcohol Liaison Service.

6. BACKGROUND TO THE REVIEW

6.1 Alcohol misuse is the third largest preventable cause of ill health and premature death in England after smoking and obesity resulting in 1.2 million alcohol related hospital admissions and 15,000 deaths in England each year.

6.2 In addition to health, alcohol related issues can also be linked with crime and anti-social behaviour, teenage pregnancy, loss of workplace productivity, housing issues, homelessness and a range of negative outcomes for children.

6.3 The Local Alcohol Profile for England is an annual report that details the impact of alcohol related issues in each borough in England. Tameside has high rankings across a number of indicators that relate directly with alcohol related hospital admissions and alcohol related mortality, indicating higher than average levels of harm.

6.4 There has been an increase in the affordability, availability and social acceptability of alcohol which has encouraged the habit of drinking and normalised it in society. Drinking alcohol in the home has increased with studies showing that 70% of alcohol is now purchased in supermarkets.

6.5 Campaigns to promote safe drinking and educate people on alcohol units took place during Alcohol Awareness Week in November 2014 and Dry January 2015 where the Council worked alongside Alcohol Concern to support people to abstain from alcohol for 31 days.

6.6 The review will explore the health risks of alcohol on the population of Tameside and how the Council along with partners can reduce the impact of alcohol by improving the effectiveness and efficiency of services across the borough.

7. REVIEW FINDINGS

Alcohol in Tameside

7.1 The scale of alcohol consumption and harmful alcohol use in Tameside is significantly higher than the national average. Around 38,000 adult residents are at an increased risk of harm caused by alcohol and over one in four adults drink above the recommended limits.

7.2 There has been a corresponding rise in alcohol related morbidity and mortality in the borough in recent years. Data also shows that alcohol related hospital admissions have trebled over the last 10 years in Tameside.

7.3 The definition of binge drinking used by the NHS and National Office of Statistics is drinking more than double the lower risk guidelines for alcohol in one session (6 or more units of

alcohol). In Tameside the incidence of binge drinking is higher than regional and national rates.

7.4 Lower risk drinking is defined as men consuming no more than 3 to 4 units on a regular basis and 2 to 3 units for a woman. Drinking above the lower risk guidelines on a regular basis is defined as putting your health at increasing risk. Drinking more than 8 units a day for men and 6 units per day for women is drinking in a way that puts health at a higher risk.

Figure 1: Estimated Percentage and Numbers of Lower Risk, Increasing Risk and Higher Risk Drinkers in Tameside Based Upon the 2011 Population Census

	% Adults	% Drinking Adults	Estimated Number of Adults (16+) in Tameside
Abstainers	16.1	-	28,426
Lower Risk Drinking	62.3	74.2	110,253
Increasing Risk Drinking	16.3	19.4	28,780
Higher Risk Drinking	5.4	6.4	9,540
Total	100	100	177,000

7.5 The table above shows the number of adults, and the equivalent percentage, of Abstainers, Lower Risk Drinking, Increasing Risk Drinking and Higher Risk Drinking in Tameside. Although nearly three quarters of resident's who consume alcohol are classed as lower risk drinkers who drink at an acceptable level, 19.4% are drinking at increasing risks and 6.4% are drinking to potentially harmful levels.

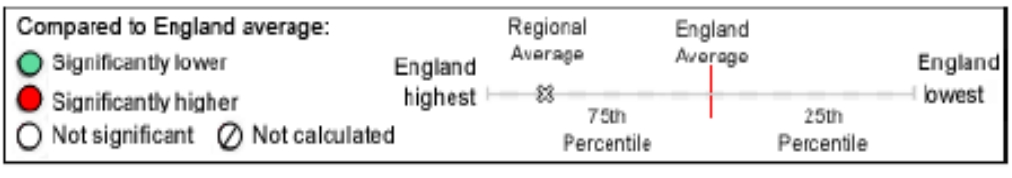
7.6 Women drinking large quantities of alcohol has increased by almost a third in the last decade with alcohol related hospital admissions reflecting this. The number of deaths from alcohol related conditions for both males and females is worse than the England average.

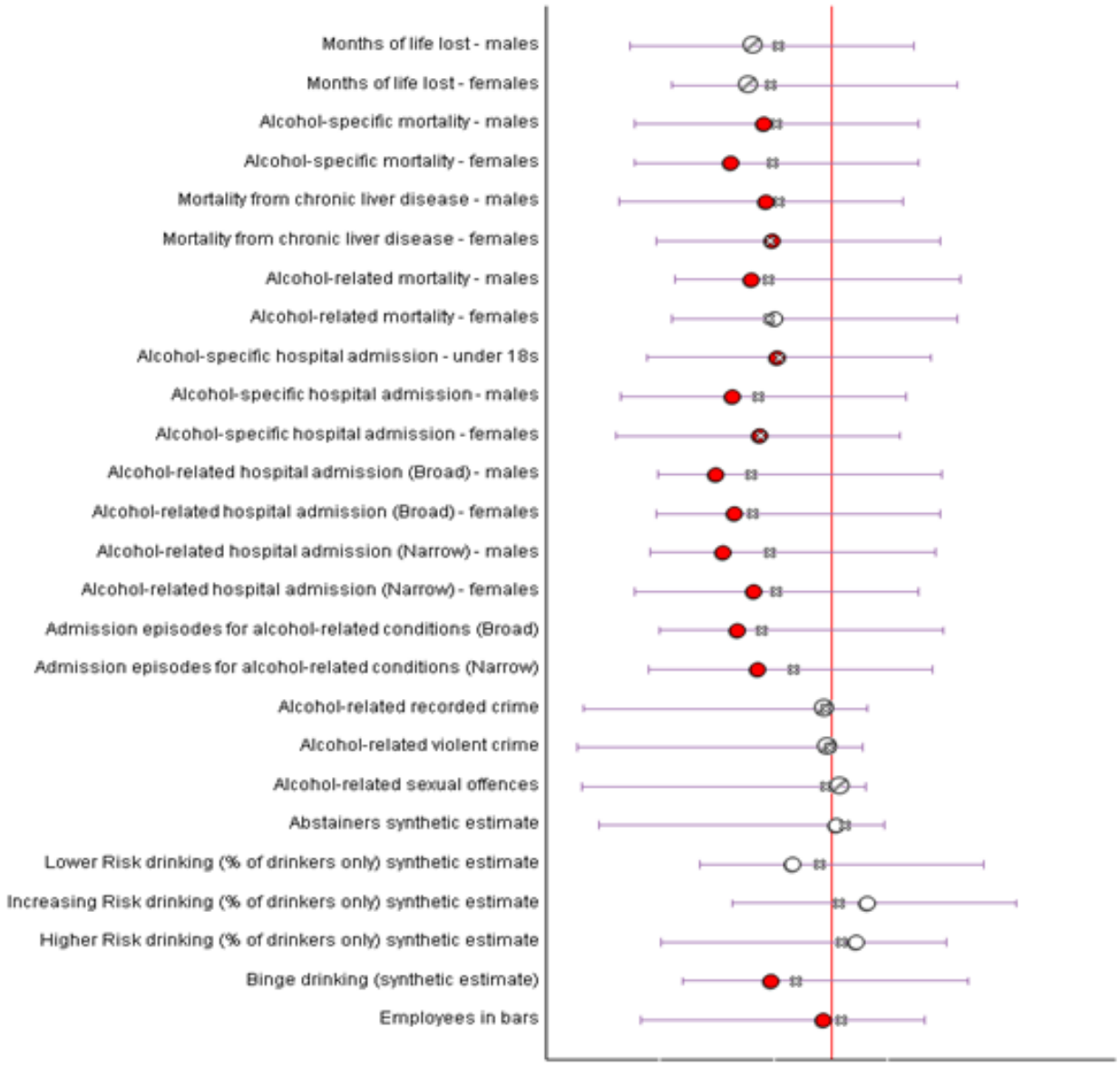
7.7 Statistics show that there has been a year on year increase since 2006 in alcohol related deaths with a peak age of death of 50-54 years for males and 60-64 years for females. Acute intoxication hospital admissions are highest in the 60-69 year age group.

7.8 A substantial and increasing number of older people are drinking at higher than recommended levels. In Tameside, people aged 46-65 years consume more alcohol now than any previous generation.

7.9 326 geographical areas of England are used for Public Health data and Tameside is amongst the worst performing across a number of the alcohol related indicators. Tameside sits in the bottom 10% in the country for 17 of the 25 indicators and in some areas it is amongst the worst 2%.

Figure 2: Tameside Alcohol Profile



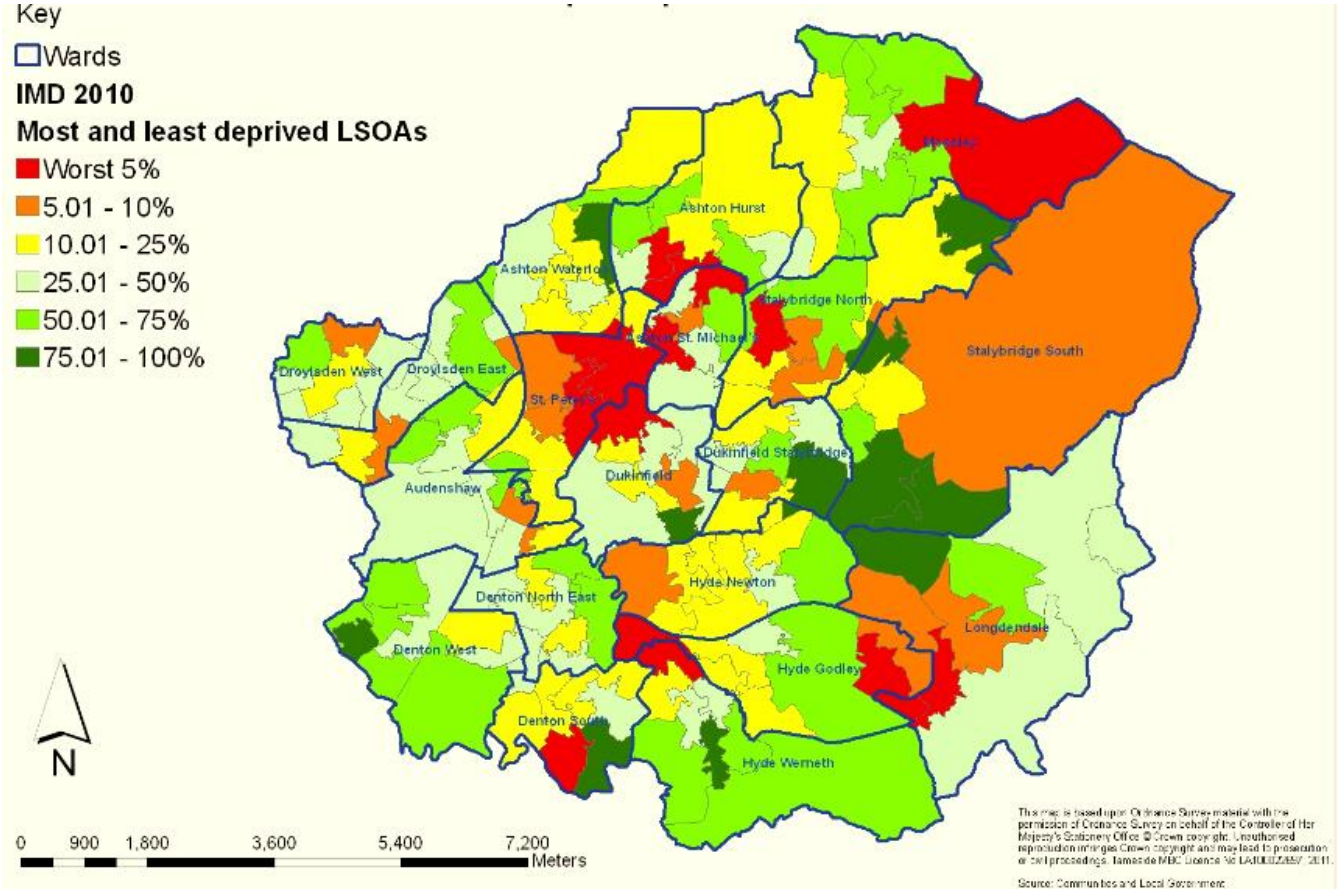


Source: Local Alcohol Profiles for England 2014

7.10 The figure above shows that although Tameside is at the national and regional average for alcohol related recorded crime, violent crime and sexual offences the borough is higher than the national average for alcohol specific mortality, hospital admissions and binge drinking.

7.11 Lower performance across a number of indicators could be attributed to a variety of reasons such as cultural; current treatment services not addressing the needs of the local population and deprivation, however, deprivation rates are not in correlation with the alcohol harm figures.

Figure 3: Map Showing Indices of Multiple Deprivation



Source: Communities and Local Government

7.12 The map above shows the levels of deprivation across the borough of Tameside. Data shows that the greatest areas of demographic concern for alcohol related hospital admissions are Hyde and Ashton which is not in direct correlation with the deprivation rates.

7.13 The most recent information released from Public Health England evidence that the cost of Alcohol to the 'Public purse' in Tameside was £98.46 million during 2013, or £448 per head of population. This is calculated by the cost to the NHS, crime, the work place and social services which places Tameside as the 14th worst area in the UK in terms of cost per head of population.

Conclusions

1. Tameside has one of the highest rates of alcohol related hospital admissions in the country.

2. The impacts of alcohol misuse are far reaching across the local population and a wide range of organisations.

Recommendations

1. Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.

Public Health

7.14 Extensive work is underway in Tameside to transform the way alcohol harm is tackled. This includes a transformational redesign of alcohol treatment and recovery services, which is the responsibility of Public Health and involves a variety of other key partners.

7.15 From 1 August 2015, there will be an all age integrated drug and alcohol service with a focus on long term sustained recovery, early intervention and prevention, and increasing the number of people in meaningful treatment and support.

7.16 The joint strategic alcohol needs assessment 2014/15 provides part of the evidence base for the redesign of services. It provides evidence about the health impacts of alcohol; alcohol related crime and disorder; the adverse effect alcohol can have on children; and the socio-economic impacts of alcohol.

7.17 A new Tameside Alcohol Strategy and enhanced local governance arrangements are under development. This will provide a more coherent approach to underpin work around prevention, treatment and recovery, licensing, policy approaches in relation to the pricing, marketing and availability of alcohol; and challenging the social norms that surround alcohol consumption in Tameside.

7.18 This work is being undertaken by the Strategic Alcohol Group, chaired by the Executive Member for Health and Neighbourhoods. At present, this group drives the agenda but has no formal mandate and no formal governance links to the statutory Health and Wellbeing Board.

7.19 There has been a normalisation within British culture of cheap, available and heavily promoted alcohol. Investigations by the University of Sheffield found that introducing a minimum unit price of 50p would target the heaviest drinkers; reduce alcohol consumption by 2.5%; save the economy £5.1billion; reduce hospital admissions by 35,000; cut crime by 50,000; and save almost 1,000 lives.

7.20 Published research has shown a direct link between the density of licensed premises and alcohol related harm in the surrounding environment. Statistical evidence can be used to demonstrate the density of alcohol licensed premises within an area and the number of local residents.

7.21 Tameside Council has adopted a unique approach towards licensing applications. All new applications and reviews of existing licenses are screened using a standardised toolkit, and ranked by Public Health against a series of measures to enable the identification of applications that could have a significant adverse impact on the local population.

7.22 The screening is undertaken through a locally developed triage toolkit and ranks the 141 Lower Super Output Areas (LSOAs) in Tameside against a number of alcohol harm indicators and then provides an overall ranking. This innovative approach has attracted considerable attention from other areas.

7.23 One area of concern which remains relatively under explored and misunderstood is the impact adult alcohol consumption has on children. It is believed this is a critical element to breaking the cycle of alcohol related harm within Tameside by using the impact on children as a lever to address adult behaviour.

7.24 Tameside Public Health Team has recently taken part in a North West research project with Drink Wise. This research showed that 9,000 children in Tameside are open to harm as a result of adult alcohol consumption. This has been further reinforced by research commissioned by Lifeline which has highlighted the issue of hidden harm caused to children by adult substance misuse within Tameside.

7.25 Addressing adult consumption of alcohol and enabling residents to challenge their own attitudes, behaviours and understand the impact on those around them can help improve outcomes.

Conclusions

3. Public Health works in partnership with licensing, police and trading standards to reduce the proliferation, and in turn the harm, when approving licensing applications.

4. The key to addressing adult behaviour and attitudes towards alcohol lies in the impact they have upon children.

Recommendations

2. That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board.

Treatment and Recovery Services

7.26 The responsibility for commissioning alcohol services transferred to Tameside Council in April 2013. There are a range of services available to meet local needs for early intervention and prevention, specialist services, inpatient detoxification and residential rehabilitation.

7.27 Tier One and Tier Two alcohol treatment services include identification and brief advice / brief intervention delivered by a range of partners and organisations. These include Tameside Council, Tameside Hospital, Primary Care, New Charter, Community Health Services, Greater Manchester Police and Greater Manchester Fire and Rescue Service.

7.28 Tier Two and Three services include early intervention and prevention commissioned through Lifeline, Branching Out, Primary Care, Pennine Care, Addiction Dependency Solutions (ADS) and Acorn. Tier Four services provide inpatient detoxification and residential rehabilitation via an approved provider list.

7.29 The ADS service offers a range of therapeutic programmes including group therapy sessions and individual psycho-social recovery interventions. The service also provides Alcohol Treatment Requirement for offenders convicted of alcohol-related offences such as drink driving. These are designed to address offending behaviour in addition to alcohol use and seek to reduce the risk of re-offending.

7.30 Many GPs throughout Tameside provide support, treatment and advice to residents that present with alcohol problems. Eight practices are part of the National Enhanced Service (NES) which is available to all Tameside residents regardless of whether or not their GP is part of the service.

7.31 The NES is supported by Pennine Care and ADS who offer regular clinics within the practices. The NES seeks to target early stage problem drinkers in an attempt to prevent the development of serious alcohol related problems such as liver cirrhosis.

7.32 Community Led Initiatives (CLI) offer a mentorship support scheme which provides peer mentor support to deal with employment, education, social activities and training. This service is usually offered to run alongside treatment programmes and thereby complement the therapeutic input.

7.33 Tameside Hospital Foundation Trust provides a Hospital Alcohol Liaison Service (HALS) that offers screening, brief intervention and ambulatory detoxification to hospital patients. Patients identified as having alcohol problems can be referred to the relevant service for post discharge support in the community which is aimed at reducing the risk of relapse and re-admission to hospital.

7.34 Alcohol treatment services for young people under the age of 19 are provided by Branching Out, a service run by Lifeline. Branching Out offer support, advice, information and

practical help regarding alcohol issues in addition to specialist psychosocial or clinical interventions to 150 young people a year with an average age of 15.

7.35 The team also deliver targeted group work to over 400 young people and support 100 parents and carers providing them with information and offering one-to-one support or structured family sessions. Data shows that 40% of young people accessing treatment present with a primary alcohol issue and nearly 90% use alcohol on a regular basis.

7.36 The Alcoholics Anonymous (AA) Fellowship is a self-help organisation that offers abstinence orientated support group meetings. These are held at various venues both within Tameside and throughout the Greater Manchester area.

7.37 An alternative to the AA Fellowship is provided by SMART Recovery therapy programme. This is a secular-orientated group programme based on cognitive behavioural therapy principles. A peer support service (Build) is also run by Pennine Care.

7.38 In addition to the above there are services that support the families and carers of residents with alcohol problems including Al Anon and the Carers Support Group which are held at Cavendish Mill.

7.39 Approximately £3.8million is spent each year on drug and alcohol treatment services in the borough with £1.2million of this aimed at failure demand. National Audit Office calculations show that for every £1 spent on treatment services the return on investment on the wider society is £5 through reductions in spending on public services such as health and social care, police, hospitals, A&E and local Councils.

7.40 Despite the low levels of performance in Tameside only 3.5% of dependent drinkers in the borough are in treatment, compared with 6.9% nationally. To reach the national average 295 extra clients would need to be worked with at any given time.

7.41 Young people from ethnic minorities are underrepresented within alcohol treatment services in Tameside. This could be due to cultural and religious factors which may increase the stigmatism associated with alcohol misuse problems.

7.42 An internal and independent external review of drug and alcohol treatment services in Tameside has taken place. It has identified that a more joined up approach is needed with a treatment system suitable for the needs of the local population with earlier intervention before people reach a crisis.

Conclusions

5. With underperformance across a number of key indicators data shows that the percentage of dependent drinkers receiving treatment in Tameside is lower than the national figures.

6. In order to improve outcomes a more joined up approach is needed to improve systems for early intervention and prevention.

Recommendations

3. Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.

4. Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust.

Pennine Care

7.43 Pennine Care is the core provider of drug and alcohol services in Tameside and has been operating for over 25 years. They work jointly and in partnership with various services within Tameside such as Acorn, ADS, CLI, Greystones, Lifeline, the Primary Care Team, Probation Service and The Women's Centre.

7.44 There are close links with the HALS and Rapid Assessment Interface Discharge (RAID) to provide support packages for patients who frequently attend hospital. The service also participates in national campaigns including Alcohol Awareness Week and hosts recovery fairs annually to promote services.

7.45 The service has a focus on service users with long-standing alcohol problems who are drinking at particularly high levels and have additional complications. There is an open referral policy and in 2013/14 one quarter of those referred to the service had a dual diagnosis of a mental health condition.

7.46 The service receives 50 to 60 referrals per month with a male to female ratio of 2:1. There is a distinct lack of representation of the BME population with 97% of service users being white British or Irish and under-representation of 18-25 year olds.

7.47 The team consists of four members of staff working to a case work model. Most service users require a certain level of medical intervention and remain in treatment for 3 to 6 months to address behaviours and embed the required changes.

7.48 Clients are offered a holistic assessment of their needs resulting in a treatment plan, risk assessment and management plan. This may involve strategies to achieve abstinence, reduce alcohol consumption, alcohol related accidents, offending and vulnerable behaviour.

7.49 There are a variety of treatment options including weekly information group sessions. The Health Improvement Team promotes lower risk drinking in its interactions with clients and actively signposts into specialist services. Health Trainers routinely ask about alcohol consumption as part of a lifestyle assessment and may support clients to set goals around reducing consumption.

7.50 The service aims to involve all relevant family members in the treatment process. Service users who have children are asked to supply details of the school they attend, their GP and the involvement of any other services. This helps facilitate appropriate communication when required.

7.51 Home visits are provided to enable an enhanced assessment of the home environment and family dynamics. Parents are provided with education and advice on their use of alcohol and its possible impact on their children. The service may also initiate referrals to services such as Early Help and Tameside Safeguarding Children team.

Conclusions

7. There is a distinct lack of representation of the BME population and under-representation of 18-25 year olds in alcohol treatment services.

Recommendations

5. That work is undertaken to better understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.

Hospital Alcohol Liaison Service (HALS)

7.52 In April 2013 the Hospital Alcohol Liaison Service (HALS) was established and almost immediately it had a positive impact on the support offered to patients admitted for alcohol misuse. The team consists of a Team Leader Specialist Nurse, two Alcohol Specialist Nurses, Data Administrator and Consultant Hepatologist.

7.53 The team run a 7 day 8am-8pm service, offering a duty response to all inpatient and outpatient departments within the hospital. In addition to the response work the service also runs an ambulatory detoxification clinic based at the hospital which is flexible to patient's needs.

7.54 The overall aims of the service are to reduce the level of alcohol harm suffered by patients through specialist acute alcohol team assessment or specialist assessment of each patient to initiate a supportive treatment plan.

7.55 Screening, brief intervention and ambulatory detox is provided to patients who have been identified as drinking to harmful levels in A&E, on wards or through preoperative assessments. Patients admitted for alcohol related harm or who are identified as dependent drinkers will be supported to move into community based alcohol treatment services for post discharge support.

7.56 The team have appropriate discussions to maximise the opportunity for planned quick start detoxification for patients who require urgent clinical intervention. This is undertaken through a NICE endorsed prescribing pathway.

7.57 This assessment also includes a screening for clinical appropriateness for management via an ambulatory detoxification pathway following discharge. This involves attending a nurse led detoxification clinic for close clinical management and daily dispensing of medication.

7.58 Parallel to the HALS clinic intervention, patients managed through the ambulatory protocol receive psycho-social intervention from Acorn treatment services that reinforces coping strategies for future abstinence.

7.59 There is close management of patients who are identified as frequent A&E attenders through a complex care identification group where all partner agencies meet on a monthly basis to discuss chaotic patients in respect to engagement in services. This has enabled significant improvements to be achieved in securing patient engagement and reducing attendances to hospital.

7.60 Quantitative data is collated through a database and analysed on a quarterly basis for formal reporting to the Trust's Executive Team. Qualitative data is sourced through patient feedback for those that attend the detoxification clinic. This data has shown a very positive position in respect to patient experience of both the process and service.

7.61 Over 1800 patients have been seen to date with more than 70% of those who were treated via the ambulatory emergency detox clinic still abstinent with the remaining 30% in ongoing treatment. GP's are notified every time a patient presents themselves at the service.

7.62 A&E has seen over a 50% reduction of prolific re-attenders and the average length of stay in hospital for alcohol related admissions has reduced from 4.7 days to 1.3 days.

7.63 A Hepatology and Fibroscan nurse led clinic, assisting in the identification of early liver harm, launched in March 2015 and GP's will be actively encouraged to refer patients into the fibroscan clinic.

7.64 Moving forward, all young people over 10 years will be screened for alcohol harm via the low threshold AUDIT-C. Those who are identified as drinking will be followed up for advice, guidance and possible intervention.

7.65 HALS are working on the launch of a maternity screening pathway with the hospital maternity unit which aids increased opportunity to screen against the prevalence of alcohol consumption in pregnancy.

Conclusions

8. The Hospital Alcohol Liaison Service has had a positive impact on patient outcomes with a reduction in A&E presentations and a decrease in the duration of hospital admissions.

Recommendations

6. The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services.

7. Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough.

Drinking in Pregnancy

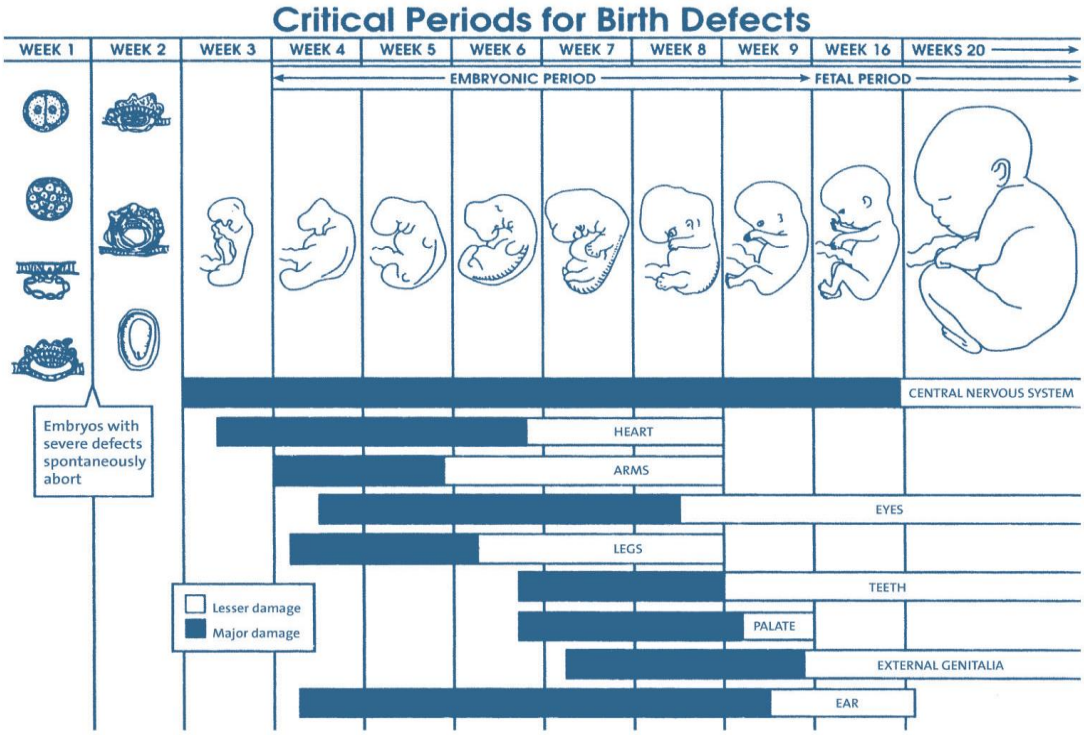
7.66 Alcohol consumed during pregnancy is the nation's leading preventable cause of developmental disabilities and birth defects. Research has shown that alcohol can be more harmful to a developing baby than smoking and women can benefit their babies by avoiding alcohol during pregnancy.

7.67 No evidence exists that can determine exactly how much alcohol ingestion will produce birth defects as individual women process alcohol differently. Other factors can vary such as the age of the mother, the timing and regularity of the alcohol consumed and whether the mother has eaten any food while drinking.

7.68 When a pregnant woman drinks, the alcohol in her blood passes freely through the placenta into the developing baby's blood. The foetus is less equipped to eliminate alcohol than its mother so tends to receive a high concentration of alcohol, which lingers longer than it would in the mother's system. The foetus does not have a fully developed liver so cannot filter out the toxins from the alcohol; instead the alcohol circulates in the baby's system.

7.69 Alcohol has the ability to destroy brain cells and damage the nervous system of the foetus at any point during the nine months of pregnancy. This can have a significant impact during the period of pregnancy when organs are formed. Even moderate alcohol intake can seriously damage a developing nervous system.

Figure 4: Critical Periods for Birth Defects



Source: NOFAS UK

7.70 The figure above shows the different stages of development with the shaded areas showing periods where major damage can occur.

7.71 FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome (pFAS).

7.72 In pregnancy small amounts of alcohol can increase the risks of FASD, premature birth and miscarriage. The latest figures show that 1 in 5 pregnant women continue to drink without moderation and 1% of all babies are born with FASD – as many as up to 7,000 each year.

7.73 Signs of FASD can include:-

- low birth weight
- developmental delay
- facial abnormalities including smaller eye openings, flattened cheekbones, and indistinct philtrum
- poor coordination and socialisation skills and
- behavioral problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness and anxiety.

7.74 All pregnant women are currently asked about lifestyle and alcohol consumption. However, it is hard to gauge the accuracy of self-reporting when it comes to consumption of alcohol as women may be reluctant to disclose a true reflection due to the attached stigma of alcohol usage during pregnancy.

7.75 Women may also be unaware of what constitutes excessive drinking or what one unit of alcohol amounts to. Women who disclose using alcohol to excess during pregnancy or who feel they may require support are offered a referral to the Enhanced Midwifery Service at Tameside Hospital.

7.76 The service offers support and referral to the Alcohol and Drug Service for specialist advice and monitoring as part of an abstinence programme and provides regular screening for compliance with abstinence programmes. During January to October 2014, 276 families were supported which represents 10% of the total number of pregnancies during this period.

Conclusions

9. Alcohol can be more harmful to a developing baby than smoking and the damaging effects can last a lifetime.

10. The only certain way to prevent Foetal Alcohol Spectrum Disorder is to avoid drinking alcohol during pregnancy.

Recommendations

8. Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder.

8. CONCLUSIONS

8.1 Tameside has one of the highest rates of alcohol related hospital admissions in the country.

8.2 The impacts of alcohol misuse are far reaching across the local population and a wide range of organisations.

8.3 Public Health works in partnership with licensing, police and trading standards to reduce the proliferation and in turn the harm, when approving licensing applications.

8.4 The key to addressing adult behaviour and attitudes towards alcohol lies in the impact they have upon children.

8.5 With underperformance across a number of key indicators data shows that the percentage of dependent drinkers receiving treatment in Tameside is lower than the national figures.

8.6 In order to improve outcomes a more joined up approach is needed to improve systems for early intervention and prevention.

8.7 There is a distinct lack of representation of the BME population and under-representation of 18-25 year olds in alcohol treatment services.

8.8 The Hospital Alcohol Liaison Service has had a positive impact on patient outcomes with a reduction in A&E presentations and a decrease in the duration of hospital admissions.

8.9 Alcohol can be more harmful to a developing baby than smoking and the damaging effects can last a lifetime.

8.10 The only certain way to prevent Foetal Alcohol Spectrum Disorder is to avoid drinking alcohol during pregnancy.

9. RECOMMENDATIONS

9.1 Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.

9.2 That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board.

9.3 Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.

9.4 Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust.

9.5 That work is undertaken to understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.

9.6 The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services.

9.7 Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough.

9.8 Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder.