

**Request For
Funds
Proposal
Form**

Group: Residents Services

Service: Licensing Service& Public Health

Proposal Title: Reducing the Strength and Early Intervention and Prevention Alcohol Misuse Project

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Deadline for submission: 19th June 2013

Summary of proposal and outline business case

This is a joint proposal to tackle issues surrounding alcohol misuse, street drinking and alcohol dependency.

Reducing the Strength Scheme:

The upstream preventative section of this proposal is to implement a scheme to reduce the availability of high strength cheap alcohol typically consumed by street drinkers. The scheme will be delivered in partnership with the Metropolitan Police Service. License holders for off licensed premises, will be encouraged to sign up to the scheme by varying their licenses to specify a condition which would prohibit the sale of high strength cheap alcohol.

Super strength alcohol is often available in licensed premises very cheaply and is often bought by persons with alcohol dependency issues or young vulnerable people. The consumption of this type of alcohol can exacerbate crime and community issues i.e. street drinking, theft, antisocial behaviour etc. This is in addition to the obvious physical and mental effects on the individual consuming the alcohol.

Hillingdon has approximately 270 Off-licenses licensed to sell alcohol.

The Licensing Service and the Police have identified two hot spots where street drinking is most prevalent. These are:

- HayesTown Centre – Canal Towpath, Street Benches
- UxbridgeTown Centre – St Andrews Subway, War Memorial, Civic Centre Grounds

The proposal is to work in the hot spot areas by requesting license holders to vary their licenses to include a condition prohibiting sales of high strength cheap alcohol.

The Local Authority will work in close partnership with the Police, NHS and trade representatives to ensure that the scheme is implemented fairly and that licensees are part of the solution to the problems associated with alcohol consumption.

The Police and Licensing Service have noted that street drinkers can develop alcohol dependency issues for a variety of reasons.

The Police are also looking to implement dispersal zones and banning orders to assist with the problem of known street drinkers congregating in certain areas. This, however only pushes individuals away from the specified zone and will not prevent them obtaining alcohol in the first place.

The downstream reactive part of the proposal is for a Specialist Alcohol Nurse based in A&E at HillingdonHospital. Overall Aim: To ensure the identification and treatment of individuals who present at A&E or are admitted to hospital for alcohol-related reasons, targeting dependent and high-risk drinkers in particular.

The proposal is based on successful models at St Mary's, Ealing and NorthwickParkHospitals, and a 12-month pilot at HillingdonHospital from November 2011 to November 2012. The main objectives for the post are twofold: (a) To divert individuals with alcohol-specific conditions from future hospital presentations / admissions, thereby reducing the pressures on and costs to acute services. (b) To deliver broader outcomes, including (i) reduced alcohol consumption among individuals receiving interventions and (ii) improved understanding of alcohol issues and needs among hospital staff.

Background: There is correlation between alcohol misuse and a range of health issues, including: liver disease, hypertension, gastritis and heart disease, as well as its relation to wider social care, criminal and community safety problems, such as domestic violence, child abuse, road traffic accidents, crime and disorder, assault, social nuisance and suicides. Hillingdon currently has one of the highest rates of alcohol-attributable hospital admissions in London at 2,667 per 100,000. LAPE (Local Alcohol Profiles for England) reveal that Hillingdon scores are 'significantly worse' than the national average on alcohol-attributable hospital admissions.

The London Health Observatory estimated in 2010 that Hillingdon has:

- 42,654 drinkers at 'increasing risk'
- 10,378 at 'higher risk'
- 5,708 dependent drinkers
- 20,584 binge drinkers.

Local substance misuse agencies treated 446 Hillingdon residents in 2008-09 for primary alcohol use. There were 4,800 alcohol-related hospital admissions in the same period, suggesting that large numbers were presenting to acute services, rather than specialist treatment services. More recent data reveals that the number of primary alcohol misusers entering treatment has significantly increased (535 in January 2013) but alcohol-attributable hospital admissions, also continue to increase year on year (there were 3,344 per 100 00 during 2010/2011).

Early Intervention and Prevention Alcohol Misuse Project:

Overall Aim: To ensure the identification and treatment of individuals who present at A&E or are admitted to hospital for alcohol-related reasons, targeting dependent and high-risk drinkers in particular.

The proposal is based on successful models at St Mary's, Ealing and Northwick Park Hospitals, and a 12-month pilot at Hillingdon Hospital from November 2011 to November 2012. The main objectives for the post are twofold: (a) To divert Hillingdon residents with 'alcohol-specific' conditions from future A&E presentations / and admissions, thereby reducing the pressures on and costs to acute services. (b) To deliver broader outcomes, including (i) reduced alcohol consumption among individuals receiving interventions and (ii) improved understanding of alcohol issues and needs among hospital staff.

The Hillingdon pilot was a joint initiative between CNWL Drug & Alcohol Services (HDAS) and the Hillingdon Hospital A&E department. It involved the deployment of a band 7 nurse (with specialist training in managing addiction disorders) in A&E. The pilot project importantly revealed that amongst those individuals who accepted the intervention, re-presentations to A&E were significantly reduced, engagement in community treatment was significantly more likely and treatment outcomes were much improved. The **immediate priorities** of the specialist alcohol nurse will include:

- To deliver brief nursing interventions, including advice and motivational interviews, to dependent and other high risk drinkers presenting at A&E.
- To support dependent drinkers to access appropriate services, including out-patients services and community-based treatment.
- To raise the awareness and understanding of alcohol issues among A&E staff, and train A&E staff to screen for alcohol misuse.

The investment would be best focused on dependent drinkers attending A&E. They are easily identifiable, may already be repeat attenders, and are most likely to have alcohol-specific conditions. Therefore, they form the cohort who can be most feasibly diverted from repeat hospital attendances and / or admissions. In addition, because the specialist post also offers a wider training resource for hospital staff, there is the potential to deliver outcomes for a much larger group of risky drinkers whose alcohol problems have not been identified or whose conditions are alcohol-attributable rather than specific. The post will ensure that hospital staff screen more widely for alcohol

misuse, and make appropriate brief interventions or referrals into structured treatment. There is a strong evidence base to show that hospital-based brief clinical interventions **are effective in engaging and motivating individuals who would not otherwise access treatment services.**

Anticipated Benefits:

- Reduced repeat attendances at A&E.
- Avoidance of future hospital admissions.
- Increased numbers of dependent and hazardous drinkers taking up community-based treatment.
- Lower levels of alcohol consumption among those receiving interventions.
- Greater awareness, understanding, knowledge of alcohol issues among hospital staff.
- Increased commitment of A&E and ward staff to screen, identify and refer dependent, harmful and hazardous drinkers.
- Improved pathways between acute services and the treatment system.
- Embedding the delivery of brief nursing interventions and advice in a hospital setting, making best use of the window of opportunity to engage and motivate patients promptly.
- Reduction of alcohol-related hospital admissions by targeting patients with alcohol-specific conditions and supporting dependent drinkers into structured community-based or out-patient treatment.
- The diversion of patients from unplanned attendances and admissions by delivering immediate interventions on-site and / or offering longer term treatment options in community-based settings.
- Minimising longer term harm by ensuring the screening and identification of patients who would not otherwise have been identified as having an alcohol problem at that stage.

Section 1: How does the proposal link with the public health outcomes

Domain 1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Regular lagers and ciders can typically contain 2 units of alcohol per can. High strength brands can contain up to 4 units per can, which is more than the recommended daily limits for alcohol intake.

By reducing the availability of high strength cheap alcohol, street drinkers and other vulnerable persons will not buy the more harmful drinks and will therefore help to reduce admissions to hospital, reduce crime and disorder and ASB and also improve the health of the street drinking community.

<p>Domain 2: Health Improvement</p> <p>Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p>	<p><i>This proposal is a targeted intervention, as opposed to a population-level approach. Interventions aimed at individuals can help make people aware of the potential risks they are taking (or harm they may be doing) at an early stage. This is important, as they are most likely to change their behaviour if it is tackled early. In addition, an early intervention could prevent extensive damage.</i></p> <p><i>Excessive alcohol consumption can lead to long term health problems including liver disease, depression, cancers, strokes etc. The restriction on availability of high strength alcohol would encourage regular drinkers to make healthier choices.</i></p> <p><i>The reducing the strength scheme has been successfully implemented in the Ipswich area. NHS Suffolk says ‘the proposals could have significant positive effect on people’s health and reduce the number of unnecessary hospital admissions and early deaths.’</i></p>
<p>Domain 3: Health Protection</p> <p>Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities</p>	
<p>Domain 4: Healthcare public health and preventing premature mortality</p> <p>Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.</p>	<p><i>Regularly drinking over the ‘lower risk guidelines’ increases the chances of suffering more serious health harms, which contribute to people dying prematurely eg.</i></p> <ul style="list-style-type: none"> ▪ <i>Cancer of the throat, oesophagus or larynx. Regularly drinking two large glasses of wine (ABV 13%) or two pints of strong lager (ABV 5.2%) a day could make you three times as likely to get mouth cancer.</i> ▪ <i>Breast cancer in women. Regularly drinking just above the guidelines increases the risk of getting breast cancer by around 20%</i> ▪ <i>A stroke</i> ▪ <i>Heart disease or an irregular heartbeat, which can lead to a heart attack</i> ▪ <i>High blood pressure</i> ▪ <i>Liver disease such as cirrhosis and liver cancer. If you regularly drink just</i>

above the lower-risk guidelines, the risk of liver cirrhosis increases 1.7 times

Source:<http://www.nhs.uk/Change4Life/Pages/alcohol-health-harms.aspx>

Section 2: Demonstrate how it relates to one or more of the following areas:

Children engaged in risky behaviour

Too many young people engage in potentially harmful behaviours that can be a risk to their health, such as alcohol abuse, drug taking, smoking, taking risks with sexual behaviour or being overweight.

The effects of alcohol on young people are not the same as they are on adults. While alcohol misuse can present health risks and cause careless behaviour in all age groups, it is even more dangerous for young people.

Health Risks: Because young people's bodies are still growing, alcohol can interfere with their development. This makes young people particularly vulnerable to the long-term damage caused by alcohol. This damage can include: cancer of the mouth and throat; sexual and mental health problems - including depression and suicidal thoughts; liver cirrhosis and heart disease. Research also suggests that drinking alcohol in adolescence can harm the development of the brain.

Young people might think that any damage to their health caused by drinking lies so far in the future that it's not worth worrying about. However, there has been a sharp increase in the number of people in their twenties dying from liver disease as a result of drinking heavily in their teens. Young people who drink are also much more likely to be involved in an accident and end up in hospital.

Source:<http://www.nidirect.gov.uk/young-people-and-alcohol-what-are-the-risks>

<p style="text-align: center;">Dementia</p> <p>As we live longer, more of us will suffer from dementia, and we need to do more to diagnose or support its treatment and support carers.</p>	
<p style="text-align: center;">Physical activity</p> <p>If we can increase the amount of physical activity for people, then we can improve physical and mental health and reduce chronic disease.</p>	
<p style="text-align: center;">Obesity</p> <p>Obesity is at threat to health and wellbeing across the population.</p>	
<p style="text-align: center;">Adult and Child Mental Health</p> <p>Mental illness is the largest single cause of disability in our society, and we can be more imaginative in the design of services to help tackle the causes and support adults and children.</p>	
<p style="text-align: center;">Type 2 Diabetes</p> <p>Type 2 Diabetes is a major cause of illness and death. Education, information and behavioural change can improve quality of life.</p>	
<p style="text-align: center;">An Increasing child population and Maternity Services</p> <p>With an above average birth rate in Hillingdon, we need to do more to support pregnant mothers.</p>	
<p style="text-align: center;">Substance Misuse</p> <p>Work that feeds into smoking cessation, alcohol and drug abuse.</p>	<p><i>Tighter controls on the availability of high strength alcohol will help to reduce the effects on the health of the drinker and also alcohol related crime and disorder and anti-social behaviour.</i></p> <p><i>This proposal focuses on alcohol misuse in both adults and young people who are regularly drinking over the 'lower risk guidelines' and as such increasing the chances of suffering more serious health harms, which</i></p>

	<i>contribute to their dying prematurely.</i>
<p>Older People including sight loss</p> <p>With more of us living longer, the range of services for older people needs to reflect their needs</p>	
<p>Dental Health</p> <p>Our children have above average levels of dental decay and we need to educate families about the value of good oral health.</p>	

Links to transformation project or health initiatives

Name of Project/Programme or health initiatives	Explain the links
Early Intervention and Prevention Programme	<i>The newly formed Early Intervention and Prevention Team will be adopting a life course approach to early intervention and prevention. This proposal is a primary prevention programme – which aims to prevent the onset of serious health harms – such as those listed above, with emphasis being on early identification and change behaviours so that disease is prevented from developing.</i>

<u>How will you measure your outcomes</u>	
<p><u>Please see Table below.</u></p>	

List of indicators (Please show how you will measure the outcomes from your prospective project) (You may need to speak to your Performance Intelligence Team for advice)

Indicator	How it is captured?	Baseline Measure
<ul style="list-style-type: none"> Reduced repeat attendances at A&E. 	Built into project evaluation framework. Data captured from Hospital Episode Statistics (HES Data)	Position as at 31 st March 2013
<ul style="list-style-type: none"> Avoidance of future hospital admissions. 	As Above	Position as at 31 st March 2013
Indicator	How it is captured?	Baseline Measure
<ul style="list-style-type: none"> Lower levels of alcohol consumption among those receiving interventions. 	Via treatment services client records (HDAS/HAGAM)	Position as at 31 st March 2013
<ul style="list-style-type: none"> Greater awareness, understanding, knowledge of alcohol issues among hospital staff. 	Staff Survey at 3, 6, 12,18 months	Position as beginning of project (staff survey)
<ul style="list-style-type: none"> Increased commitment of A&E and ward staff to screen, identify and refer dependent, harmful and hazardous drinkers. 	Specialist Alcohol Nurse to collect via referral forms	Position as beginning of project (staff survey)

Indicator	How it is captured?	Baseline Measure
<ul style="list-style-type: none"> Improved pathways between acute services and the treatment system. 	<p>Treatment Drug Reference Group</p>	<p>Position as at 31st March 2013</p>
<ul style="list-style-type: none"> Reduction in antisocial behaviour freeing up Police and Council resources 	<p>Liaison with the Police and ASBIT team in respect of call out figures</p>	
<ul style="list-style-type: none"> Reduction in alcohol harm to the individual drinker 	<p>Feedback to be obtained on street drinking related hospital admissions</p>	
<ul style="list-style-type: none"> A possible reduction in underage drinking 	<p>Monitoring of street drinking hotspots</p>	
<ul style="list-style-type: none"> Reduction in complaints about street drinkers 	<p>Feedback on complaint statistics to be requested from the police and ASBIT.</p>	