APPENDIX A

External Services Scrutiny Committee Review Scoping Report 2015/16

Alcohol related admissions to Accident and Emergency amongst children and young people in Hillingdon

Aim and background to review

National Context

Reducing harmful drinking in both adults and 'children and young people' is one of seven priority areas that Public Health England is focusing efforts on securing improvement.

Alcohol misuse at any age has health and social consequences. With regard to children and young people, their inexperience of the effects of alcohol intoxication, and the fact that they are more likely to consume alcohol in risky environments brings with it an increased risk of accidents and injuries leading to the need for hospitalisation. Adolescents who drink alcohol are more likely to sustain an injury, often as a result of an assault. Young people who drink and drive, or allow themselves to be carried by a drunk driver, are more likely to be involved in a car accident.

Alcohol misuse in young people is a major contributor to criminal and antisocial behaviour. Although evidence suggests that the number of teenagers who drink has decreased in recent years, the amount drunk by young people who do drink has increased.

The proportion of children and young in the UK drinking alcohol remains well above the European average. The UK continues to rank as one of the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.[1]

There is increasing evidence that some groups of young people may be particularly vulnerable to alcohol misuse, such as children who are truants or who are excluded from

[1] The 2011 ESPAD Report, Substance Use Among Students in 36 European Countries

school. Vulnerable young people are more likely to regularly drink to intoxication and become antisocial.

Research regarding the reasons why young people drink suggests that underage drinking occurs for a range of reasons and that alcohol can perform several roles in social settings, from the symbolic to the practical. It is not simply a question of identifying with or copying 'adult' behaviour. The following are all thought to be factors linked to children drinking:

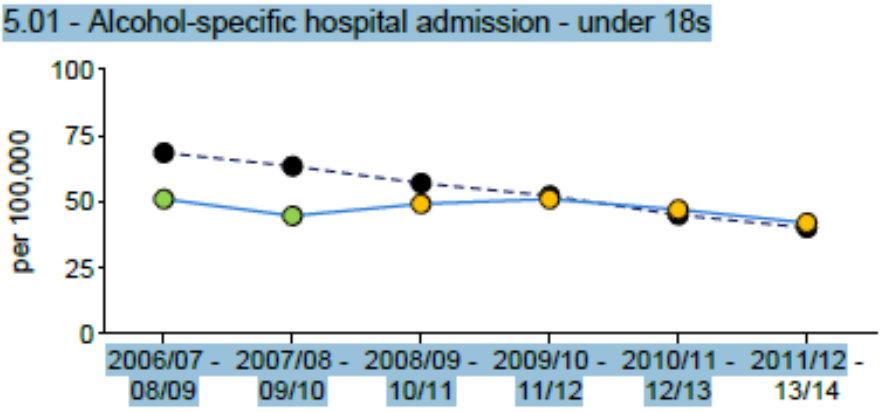
- Age;
- Ethnicity;
- Risk-taking behaviours (smoking, drug taking, truancy);
- Number of drinkers at home;
- Parental attitudes;
- Pupils' own beliefs about why their age group drinks;
- Advertising;
- Peer Group Activities; and
- Price.

Hillingdon Context

The rate of under 18 hospital admissions for alcohol specific reasons in Hillingdon for 2011/12-2013/14 is 41.9 per 100,000, which is slightly higher than the national rate. The London rate has fallen to 26.6 per 100,000, so Hillingdon is significantly above that[2].

The graph in **Figure 1** below provides details of the trend for alcohol specific hospital admissions for under 18s in Hillingdon for the periods 2006/07-2008/09 through to 2011/12-2013/14. The blue circles represent the trend line for England. The green and yellow circles represent the trend line for Hillingdon. Green indicates that the Hillingdon performance is significantly better than that for England and the yellow indicates that Hillingdon's performance is not significantly different.

Figure 1: Alcohol Specific Hospital Admissions in Under 18 in Hillingdon 2006/07-2008/09 to 2011/12-2013/14



Source: Local Alcohol Profile 2015, PHE (June 2015)

When compared to eight neighbouring boroughs in North West London, however, for the period 2011/12-2013/14, Hillingdon is seen to have the highest rate of alcohol-specific hospital admissions in under 18s (41.9 per 100,000). Other boroughs' rates range from 33.3 per 100,000 (in both Ealing and Hounslow) to just 16.8 per 100,000 in Brent.

[2] Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Although the HSCIC (Health & Social Care Information Centre) undertakes national surveys of children and young people on smoking, drinking alcohol and drug use each year, these are not 'area specific'.[3] There is little evidence locally as to the factors, which serve to particularly influence the drinking habits of young people in Hillingdon. Factors such as age, ethnicity, risk-taking behaviours (i.e., smoking, drug taking and truancy), the number of drinkers at home, parental attitudes, young people's own beliefs about why their age group drinks, peer pressure, advertising, price and availability of alcohol, are likely to be relevant.

Service providers in our commissioned specialist substance misuse services have indicated that some of the factors which may contribute to the current patterns of drinking among under 18s locally range from peer pressure and boredom through to issues relating to 'dual diagnosis' (i.e., emotional wellbeing and mental health issues and substance misuse – including alcohol).

The Hillingdon Local Safeguarding Children Board (LSCB) has identified that Mental Health Services for children and young people may not be effective in preventing this type of hospital admission. This is troubling as these services will also be the ones targeting the prevention of other substance misuse and self harm, and indeed the LSCB has similar concerns about these issues.

The commissioned Specialist Substance Misuse Service, which works closely with the Child & Adolescent Mental Health Service, provides in-reach into the A&E department at Hillingdon Hospital (THH), as well as attending weekly A&E Safeguarding meetings, to which cases relating to children and young people attending A&E as a result of suffering adverse consequences of drinking alcohol (e.g., intoxication, vomiting, sustaining injuries whilst drunk often as a result of assaults) are referred. At present, there is no in-reach into the paediatric ward where children and under 18s are admitted with alcohol-specific conditions.

A new specialist recovery orientated substance misuse service will go live on 1 August 2015. The new service will have in place a dedicated Specialist Substance Misuse Nurse in the A&E department at THH. The aim will be to have closer working arrangements with both the paediatric A&E service and inpatient paediatrics at THH. It is anticipated that closer working across these teams will provide clearer understanding of the factors that influence patterns of drinking among under 18s and opportunity to consider what can be done at an early stage to reverse the position in Hillingdon.

Responsibilities

From 1 April 2013, responsibility for commissioning substance misuse services (drugs and alcohol) became a mandatory function of the Council. This responsibility includes the provision of specialist substance misuse (both drugs and alcohol) services for young people.

Terms of Reference

The following Terms of Reference are proposed:

[3] Smoking, drinking and drug use among young people in England in 2013. This survey is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. Information was obtained from 5,187 pupils in 174 schools throughout England in the autumn term of 2013.

1. To understand the reasons why the rate of alcohol related admissions is higher than the national average;
2. To identify how this rate is impacted upon by the Mental Health services available to young people;
3. To examine best practice elsewhere through case studies, policy ideas and witness sessions; and
4. To explore ways in which services can improve and work more collaboratively to reduce the number of children and young people admitted to Accident and Emergency, and recommend these to the appropriate body.
5. After due consideration of the above, to bring forward recommendations to the Cabinet in relation to the review.

INFORMATION & ANALYSIS

Methodology

It is proposed that a Working Group be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses. Research into relevant documents and websites would also be undertaken to provide background information for Members.

Witnesses

Possible witnesses include:

1. Hillingdon Local Safeguarding Children Board
2. The Hillingdon Hospitals NHS Foundation Trust
3. Public Health
4. Metropolitan Police Service
5. Children and Young People's Services Directorate
6. Educational Institutions
7. Specialist Substance Misuse Service
8. Central and North West London NHS Foundation Trust
9. Licensing
10. Residents affected by the issue

Key Lines of enquiry

1. Why does Hillingdon have a higher than average rate of alcohol related admissions amongst Children and Young People?
2. Does Hillingdon have adequate support services, provided through the local authority, health service, and educational establishments to prevent avoidable alcohol related hospital admissions?
3. What is done to prevent children and young people from having inappropriate access to alcohol?
4. What support is available to parents of those children and young people presenting with alcohol dependency / related needs?
5. Could improvements be made to the working relationship between the Hillingdon Hospital, Social Workers and Educational Institutions in more complex cases?
6. Will the newly commissioned services meet the needs identified by the review?

APPENDIX A

WITNESS, EVIDENCE & ASSESSMENT

The table below sets out the possible witnesses that could be invited to present evidence to the Committee. It is proposed that witnesses are invited to attend themed sessions to ensure that the two core areas highlighted above are dealt with comprehensively and strategically. Members are reminded that this is not an exhaustive list and that additional witnesses can be requested at any point throughout this review.

Meeting	Action	Purpose / Outcome
ESSC: 17 June 2015	The scoping report will be presented to the Committee. Members will have the opportunity to agree and/or propose alternative witnesses/topics.	Information and analysis
Working Group: 1st Meeting - TBC	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2nd Meeting - TBC	Witness Session 2	Evidence and enquiry
Working Group: 3rd Meeting - TBC	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 November 2015	The draft final report will be presented to the Committee by Chairman of the Working Group.	Consider Draft Final Report
Cabinet*:* 17 December 2015	The draft final report will be presented to Cabinet by the Chairman of the Committee.	Cabinet may approve, amend or reject as many of the report's recommendations as it wishes.

Members may also wish to consider whether appropriate site visits should be undertaken on areas in which they require further information.

Assessment

As is standard practice for a Policy Overview and Scrutiny Committee review, once a report's recommendations have been agreed by the Cabinet, officers will be asked to begin delivering the necessary changes. The monitoring of officers' work is a fundamentally important aspect of the Committee's work and, as such, regular reports on progress can be requested by Members and a full update report will be added to the future work programme of the Committee.

Resource requirements

This review will be undertaken within current resources. The plan set out above will be co-ordinated and delivered by Democratic Services. The additional resource of staff time required to present, collect and format evidence for witness sessions will also need to be considered.