

Alcohol Related Admissions Amongst Under 18s

Report of the Working Group



A Working Group established by
the External Services Scrutiny Committee

Members of the Working Group

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CHAIRMAN'S FOREWORD

Although the number of children and young people who are admitted to Hillingdon Hospital's A&E department is actually quite low (and is reducing), the rates per 100,000 in Hillingdon are slightly higher than the national average and higher than the London average. However, when looking at neighbouring boroughs, Hillingdon's ethnic mix is more reflective of the national profile.

There are a number of reasons why those under 18 drink alcohol so it is important to ensure that they are educated at an early age about the associated risks. There is also concern that the pattern of high alcohol consumption over short periods being perpetuated in this age group will continue into adulthood and result in associated health complications in later life, putting greater pressure on the NHS in the future. It is clear that prevention and education are key to reducing this number.

By talking openly to young people about the risks associated with excessive alcohol consumption, we are equipping them to make better choices. This, coupled with encouraging licence holders to proactively challenge younger purchasers who attempt to buy alcohol, would help to reduce the number of young people being admitted to hospital. To this end, the statistics will continue to be monitored to identify the impact that the proactive work is having.

I would like to place on record both my own and the Working Group's appreciation to all of the witnesses who generously gave us their time and expertise. This has enabled us to produce a comprehensive report which I commend to Cabinet.

Councillor Dominic Gilham

Chairman of the Alcohol Related Admissions Amongst Under 18s Working Group

RECOMMENDATIONS

The Alcohol Related Admissions Amongst Under 18s Working Group recommends:

Information Gathering

1. That Cabinet asks the Public Health team to work with The Hillingdon Hospitals NHS Foundation Trust and ARCH to gather more detailed information about those young people who attend the hospital as a result of substance misuse so that gaps in service provision can be identified and resources can be targeted to those most in need.

Education

2. That Cabinet asks the Regulatory Services team to encourage the adoption of a Challenge 25 policy by all licensed premises in the Borough.
3. That Cabinet asks officers working on the Hillingdon Healthy Schools Programme to work with Safer Schools Officers to deliver alcohol risk messages to young people across the Borough.

Monitoring

4. That Cabinet asks the Hillingdon Local Safeguarding Children's Board to monitor the number of under 18s being admitted to hospital as part of its monthly performance regime and include the results in its Annual Report.

BACKGROUND TO THIS REVIEW

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.

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

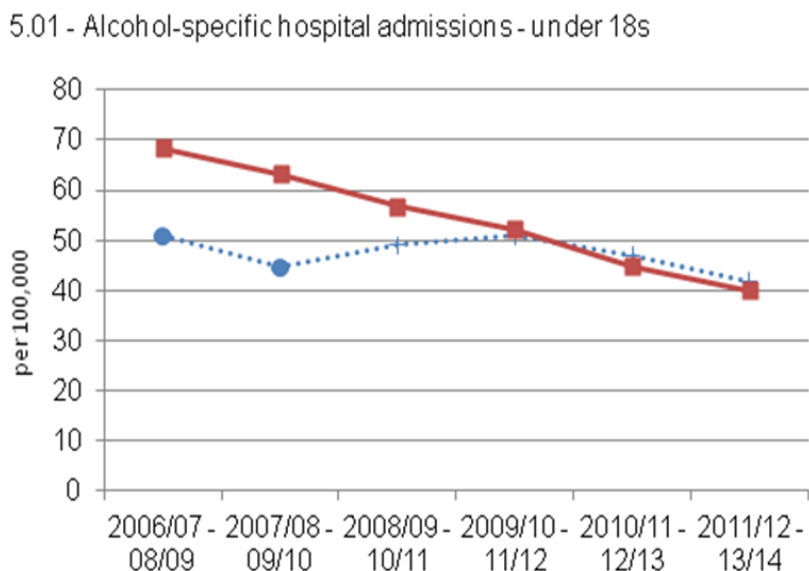
The rate of under 18 hospital admissions for alcohol specific reasons in Hillingdon for 2011/12-2013/14 is 41.9 per 100,000, which is slightly higher than the national rate (40.1 per 100,000). The London rate fell to 26.6 per 100,000 during the same period, so Hillingdon is significantly above that² and rated as the third highest in London.

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

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.

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 squares represent the trend line for England. The circles and plus signs represent the trend line for Hillingdon. Circles indicate that the Hillingdon performance is significantly better than that for England and the plus signs indicate 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)

However, when compared to eight neighbouring boroughs in North West London 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.

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 the Council's 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

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.

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 and Adolescent Mental Health Service (CAMHS), 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 went live on 1 August 2015. The new service has a dedicated Specialist Substance Misuse Nurse in place in the A&E department at THH. The aim is 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.

CURRENT / PLANNED WORK

On 19 March 2015, Cabinet considered the report of the Children, Young People and Learning Policy Overview Committee in relation to Reducing the Risk of Young People Engaging in Criminal Activity and Anti-Social Behaviour. At that meeting, Cabinet agreed:

- 4) That the Cabinet Member for Education & Children's Services requests that officers explore the feasibility of working with the Borough's schools to develop and strengthen interventions designed to divert young people from criminal and anti-social behaviour. Officers are also requested to explore the provision of drug and crime awareness education available to young people to ascertain whether it is sufficient and meets the needs of particular communities and age groups.*

Following the meeting, officers have set up a working group and are looking to undertake a substance misuse needs assessment. It is anticipated that the assessment will take a more holistic approach and will look to identify the number, nature and circumstances of the young people that present at Hillingdon Hospital as a result of substance misuse (which will include alcohol). This broader range of information will then help to identify any gaps in service provision so that these can be addressed.

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 services (both drugs and alcohol) for young people. To this end, the new ARCH (Addiction Recovery Community Hillingdon) substance misuse contract has been let and includes provision for a substance misuse nurse in the A&E department at Hillingdon Hospital who will liaise with ARCH's young person's Substance Misuse Officer.

INFORMATION GATHERING

It should be noted that, even though the rate of under 18 hospital admissions for alcohol specific reasons in Hillingdon is currently higher than the rates for both England and London⁴, the actual number of children and young people that have been seen at Hillingdon Hospital due to alcohol excess is very low.

During the course of the review, Members were advised that not every case where alcohol was present in a child's system would be recorded when they arrived in A&E as, in some cases, it did not have an impact on them and was unrelated to their injury and therefore was not always noticed or recorded. However, consistent monitoring of the 'hospital admission' of a young person who is under the influence of alcohol and has presented with seemingly unrelated injuries, would help to determine a pattern. If a young person has attended 3+ times, they are referred to a safeguarding meeting where the case is discussed and the need for further intervention identified as necessary. ARCH's Young Person's Substance Misuse Worker attends these safeguarding meetings. Any actions arising from these meetings are tracked.

When a young person attends hospital, they are triaged by a nurse who carries out a number of observations and determines if the symptoms have been caused by alcohol or something else (routine blood tests are taken as part of this triage). A doctor will then

⁴ These rates do not include attendance at A&E and the Urgent Care Centre as a result of alcohol excess.

carry out a top to toe examination, may carry out additional tests and then make a diagnosis. If the only diagnosis was excess alcohol, it is likely that the treatment would involve putting the patient on a drip to replace fluids to help them to pass the alcohol out of their system. It should be noted that stomach pumping is no longer used as a treatment due to its side effects. In addition, the patient may be admitted to the Clinical Decisions Unit (or a ward) or, if appropriate, discharged. Although those under the age of 16 are likely to be admitted, if they are discharged the parents or carers have to be present. If the parents/carers are unavailable, an advocate will be appointed to look after the child's best interests and an overnight stay will be offered.

If the patient is aged 16 or 17, staff can seek their permission to contact their parents - however, if they refuse permission, they could be discharged alone. Social Services would be contacted if the patient was a looked after child under the age of 18.

ARCH has been working with Hillingdon Hospital to improve the accuracy of clinical coding and it is possible that this positive action might have contributed to the increase in the number of young people in the Borough being recorded as having alcohol related conditions. However, it is apparent that there are currently some anomalies in the recording of information in relation to young people who present at Hillingdon Hospital as a result of excess alcohol consumption. Although figures are collected by the Trust, these are only in relation to those young people who have presented at A&E and are then admitted. This means that any young person presenting as a result of excess alcohol (either directly or indirectly) at the Urgent Care Centre (UCC) and those who are discharged from A&E without being admitted are not being recorded in the statistics.

It is noted that ARCH is working to establish links with the paediatric inpatient ward at Hillingdon Hospital to ensure that they have a daily input. As such, the Working Group recommends:

1

That Cabinet asks the Public Health team to work with The Hillingdon Hospitals NHS Foundation Trust and ARCH to gather more detailed information about those young people who attend the hospital as a result of substance misuse so that gaps in service provision can be identified and resources can be targeted to those most in need.

EDUCATION

Licensing

Regulatory Services is intelligence led and generally receives very little information about where alcohol is being sold to under 18s. Although every licensed premises has to have a proof of age policy, no particular challenge policy is mandated. There are multiple offences relating to selling alcohol to under 18s, but it is very hard to catch a trader doing this as there are over 300 off-licences in the Borough and they cannot all be monitored all of the time. If intelligence is received about a premises, CCTV footage can be seized and action taken but, without information, little can be done.

It is now very difficult for under 18s to consume alcohol on licensed premises as a result of the greater enforcement powers given to Local Authorities under the Licensing Act 2003. As such, drinking by under 18s in public houses is not considered to be a significant problem in the Borough. With regard to off licences, although those adults caught buying

alcohol on behalf of young people can be prosecuted, it is thought that the most the most effective way of preventing proxy sales would be through educating licensees.

Over the last year, 75 test purchases for alcohol have been made which resulted in 9 premises selling alcohol to under 18s. Any member of staff who fails a test purchase is given a £90 fine and a warning letter is issued to the business (and copied to the Council's Regulatory Services team). Follow up test purchases are occasionally undertaken within three months of a failed test purchase to establish whether breaches are persistent in the eyes of the law.

Although concern has been raised in relation to some under 18s drinking in a few parks in the Borough, this is not considered to be a widespread problem. If a drunk child is encountered by the Police, a MERLIN notice would be sent to Social Services.

There are a number of actions which could discourage young people from being able to access alcohol: not selling chilled alcohol, selling multi packs (rather than singly) and increasing the cost of alcohol. However, these are not restrictions that could be enforced by the Council or its partners.

Challenge 25 is a scheme that encourages anyone who is over 18 but looks under 25 to carry acceptable ID when they want to buy alcohol. Challenge 25 builds on the Challenge 21 campaign introduced in 2005 by the British Beer and Pub Association (BBPA), which represents the beer and pub sector - off licences fall outside of the BBPA scheme. It should be noted that, as well as being suggested by the Working Group, the Council's Licensing Committee is also keen that off licences be encouraged to adopt a Challenge 25 policy. However, Challenge 25 is a voluntary scheme so the Working Group recommends:

2

That Cabinet asks the Regulatory Services team to encourage the adoption of a Challenge 25 policy by all licensed premises in the Borough.

Schools

It is anticipated that educating young people to ensure that they are aware of the risks associated with alcohol will help them to make more informed choices.

The Hillingdon Healthy Schools programme is working to highlight the importance of taught Personal Social and Health Education (PSHE) to deliver important health information and work to reduce risk taking behaviour in the Borough's schools. PSHE is not currently a statutory curriculum requirement in schools but the Hillingdon LSCB has been briefed about the duty of care schools have to their pupils and the importance of taught PSHE in their safeguarding duty. It should be noted that this is a focus of the new section 5 Ofsted inspection framework.

There are a number of actions with regard to education that are planned for implementation or which are already in place:

- The Council's Director of Public Health has met with Headteachers and, as part of his visit, highlighted the importance of this issue for schools/academies.
- A group led by Public Health (including the new substance misuse, drugs and alcohol service (ARCH), Hillingdon Healthy Schools, the local Metropolitan Police Service and the Youth Service) has set up a task and finish group to decide how training and information can be effectively disseminated to young people. The

Public Health team will also advise schools on disseminating alcohol awareness information to parents. In addition, consideration is being given to how training for school staff and professionals in schools, e.g., safer schools officers, school nurses, etc, can be improved.

- The Public Health team will continue to work with the Youth Service, which delivers its own programmes for vulnerable young people, e.g., Unique Swagger, I Choose, etc.
- Public Health will be linking with a variety of professionals who work with young people (including Looked After Children and the Metropolitan Police Service) to enhance staff knowledge in this area within the MECC (make every contact count) initiative in the New Year.

The Working Group was made aware that the Safer Schools Officers (provided by the police) do not currently give any presentations specifically about alcohol to young people. As such, it has been agreed that a slide about alcohol will be added to the existing drugs presentation and that a separate alcohol presentation will be offered to schools and it is recommended:

3

That Cabinet asks officers working on the Hillingdon Healthy Schools Programme to work with Safer Schools Officers to deliver alcohol risk messages to young people across the Borough.

MONITORING

For some years the Local Safeguarding Children's Board (LSCB) has expressed concern regarding the effectiveness of the local Child and Adolescent Mental Health Service (CAMHS); this concern is heightened by evidence in the current JSNA that the Borough has identified higher than average numbers of young people reporting to A&E after self-harm and alcohol misuse and a lower than average acceptance of referrals by CAMHS. Monitoring improvements in this area is a high priority for the LSCB.

The rate of hospital admissions of young people aged under 18 for alcohol specific conditions (those which are causally related to alcohol) is higher in Hillingdon than the rest of London, and the trend has fallen only slightly in the last few years. There also appear to be higher rates of hospital admission for self-harm and alcohol related incidents amongst children and young people than the LSCB would expect. This is particularly concerning when linked with lower than average referral acceptances by CAMHS. As such, the Working Group recommends:

4

That Cabinet asks the Hillingdon LSCB to monitor the number of under 18s being admitted to hospital as part of its monthly performance regime and include the results in its Annual Report.

BACKGROUND READING

The following information is provided in order to signpost readers to useful contextual information to this review.

- **Alcohol and young people**; Fact Sheet - Young People; www.drinkaware.co.uk
- **Alcohol Harm Reduction Programme**; Walsall Council - www.walsall.gov.uk; 12 August 2015
- **Alcohol Related Hospital Admissions - Under 18's**; Report of Chorley Children's Trust at the Chorley Partnership Executive (Chorley Council); 26 November 2013
- **Alcohol-related hospital admissions decrease among under 18s**; Public Health England (PHE); 2 June 2015
- **Guidance on the consumption of alcohol by children and young people**; Sir Liam Donaldson, Chief Medical Officer for England; December 2009
- **Guidance on the consumption of alcohol by children and young people: supplementary report**; Sir Liam Donaldson, Chief Medical Officer for England; December 2009
- **Joint Guidance in Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services**; Department for Children Schools and Families (DCSF), Department of Health (DH) and National Treatment Agency for Substance Misuse (NTA); 3 November 2009
- **Listen to me! - A snapshot of young people's views of mental health and emotional well-being services in Hillingdon**; Healthwatch Hillingdon; December 2014 (Interim report)
- **Local Alcohol Profile 2015 - Hillingdon**; Public Health England; 2 June 2015
- **Public Health England (PHE) Alcohol Learning Resources - Children Young People and Alcohol**; www.alcohollearningcentre.org.uk
- **Reducing emergency alcohol-related hospital admissions**; Liverpool Public Health Observatory; October 2009
- **Seen & Heard - Why not now?**; Healthwatch Hillingdon; July 2015
- More information from the witness sessions can be found in the minutes to the meetings. These can be found here:
 - **Session 1 (15 September 2015)**: <http://modgov-int.hillingdon.gov.uk/ieListDocuments.aspx?CId=358&MIId=2547&Ver=4>
 - **Session 2 (29 September 2015)**: <http://modgov-int.hillingdon.gov.uk/ieListDocuments.aspx?CId=358&MIId=2550&Ver=4>

TERMS OF REFERENCE

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;
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; and
5. After due consideration of the above, to bring forward recommendations to the Cabinet in relation to the review.

WITNESSES

SESSION 1 – 15 SEPTEMBER 2015
<p>Russell Wernham, Assistant Director of Nursing, The Hillingdon Hospitals NHS Foundation Trust (A&E)</p> <p>Noreen Rice, Emergency Care Service Manager, The Hillingdon Hospitals NHS Foundation Trust (A&E)</p> <p>Gail Burrell, Sector Manager, Central and North West London NHS Foundation Trust (CNWL) Addictions Recovery Community Hillingdon (ARCH) Service</p> <p>Dr Deepti Shah-Armon, Consultant Clinical Psychologist, Central and North West London NHS Foundation Trust (CNWL) Addictions Recovery Community Hillingdon (ARCH) Service</p> <p>Sharon Daye, Consultant in Public Health, London Borough of Hillingdon</p>
SESSION 2 – 29 SEPTEMBER 2015
<p>Dr Navin Chandra, Consultant Psychiatrist, Hillingdon Children and Adolescents Mental Health Service (CAMHS), Central and North West London NHS Foundation Trust (CNWL)</p> <p>PS Nick Davies, Licensing Sergeant for Hillingdon, Metropolitan Police Service</p> <p>Deborah Bell, Service Manager - Key Working, Children and Young Peoples Services, London Borough of Hillingdon</p> <p>Chris Scott, Service Manager - Targeted Programmes, Children and Young Peoples Services, London Borough of Hillingdon</p> <p>Sue Pollitt, Trading Standards Team Manager, Residents Services, London Borough of Hillingdon</p> <p>Stephanie Waterford, Senior Licensing Officer, Residents Services, London Borough of Hillingdon</p>