Public Document Pack

Date: **4 February 2015**
Ask For: James Clapson
Direct Dial: **01843 577200**
Email: james.clapson@thanet.gov.uk

THANET HEALTH AND WELLBEING BOARD

12 FEBRUARY 2015

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 12 February 2015** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillor Dr Tony Martin (Chairman); Councillors: Johnston (Vice-Chairman), Hazel Carpenter, Dominic Carter, Esme Chilton, Councillor Gibbens, Councillor E Green, Madeline Homer, Mark Lobban and Andrew Scott-Clark

SUPPLEMENTARY AGENDA

Item
No

4. **ALCOHOL STRATEGY: LOCAL PLAN PROGRESS REPORT** (Pages 1 - 10)

This page is intentionally left blank

By: Linda Smith Public Health Specialist, KCC

To: Thanet Health and Wellbeing Board

Date: 12th February 2015

Subject: Thanet Alcohol Plan – Progress Update

Classification: Unrestricted

Purpose and summary of report
To provide a progress report on the Thanet Alcohol Action Plan to locally implement the Kent Alcohol Strategy (2014-16).

Background:
The Thanet Alcohol Plan addresses six key areas for action to reduce alcohol-related harm and in common with the wider County, there is stronger focus upon Prevention of alcohol related harm and improving earlier access to treatment services.

Summary progress to date:

- A Thanet Alcohol Action Group (TAAG) has been formed to develop and implement a locally tailored plan
- An alcohol integrated care pathway (AICP) was launched in September 2014
- A workforce training programme of Alcohol Identification and Brief Advice (IBA) is underway for statutory and non-statutory organisations
- IBA contracts for GPs and Pharmacies are currently out to tender
- Working to increase community resilience and self-help e.g. facilitating the growth of more mutual aid organisations e.g. Alcohol Anon.; Kent Community Alcohol Partnerships
- Ensuring links to key strategies and workstreams e.g. domestic violence; Early Prevention; Young Peoples services; Making Every Contact Count; Suicide prevention; Community Safety Partnerships, Dual Diagnosis
- Communication: IBA scratchcards are being distributed widely via TAAG partners and a Thanet specific calendar of activity to raise awareness of alcohol related harm has begun and will be further developed.

Recommendations
The Thanet Health and Wellbeing Board is asked to:

1. Note the progress of the Thanet Alcohol Action Plan for information and discussion.

2. Particularly note the significant increase in people screened in hospital settings; referrals to specialist treatment service especially those with a Dual Diagnosis (Appendix 2)

1. Purpose

1.1 To inform the Thanet Health and Wellbeing Board about the progress of the Thanet Alcohol Plan (2014-16) to implement the actions of the Kent Alcohol Strategy (2014-2016) that was approved by Kent Adult Social Care and Health Cabinet Committee and the Thanet Health and Wellbeing Board earlier this year. This paper provides an update on progress and outcomes for Thanet.

2. Background

2.1 Although the majority of people in Kent and the UK consume alcohol responsibly excessive consumption of alcohol is a growing problem in Kent and across the country and contributes to health issues such as liver disease and obesity. Alcohol also contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption. The effects of alcohol misuse are closely associated with areas of high deprivation which makes Thanet particularly vulnerable being one such area.

3. Local Needs – over view

3.1 There are 26 Local Alcohol Profile (LAPE) indicators for Thanet (Appendix 1). The table below shows a summary overview.

Indicator (total of 26)	Number of indicators
Best locally	1 (4%)
Better performance than regional average	3 (12%)
Worse performance than regional average	9 (35%)
Worst locally	13 (50%)

4. Thanet Alcohol Plan 2014-2016

4.1 Alcohol Action Group

It was agreed at the last Health and Wellbeing Board that a Task and Finish group be responsible for the development and progress of the Thanet Alcohol Action Plan. This has been formed and is being led by KCC Public Health. Its membership is comprised of both statutory and Community / voluntary organisations. The group meets quarterly.

4.2 Thanet Alcohol Action Plan

Element		Activity	Progress
Prevention & Identification	1.	**Alcohol Integrated care pathway.** Launched September 2014.	**Complete**
	2.	**Scratchcards:** ongoing distribution of 20,000 IBA scratchcards continue with plans procure more via Thanet Community Safety Partnership. Example distribution of scratchcards via networks/organisations: • QEQM/GP/Pharmacy/Taskforce • Ambulance Trust • CCG commissioned providers • Housing • St. Peter's House/service in care • Social services • Gateway / job centres • HLC/ pastors • Police Community support officers: Custody suites, hairdressers, shops etc. • Other- please contact either Turning Point or Taskforce for supplies  Scratch card letter V2 090115.pdf	**In progress**
	3.	**IBA Pharmacy / GP contracts:** out to tender for a period of six months (ending July approximately) and will be offered to all eligible interested GPs and Pharmacies. Cost will be capped and flexible depending upon activity.	**In progress**

	4.	**Local calendar of events**; Calendar of PH campaigns to date: 4.1 Thanet CSP press advertorial – December 2014 4.2 Dry January – figs not available yet. 4.3 Thanet District Council event calendar: scope necessity of additional support e.g. ambulance attendance at events etc. / harm reduction messaging.	**Complete** **Complete** **In progress**
	5.	**Target groups & Health inequalities:** 5.1 **Housing / tenancy** issues were discussed especially CYP going back to places of residence and causing ASB. Others to be identified if viable project / actions can be developed**.** E.g. Post meeting discussion scoped opportunity for street pastors to ask re where people were moving on to etc. 5.2 **Older drinkers** –as an issue. Scoping using the Ageing better fund 50+ to action. 5.3 Link to **Thanet adult strategic partnership voluntary sector**; Community Safety Partnership Officer going. 5.4 **Blue light project for resistant drinkers:** Alcohol concern model; links to Domestic Violence. 5.5 Facilitating Access to Mutual Aid **(FAMA).** Work has begun with Public Health England to engage more proactively with mutual aid organisations. Currently gathering baseline information; more details will follow. 5.6 Other vulnerable groups as identified.	**In progress**

Treatment	6.	6.1 **Turning Point** has had a measure of success getting in to GP surgeries to hold sessions. More assistance is needed to encourage more GP settings to do this. GP/ Pharmacy IBA contracts should help raise profile further to increase referrals. 6.2 Act on recommendations of the latest Substance Misuse Needs Assessment – due soon. 6.3 Act on recommendations of Dual Diagnosis Needs Assessment – in progress 6.4. Act on assessment of treatment service provider performance	**In progress**
Enforce. / Respons.	7.	7.1 **CSP** will input alcohol actions / activity from CSP plans. 7.2 **Licensing:** • Kent Police now have two licensing officers' very active employing new approaches /tactics with premises; more detail to follow. • LS to review Public Health input to licensing application process.	**In progress**
Local Action	8.	8.1 Building a service directory of Drug and alcohol (DA) supporting services to put in integrated care pathway. See FAMA project. 8.2 Public Health Responsibility Deal. Mapping participating business in Thanet – scope to increase. Link to Kent Business Award. 8.3 Increase / refresh **Kent Community Alcohol Partnerships (KCAPs).** • **Westgate and Birchington** areas identified as best areas to start. Work underway with the CAP South East Region Programme Manager assistance.	**In progress**

Children & Young people	9	9.1 Map AE pathway section for CYP against published PHE pathway identify gaps/ divergence 9.2 Input from KIASS re CYP activity / CSP reports. 9.3 CYP Dual Diagnosis; link to Jo Tonkin (PH Specialist), early intervention programmes, troubled families etc. 9.4 Sexual Health – provider contracts to ask about alcohol / offer IBA	
Other	10	10.1 **Staff training**: Turning point is conducting face: face training sessions for a variety of partners and promoting e-learning modules. Training sessions start this month (February 2015). 10.2 **Performance:** Performance dashboard is being created across relevant partner agencies / timing of data release as permitted. More information to follow. 10.3 **Evaluation:** data is being collated to provide for this. 10.4 **QEQM:** scoping opportunity to embed alcohol IBA screening onto all Patient administration systems i.e. make it a routine matter to screen and easier to refer. Also looking at workforce screening via Human Resources/occupational health route.	**Appendices 2,3**

8. Recommendations

The Thanet Health and Wellbeing Board are asked to:

8.1 Note the progress of the Thanet Alcohol Action Plan for information and discussion.

8.2 Particularly note the significant increase in people screened in hospital settings; referrals to specialist treatment service especially those with a Dual Diagnosis (Appendix 2).

9. Contact details - report author:

Linda Smith, Public Health Specialist, Kent County Council
Linda.smith2@kent.gov.uk Tel: 07725785021

10. Appendices

Appendix 1 Local alcohol data profiles

Table 1 Summary of LAPE profile Indicators, 2013 (Source: NWPHO, KMPHO)

	Indicators	Thanet	South East region
Mortality	Months of life lost - males	13.64	9.89
	Months of life lost - females	5.85	4.72
	Alcohol-specific mortality - males	16.70	11.78
	Alcohol-specific mortality - females	6.72	5.35
	Mortality from chronic liver disease - males	22.78	12.94
	Mortality from chronic liver disease - females	10.51	6.92
	Alcohol-related mortality - males	65.57	58.49
	Alcohol-related mortality - females	32.19	25.95
Admissions	Alcohol-specific hospital admission - under 18s	58.26	37.30
	Alcohol-specific hospital admission - males	543.92	375.53
	Alcohol-specific hospital admission - females	256.45	188.37
	Alcohol-related hospital admission (Broad) - males	1711.28	1409.59
	Alcohol-related hospital admission (Broad) - females	819.76	705.48
	Alcohol-related hospital admission (Narrow) - males	693.52	495.95
	Alcohol-related hospital admission (Narrow) - females	350.43	267.25
	Admission episodes for alcohol-related conditions (Broad)	1851.48	1615.65
	Admission episodes for alcohol-related conditions (Narrow)	651.88	513.12
Crime	Alcohol-related recorded crimes	8.10	4.90
	Alcohol-related violent crimes	6.02	3.60
	Alcohol-related sexual offences	0.14	0.11
Other	Abstainers synthetic estimate	15.76	14.73
	Lower Risk drinking (% of drinkers only) synthetic estimate	73.97	72.71
	Increasing Risk drinking (% of drinkers only) synthetic estimate	19.09	20.54
	Higher Risk drinking (% of drinkers only) synthetic estimate	6.94	6.75
	Binge drinking (synthetic estimate)	15.20	18.10
	Employees in bars - % of all employees	2.16	1.59

	Best locally
	Better performance than regional average
	Worse performance than regional average
	Worst locally

Thanet alcohol profiles.pdf

For more information please see visit: http://www.kmpho.nhs.uk/lifestyle-and-behaviour/alcohol/

Appendix 2 QEQM Hospital IBA screening and referrals (pilot 2014)

Figure 1 QEQM AE Pilot: May – December 2014

Activity	Totals
Number of screened and identified patients	**530**
Number of brief interventions	**433**
Number of referrals made to Turning Point*	**112**

*Compares to total of 9 referrals for the whole of 2013/14

Figure 2 Screenings from other wards/departments: May- December 2014

	Total
Endoscopy	1070
Maternity	3748
Grand total	**4818**

Figure 3 Specialist Treatment Services **Appendix 3**

Structured treatment - Thanet

			2013/14	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	2014/15 YTD	Kent
1	**Number of individuals receiving brief interventions (n)**		1895	1403	742	462	-	2607	-
2	Number of new treatment commencements (n)		223	60	38	39	-	137	-
3	Number of clients in effective treatment (n)		-	93	100	97	-	-	-
4	**Healthcare Referrals (n) (new treatment commencements)**		39	16	12	8	-	36	-
5	**Number of 'hospital' referrals (n)**		4	8	5	-		13	23*
6	Treatment exits (%)	Planned	75	86	74	68	-	75	74
		Unplanned	25	14	26	32	-	25	26
7	**Dual diagnosis (%)**		20	19	26	25		23	25

*All East Kent hospital referrals for Q1 and Q2

Notes	
1	The number of individuals receiving a brief intervention for alcohol use in Thanet decreased in quarter 3. Turning Point feel that this is a reflection of the Christmas period and reduced usage of the roving recovery vehicle (RRV) in this time.
2	The number of treatment commencements in 2013/14 includes the number of clients who were transferred from the previous provider to Turning Point in April 2013. This figure is therefore not comparable to the 2014/15 data which includes only new treatment commencements.
3	To be defined as being in effective treatment, a client must have been retained in treatment for 12 weeks and have started one or more modalities. 2013/14 figure is not currently available.
4	Healthcare referrals include all referrals from the following sources: GP, A&E, Psychiatry, Comm Care Assessment, Social Services, Hospital and Psychology.
5	Hospital referral figures may differ from the QEQM engagement figures, as per the top table data, as QEQM engagement figures also include those clients who were already engaged in structured treatment. Indicator 7 includes only new treatment episodes.
6	Planned exit refers to clients who have completed treatment successfully or transferred to another treatment service and contact with the service has been made. Treatment exits are provided as a proportion of all exits per quarter.
7	A client is given a dual diagnosis status if, at the start of a new treatment journey, he/she is also receiving care from mental health services for reasons other than substance misuse. This indicator measures the proportion of clients in effective treatment who have a dual diagnosis.