



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

<b>Alcohol Update</b>	
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Report for Information	

### 1. Purpose of this Paper

The purpose of this report is to inform the board of the current actions around alcohol misuse and priorities for the future and to clarify the commissioning arrangements.

### 2. Context

The Department of Health report 'Signs of Improvement' described the high impact changes that could be acted on to reduce the harm caused by alcohol. These have been acted on in Bristol. Work to reduce the harm includes: prevention, treatment, targeted work with the most vulnerable, licensing policy development and implementation, policing and partnership working.

### 3. Commissioning Arrangements

From April 2013, the commissioning arrangements for alcohol misuse changed to reflect the new responsibilities of the emerging organisations. The table below shows the guidance from the Department of Health, splitting responsibility of different aspects of the work between the new organisations.

**Table 1 Commissioning Responsibilities for Alcohol Misuse**

Local Authority	Clinical Commissioning Group	NHSE Area Team
Alcohol misuse services, prevention and treatment	Alcohol health workers in a variety of health care settings	Brief interventions in primary care
<b>Examples</b>	<b>Examples</b>	<b>Examples</b>
Campaigns - Population messages or targeted campaigns based on	Could be achieved by training all appropriate workers in health care settings	BI in any primary care setting

social marketing principles		
Awareness raising for those in a position to identify where there is a problem (front line workers such as social workers)	Or employment of specialist nurses in secondary care settings	eg pharmacies GP surgeries
Early intervention – targeting those most at risk		Alcohol National Direct Enhanced Service – audit in primary care
Brief interventions by alcohol treatment workers		
Specialist alcohol treatment provision including inpatient detoxification where appropriate		

### 3.1 Who Commissions what currently?

- The Safer Bristol team in the local authority commissions specialist alcohol services from treatment providers delivered through ROADS – this includes specialist service provision to people who need brief interventions, community and inpatient detoxification and all wraparound services to assist individuals in their recovery
- The Public Health team in the local authority commissions all other services related to early identification, brief advice and information and brief interventions across a wide range of services including primary and secondary care. They also commission targeted campaigns as set out under current actions below.
- The Area Team commissions the Alcohol National Enhanced Service, which all practices are eligible to deliver. It also commissions alcohol treatment in prisons.
- We are not aware of any commissioned activity taking place through the Clinical Commissioning Group at present.

## 4. Current actions around Alcohol Misuse

### 4.1 Prevention: Health Promotion

Public Health campaigns target vulnerable groups. To target young adults we use our locally developed Ministry of Cheer (MOC) website <http://www.ministryofcheer.org/>.

We run social marketing campaigns using this web site, with posters, postcards linked into the site by an app, which makes them attractive to young people. For example in October we ran a campaign aimed at students during Freshers' week where every new student at UWE and the University of Bristol received a postcard with safe drinking messages and a link to the MOC site.

We also run health fairs: for instance in Alcohol Awareness Week we ran two health fairs at the Automotive Academy (the premier engineering college in Europe) and trained their trainers in how to talk to students about alcohol. We invited workers from sexual health, support to stop smoking, and substance misuse to come along to the fairs as it was a great opportunity to access lots of young men and talk about their health.

The Ministry of Cheer (MOC) site is being updated to include a section for carers to improve child safeguarding aspects.

To target other groups we take different approaches. For example, this month we have been running a Pharmacy campaign aimed at people with hypertension who may drink more than the recommended levels of alcohol. The pharmacists are talking to their customers who have high blood pressure about their use of alcohol to encourage them to drink within national guidelines and thereby reduce their risk of stroke.

Our December health promotion campaigns will be about safer drinking messages and avoiding binge drinking in the festive season. We will be using humorous postcards and our MOC web site. The campaigns will target middle-aged drinkers and young adults.

Our January campaign will be 'Love Your Liver' designed to encourage people to take a break from drinking alcohol for a while to allow their liver to recover from alcohol use. We will use it to promote the Chief Medical Officer's advice that people should have at least 2 alcohol free days a week.

The Public Health Promotion Resource and Information Service supply many front-line workers across the city with alcohol leaflets and training aids.

#### **4.2 Prevention: Targeted one-to-one behaviour change interventions**

Identification and Brief Advice (IBA) is a cornerstone of prevention work. This means that people are screened using set questions to find out their level of alcohol use. If they are found to be drinking above guidelines, they are given information and signposted to appropriate services

IBA services have been developed and are operational in:

- Bristol Royal Infirmary Accident and Emergency Department, the Medical Assessment Unit, and some wards
- The gastro ward in North Bristol NHS Trust
- Custody suites
- GP practices who operate the National Direct Enhanced Service (for new registrations), or the Public Health Alcohol Service (for patients with hypertension, newly diagnosed depression, or who have been to hospital with an alcohol misuse related injury)

An Identification and Brief Advice (IBA) service is being developed for pharmacies, aimed at people who buy hangover cures for gastric problems.

In addition Public Health trains front line workers to deliver IBA's. Workers already trained include: Support to Stop Smoking workers, sexual health services staff, health visitors, community workers for older people, and children's centre staff.

#### **4.3 Prevention: Planned IBA training in the next year**

- Community midwives
- Front-line council staff (4 x training sessions set up)
- Southmead community staff: community workers, youth workers, and teenage parent workers. This area has the shortest life expectancy in the city
- Bristol Community Health staff: Hengrove Urgent Care Service, Community Learning Difficulties Team, the Migrant Health Service, the Falls Service, occupational therapists, community nurses, health visitors, healthcare assistants, and community nurses for older people
- NBT staff (including Southmead minor injuries unit)
- Pharmacists and pharmacy staff
- The Community Respiratory team

We will revisit groups already trained to capture new appointees and refresh existing skills in Sexual Health Services, and Early Years Staff.

We will also be developing IBA training for Dentists, hygienists, and dental nurses.

#### **4.4 Prevention: Education**

The delivery of alcohol and drug education is statutory within the school science curriculum. In addition, it is often taught within personal social and health education (PSHE), which is non-statutory. All schools are supported by the Bristol Healthy Schools Programme Manager to deliver PSHE within the framework of good practice. Most Bristol schools have a nominated lead in this area, who co-ordinates the teaching of PSHE across the whole school. These members of staff have a professional development certificate in PSHE and attend regular follow up training sessions, led by Bristol Healthy Schools Programme Manager.

Alcohol awareness sessions have been developed and these have been run for council housing reception staff. More of these sessions will be developed for other front-line workers.

#### **4.5 Prevention: Children and Young People's Workforce Training**

Public Health Bristol has developed a training programme about young people and substance misuse, which is delivered through the 4YP training prospectus. These courses include a strong emphasis on young people and

alcohol and are delivered in multi-agency training sessions to the children and young people's workforce. The courses comply with the aims of both the National Drug Strategy (2010), and the National Alcohol Strategy (2012), and therefore include the following goals:

- To reduce demand among young people for all substances, including alcohol (National Drug Strategy 2010)
- To reduce the number of people 'binge drinking' (National Alcohol Strategy 2012)
- To maintain a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed. (National Alcohol Strategy 2012)
- To encourage professionals to intervene early with young people and young adults who are misusing alcohol or other drugs (National Drug Strategy 2010)
- To break inter-generational paths to dependency by supporting vulnerable families (National Drug Strategy 2010)
- To provide good quality education and advice so that young people and their parents are provided with credible information to actively resist alcohol and drug misuse (National Drug Strategy 2010)

#### **4.6 Early Intervention for Young People**

Bristol Youth Links commissions a service focusing on early intervention with young people using alcohol and other drugs. The service is delivered by Bristol Drugs Project. It targets those aged 8-19 and offers brief interventions (up to six 1:1 sessions) to young people who are in the early stages of alcohol and drug use. The sessions are delivered in partnership with schools and other Youth Links services and aim to reduce alcohol and drug use and associated risk behaviour among young people. This service also offers support to young people affected by a parent or carer's substance use.

#### **4.7 Specialist Treatment**

The alcohol and drug services have been re-commissioned to form the 'Recovery Orientated Alcohol & Drug Services' (ROADS). This is an integrated service available across Bristol which provides structured treatment for alcohol addiction – from 1:1 brief interventions, and group work to community and inpatient detoxification (See Page 10 for the alcohol pathway through the services). The performance management of these services will be undertaken by the Substance Misuse Team in Safer Bristol.

Other alcohol services that are commissioned through public health include alcohol nurses in the BRI and at Frenchay/Southmead Hospitals. The nurses provide support and extended interventions with dependent drinkers, on top of the Identification and Brief Advice (IBA) work. In addition the A&E nurse at the BRI works with self-harmers whose harming is linked to alcohol. The ward nurses also provide symptom triggered prescribing for patients on the gastro ward. This form of prescribing delivers less medication to the patient than

traditional prescribing methods, reduces the length of stay, reduces violence on the wards and provides a better experience for many patients.

Young people's treatment services are delivered by three agencies, forming an integrated treatment team. The first of these, the Young People's Substance Misuse Treatment Service, is placed in Children and Adolescents Mental Health Services and works with young people up to the age of 18 who are experiencing problematic alcohol and drug use along with complex needs that impact on health, such as mental health problems, pregnancy etc. The second is the Drugs and Young People Project, which is placed in Children and Young People's Service and works with young people using alcohol and other drugs who also have social workers. This project also works with young people who have child protection concerns relating to a parent or carer's substance use. The third agency is the Youth Offending Team, which has a worker who supports young offenders who also have high levels of alcohol and drug use. These three agencies work closely together to ensure that very vulnerable young people are placed in the part of treatment services which best fits their needs.

#### **4.8 Targeted work with the most vulnerable**

21% of hospital admissions are caused by 4.6% of patients (high impact users). We target this group through our treatment services and partnership work. Many of these people have complex needs and chaotic lives.

Public Health developed a High Impact User Nurse Service in our treatment services to reach into the hospitals and work with these patients giving them fast track referrals into alcohol treatment services and transfers from hospital beds into inpatient or community detoxifications. This reduces the length of stay and enables the patients to complete their detoxifications.

Public Health also developed a community detoxification nurse service to work with people with more complex health issues who found it difficult to access the central addiction services.

Both of these services have now been integrated into the new ROADS service.

Public Health also commissions the Wet Clinic for street drinkers, which operates at the Compass Centre and Wild Goose Café. The clinic looks after their health needs, ensures that malnutrition is addressed in order to prevent brain damage, and supports them to consider changing their lives and accept treatment for their addiction.

#### **4.9 Licensing policy development and implementation**

There is strong partnership work across Bristol on licensing issues. The Bristol Licensing Policy is out for consultation currently and Public Health has asked for additional discretionary conditions to be added to the pool of

conditions. These conditions include a commitment to:

- Not sell strong, inexpensive beers, ciders and lagers.
- Not sell alcohol at less than 50 pence a unit
- Provide alcohol and drug service representation at festivals and large gatherings.

The responsible authorities in the council (including Public Health) and police coordinate their responses to licensing applications and to breaches of licenses, so that they are as effective as possible.

#### **4.10 Policing and criminal justice settings**

The Police and Crime Commissioner (PCC) is commissioning an alcohol and drug service for custody that will start in April 2014. Currently the services are commissioned by Safer Bristol and Public Health, however much of the funding for this has been transferred to the PCC, who now has the responsibility for commissioning custody services. In Bristol this is likely to result in a reduced service.

NHS England commissions interventions and treatment in the prisons. Probation screens some clients and delivers alcohol interventions, they also advise the courts if an offender has agreed to submit to an 'alcohol treatment order', whereby a magistrate can order an offender to go into alcohol treatment for 6 months.

#### **4.11 Partnership working**

The governance of alcohol work currently comes under the Safer Bristol Executive Board, via the Violence and Substance Misuse Strategy Group. Strategic work to create a new Bristol Alcohol Strategy is on-going. There is a lot of joint working on reducing the harm generated in the night time economy, for instance the police and the council working on the Purple Flag Initiative.

There is much joint working to improve the anti-social behaviour and health of street drinkers. This work is led by Street Wise, the council service for roofless people and people who beg.

### **5. Successes**

We have met and exceeded challenging targets to reduce alcohol attributable hospital admissions (this means admissions which although not directly related to alcohol use, are closely linked eg hypertension, fall injuries).

The provisional figures for 2012-13 show a fall in the rate of alcohol attributable admissions of 4% in the year from 2011-12.

Bristol's male mortality from chronic liver disease has reduced so that it is now the lowest in the core cities, and similar to the English average.

The mortality rate for chronic liver disease for females in Bristol is lower than the English average.

The rate of alcohol specific admission for under-18's in Bristol is lower than the regional average (54.3 per 100,000 population, compared to 62 in the region). It is also slightly lower than the national average.

## **6. Key risks and Opportunities**

There is a need for more alcohol nurses to cover all the wards in United Hospitals Bristol and North Bristol Trust, as all the dependent drinkers are not being identified and dealt with. There is a risk that some will have an unplanned detoxification while in hospital and be at risk of falling. The CCG has a shared responsibility with Public Health to commission health care setting alcohol workers (see table 1 above), but has not as yet commissioned any such services. Public Health would be able to support front line workers with the provision of training and relevant materials.

South Gloucestershire CCG should also consider commissioning health care setting alcohol workers in North Bristol Trust, as the population covered by NBT is wider than just Bristol.

The new integrated alcohol and drug treatment services are bedding in and there is a need to closely monitor the demand and supply of these services. It is not yet known if alcohol clients will choose to engage with integrated services as other areas with integrated services have found that alcohol clients will not use services that they think of as drug services. However, the new services will provide much more capacity for alcohol treatment. In addition, the specialist services are offering increased support to primary care for community detoxification.

There is a need to clarify governance arrangements going forward as currently Safer Bristol Executive Board are responsible for alcohol treatment services as well as the crime and disorder agenda. Clearly, the Health and Wellbeing Board also has an interest in alcohol misuse and has responsibilities around the wider health issues relevant to this area. Clearer lines of accountability need to be put in place to ensure a joined up approach to decision making for the future.

We are currently reviewing membership of the groups which oversee, advise and commission services, which gives us an opportunity to ensure membership is sought from partners such as the CCG.

## **7. Conclusions**

There is a lot of work already going on around the alcohol agenda, which could be enhanced further by investment from partners. As well as



investment around commissioning/delivering brief interventions, involvement in key partnership meetings would also be a key priority.

## **8. Recommendations**

The Health and Wellbeing Board is asked to note the contents of this report and consider how clarification of governance arrangements can be taken forward for the future. Partners are asked to consider how they can align budgets to support this area of work and provide better synergy.

