AGENDA SUPPLEMENT

Health, Housing and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Hayes, Steward and K Taylor

Date: Tuesday, 12 February 2019

Time: 5.30pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

The Agenda for the above meeting was published on **Monday 4 February 2019.** The attached additional documents are now available for the following agenda item:

9. Substance Misuse Review Final Report (Pages 1 - 66)
This report presents all the findings of the Task Group set up to undertake the Substance Misuse Scrutiny Review and provides information on the impact and potential outcomes of planned reductions, particularly in funding to alcohol services in York.

This agenda supplement was published on
Tuesday 5 February 2019

This page is intentionally left blank

Health, Housing & Adult Social Care Policy & Scrutiny Committee **12 February 2019**

Report of the Substance Misuse Scrutiny Review Task Group

Substance Misuse Scrutiny Review Final Report

Summary

1. This report presents the findings of the Task Group set up to undertake the Substance Misuse Scrutiny Review and provides information on the impact and potential outcomes of planned reductions, particularly in funding to alcohol services in York.

Background

2. At a meeting in December 2017, the Committee considered a report on the implementation of recommendations from the Public Health Grant Spending Scrutiny Review and the implications of a reduced budget in coming years were discussed by the Committee.

3. In April 2018 the Committee received a topic review request from Cllr Pavlovic to look at the potential impact and outcomes of the Substance Misuse (Drug and Alcohol) contract under a reduced budget and to consider the implications on service delivery. At the same meeting, the Director of Public Health gave a brief update on work already being undertaken in this area which could assist a review.

4. In June 2018 a scoping report was presented to this Committee, providing Members with data on drugs and alcohol and the current situation in York. The Committee agreed this was a topic worthy of review and that a cross party Task Group consisting of Cllr Pavlovic, Cllr Cuthbertson and Cllr Richardson be established to carry out this work on the Committee's behalf. In October 2018 this Committee agreed the following revised remit for the review:

Remit

Aim

To identify the potential impact of planned budget reductions in alcohol services on current service users, future users and the public.

Objectives:

i. To investigate the impact of the proposed changes to alcohol service provision.

ii. To investigate the current use of the public health grant to support the required functions around alcohol services.

iii. Investigate and analyse the whole system of treatment for alcohol service users beyond the contracted specialist service.

Current Situation

5. The provision of alcohol and drug specialist treatment services is the legal responsibility of the Council. In York, drug and alcohol services are predominately funded from the public health grant. A small additional contribution from the Office of the Police Crime Commissioner (OPCC) covers the criminal justice element of the service.

	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000
Expected reduction in Grant	2.5%	2.6%	2.6%	0.0%	0.0%
Projected grant excluding 0-5 services	6,465	6,297	6,133	6,133	6,133
Proposed Substance Misuse Budget	2,310	2,210	1,998	1,860	1,835
Budget Savings	75	100	213	137	25

6. The table above shows the budget for the whole substance misuse service. The Public Health Directorate has undertaken rationalisation of fixed costs through reductions in staff, equipment, procurement and infrastructure spending. In July 2017 Changing Lives and Spectrum Community Health CIC took over the CYC contract for drug and alcohol services in York. The contract was awarded for 3 years with an option to extend by up to 4 years based on performance. The contract contained conditions that required savings of £550,000 over the first 5 years of the contract.

Consultation

7. To progress the review the Task Group has met with academics, GPs, Vale of York Clinical Commissioning Group (CCG), York Teaching Hospital NHS Foundation Trust, CYC Finance Officer, CYC Public Health Practitioner, the Police and Probation services. The Task Group also met with Changing Lives twice, once at the beginning of the process and again after meetings with all other partners had taken place.

Information gathered

8. The Task Group met with a University Research Fellow in Mental Health & Addiction and a CYC Public Health Specialist Practitioner on November 1st.The Task Group heard that Central Government support for alcohol prevention has declined in recent years due to austerity.
Clinically, drinkers fall into three main groups: 'Hazardous', 'Harmful' and 'High Risk' drinkers. Harmful and High risk drinkers usually present multiple complex needs and are likely to be referred to Changing Lives.

9. Members heard that planned reductions are likely to affect access to services and key worker support for current and future users at a time of increased demand for substance misuse services. At the local level, barriers to early referrals for support services include multi-factored client issues and the Alcohol Use Disorder Identification Test (AUDIT) not being utilised consistently in GP and A&E services. In the wider context it is estimated that up to 7% of York residents (c15,000) are likely to be drinking hazardously. This

group comprises mainly high functioning individuals[1] who in time may need to access services of various kinds. A problem for York's medical and other services is that many people drinking at hazardous and harmful levels exhibit little or no motivation to seek help until they develop serious health or social problems.

10. On the 6th November the Task Group met the GP lead for Spectrum[2] and Changing Lives. Members were informed that referrals to services come mainly from self referrals, drop-ins or by phone; a small number of referrals come from GPs. A lot of patients find the environment and potential stigma associated with attending the service off-putting and do not attend; these are usually high functioning patients who are often still working. There is also a small pocket of high need drinkers who do not access alcohol treatment; they may slip through the net due to missed opportunities for co-ordination between services. The GP lead reported to Members a perceived rise in patients with alcohol related dementia, hypertension, stomach cancer and indigestion. It is expected that incidences of these illnesses will increase without proactive action.

11. The Task Group heard there is a general problem in society and even among medical professionals of not challenging alcohol misuse until it is too late. It was the opinion of the GP lead that harmful or hazardous drinkers may be prepared to access and respond better to an anonymous service in a GP surgery or community building separate from the formal commissioned service building. There is limited capacity for home visits to multiple complex needs patients; visits do occur but would be lessened by the planned reductions due to the impact of reduced staffing levels.

12. The GP Lead stated the impact to proposed changes will be negative for those already accessing services and access will become harder for those not accessing the service but may need it, such as high functioning drinkers who recognise they may have a problem. There is also no clear integrated service among health partners and community groups for patients with multiple complex needs.

---

[1] High Functioning drinkers often seem to have stable lives, they drink too much, but they may excel a t work or have good relationships with family and friends.

[2] Spectrum Community Health CIC is a social enterprise that delivers a range of community and offender healthcare services. Spectrum works in partnership with Changing Lives to provide drug and alcohol services in York.

13. On November 7th, the Task Group met with the CYC Finance Manager and received a briefing on the Public Health Expenditure 2016-2020 (see Annex A for a breakdown of expenditure for this period).

14. Members heard that York has seen a reduction in the Public Health Grant in cash terms from last year of around 2.5%, from £8.7m to £8.5m. With inflation factored in it is more likely to be 4% or 5%. Members were told that decisions on how much is spent within the Public Health budget are primarily made by the Executive, based on officer assessments.

15. Any option to cut back Public Health services will have trade-offs. Nevertheless, opportunities can be found in joint ventures or by applying for funds for pilot projects. The wider financial issue is that there is little money in the Health Economy in York with Vale of York CCG managing a deficit, adding pressure to the Public Health budget and the overall impact of Government austerity.

16. In early November the Task Group met with the Head of Transformation and Delivery, Out of Hospital Care and the Head of Partnerships at the Vale of York CCG. The Task Group heard that alcohol has a significant impact on emergency services and unplanned care provision. They felt that there was a likelihood that pressure is likely to increase as a result of planned reductions to alcohol services in particular and substance misuse services generally.

17. Members heard that alcohol related cases centre around one-off cases
(e.g. binge drinking related fighting/ accidents), violent crimes and frequent admissions. While such one-offs are a problem, repeat admissions or criminal cases are most likely to put a strain on services. The CCG would like to see interventions set up for those who present more than 4 times a month or 12 times a quarter. Such frequent users are time- and resource-consuming and there is currently limited provision to support these individuals in cutting down or ceasing to use alcohol. Other issues such as homelessness and/or mental health problems are factors in such cases. Successful interventions with these individuals would offer significant benefits to the local health and care economy.

18. It was suggested that a lack of joined up work between community groups and health partners make it difficult for the hospital in York to effectively signpost patients after treatment. Similar to what the Members heard from the GP, the Hospital is seeing significant problems with stomach and liver ailments from high functioning drinkers who are presenting very late in their illness. The CCG advised that early intervention through routine liver testing can detect early signs of problems. Gastro-intestinal and neurological diseases arising from dangerous alcohol consumption are increasing. Because better medical treatment options are available than in the past, such patients now remain a drain on medical resources for longer.

19. Members were told that alcohol related neurological conditions, such as dementia and brain damage, have social care implications and often lead to delayed transfers of care due to complexity of the care placements.

20. The CCG has been involved in interdisciplinary meetings among health professionals, but these are not formal structures and depend very much on individuals. It was suggested to members that formalising this process could figure in a long-term robust model of joined-up working.

21. There is a need for additional specialist services for high functioning drinkers; the CCG agreed with the estimate of 7% of residents likely to be drinking hazardously in York. The CCG suggested that there is a strong business case for more investment into alcohol services as it will save money in the long run.

22. On the 8th November the Task Group met with a Hepatology Consultant and a Substance Misuse Nurse both from York Teaching Hospital NHS Foundation Trust. Members were told that, due to a rise in hazardous drinkers, there is a current un-met need in alcohol treatment and support. Members again heard about the lack of both coordination and capacity among health and community partners in supporting such patients with multiple complex needs which include substance misuse.

23. Members were told of the lack of hospital staff capacity to implement preventative measures and that hospital services and partners are only able to prioritise limited resources toward people with multiple complex needs. Members heard of the significant gap

in service provision to address alcohol related harm in secondary care, resulting in increasing re-admission rates, increased length of stay and poorer outcomes for those with alcohol related problems. The witnesses' view was that the situation is likely to worsen as a result of the planned reductions - if less people can access the service until later or more progressed in their drinking patterns, the health implications are likely to be more advanced.

24. A comprehensive study on the burden of alcohol on York Emergency Department in 2013 (see Annex B), showed that some 10% (c7255) of hospital admissions from A&E were alcohol-related. Both specialists believed that these numbers are likely to be similar to the volume of alcohol related admissions seen by the hospital today.

25. Members learned that alcohol consumption is the leading cause of death among working men and has links to other health conditions, including breast cancer. Generally, the hospital is seeing more cases of ailments mentioned by the CCG, including cardiovascular diseases. Substance misuse nurses' view is that it would be helpful to provide a service of early prevention support in the community linked to hospital discharge.

26. The Task Group met a Drug Policy Specialist from the University of York on 12 November. Members heard that the greatest impact of planned reductions will likely be on alcohol services. The likelihood of some 7% of York residents drinking hazardously was acknowledged to be a fair assumption. Members were told that, if hazardous drinking is not quickly and effectively addressed, the cost and pressure on local health services in 10-15 years from now may be significant.

27. Members were informed that alcohol issues can be detected through 'Identification Brief Advice' (IBA) and 'short audits'. While research has shown varying positive results, trials showed that, on average, IBA was associated with a reduction equivalent to 5 units of alcohol per week (or 40g) in a patient's consumption.

28. The specialist warned that, without a responsive treatment regime, people who reach a stage where they are ready to change but won't be able to access support, will carry on drinking. When an individual is at 'rock bottom', there is a real opportunity to make positive changes through accessing treatment. However, if they cannot then

access a service, the negative impact on them and those around them can be profound and long lasting.

29. Members heard that there are no known academic studies on the impact of cutting alcohol services, however there are several studies quoted about the effectiveness of alcohol interventions. Members were told of research which suggests that public health spending on drug/alcohol education and media campaigns is less than effective; restrictions through licensing of alcohol premises and pricing have, however, been shown to reduce alcohol use.

30. On the same day, the Task Group met North Yorkshire Police's Area Commander for York and Selby who said that a recent study in Scarborough showed that 75% of those arrested had alcohol-related problems, either dependent or intoxicated. Members heard that the situation in York is likely to be similar.

31. During the period 1/11/17 – 31/10/18 there were 4520 crimes (35%) in which alcohol was flagged as an influencing factor out of a total of 13025 during an arrest or encounter with police officers in York. Further, 1077 of 4957 (or 22%) of people brought into the detention unit self-declared to be dependent on drugs or alcohol. The Commander believed this to be a significant under-representation of the true amount. A breakdown of these figures and several case studies are provided in Annex C.

32. It was suggested that to have substance misuse workers in custody suites offering early help and intervention can help engage offenders with support services. Members learned that some 75% of children who have parents in prison will go to prison themselves. The Task Group heard that there is a need for a service which takes a co-ordinated approach with agencies across a range of disciplines and that is person- centric and trauma-informed.

33. On the 4th December the Task Group met the Network Developer and Interchange Manager from the Probation Service's Community Rehabilitation Company[3] (CRC). The CRC has seen a rise in people requiring alcohol treatment, which they found concerning at a point when the budget for alcohol services is to be reduced. They explained that, in the past, the threshold for accessing services

[3] Community Rehabilitation Companies are private-sector suppliers of Probation and Prison-based rehabilitation services

required an AUDIT score of 16; now that score is likely to rise to 20, locking more people out of accessing the substance misuse service.

34. The CRC stated that they felt there was a lack of a shared vision of what a city-wide service for a client should be. This presents a significant coordination challenge for partners, as all are working to their own priorities, KPIs and resources.

35. It was suggested that having key workers based in custody suites would be helpful to ensure timely support. While a majority of hazardous drinkers do not offend, the CRC recognise a clear association between being under the influence of alcohol and criminal behaviour

36. Because services often share clients, the CRC would like to see more joined-up working among partners, particularly around information sharing. It was the CRC's view that a memorandum of understanding between partners would be helpful; to bring back Drug and Alcohol teams (DAATS). The CRC also felt Partners need to co-ordinate budgets to develop services for shared clients.

37. On 5th December the Task Group met the CCG Clinical Lead for Primary Care and Population Health. The Task Group learned that a study had found that some 33% of all hospital admissions in York present heavy drinking (ie drinking above Public Health recommended levels) as an indirect factor in their clinical profile. As patients are predominantly admitted for other reasons, the alcohol issue is usually not addressed with patients. Additionally, Members had heard that 10% of emergency admissions (see para. 24) were based on alcohol clearly being indentified as a direct or major cause for a patient's admission.

38. The CCG Clinical Lead expressed concern that it appeared that there were no risk or impact assessments completed when decisions were made to cut Public Health services. This could result in unintended consequences that have serious implications for delivering quality care and support to residents.

39. It was also stated that the lack of key workers is a major problem. GPs and workers at Changing Lives do not have the capacity to make regular home visits; thus, the danger is that the planned reductions would see GPs and remaining key workers left to support harmful and hazardous drinkers with increasingly-stretched

resources and a limited offer of psycho-social support, exacerbating the current situation.

40. The CCG Clinical Lead added that integrated, co-located working of GPs with Alcohol Specialist Services with the lower risk groups, would have many benefits to support integration of care and progress of recovery. This is a cost-effective model of care, but needs careful commissioning to ensure it is outcome-focused. Asking recovering drinkers to attend clinics alongside chaotic drinkers is viewed to be counter-productive. Re-integration with mainstream primary care services after a period of specialist input is seen as key in establishing longer term support and preventing relapse

41. The CCG Clinical Lead linked what members had heard from the Police, that childhood trauma, eg a parent in prison, can be a factor for alcohol abuse in later life. Whilst improvements in safeguarding of vulnerable children and identifying problems within families at an earlier stage is having a positive impact, the health and other benefits of this will not be seen for many years.

42. It was suggested that good examples of joined-up working include the Personality Disorder Network and the current integration of Elderly services in York. Systematic multi-disciplinary coordination is, however, expensive to set up. York has to consider how partners can integrate their budget pools to meet demand, so that a return on investment comes back through reduced demand on the service in the long term. The Task Group heard that utilising community assets by encouraging problem drinkers to join social clubs and community networks can play a positive role in rehabilitation.

43. Finally, the Task Group met with Changing Lives' Area Manager for Yorkshire on 6th December. Changing Lives, who had 366 clients (see Annex D) in effective Alcohol treatment from August 17-July 18, are currently developing a new working model that will take effect on the 1st July 2019. The model will have an emphasis on co-production and co-design as per the requirement of the contract and will focus on ensuring the clinical element is protected as it is the starting point for creating stability for clients. However, early projections of the impact of the planned budget reductions are likely to be:

- Increased caseloads of between 20-35% (38- 50 clients)
- Increased waiting times (currently two weeks) to access support from first referral of approx. 20-30%
- Changed alcohol audit score to run in line with national standards, which would restrict access to service; this will emphasise what support is not available outside the specialist treatment offer
- Negative impact on successful completions and non-representation data
- Less frequent psycho-social appointments from 1 a week to potentially 1 a month, limiting impact of the treatment offer with an increased risk of becoming a crisis management service.
- Higher caseloads in working with complex needs clients having an impact on staff wellbeing
- Restricted staffing levels will impact on the capacity to work responsively and within the time when motivation is highest for people accessing the service
- Increased drop out rates and levels of relapse

44. Members heard that Key Workers are likely to become stretched and will limit their appointments in an effort to cope with demand; in addition, if left unchecked, the 7% of residents likely to be drinking hazardously in York may then have a serious impact on the city. To mitigate the potential impact, Changing Lives are looking at how to reach people where they are best likely to respond, taking advantage of the well developed space and community groups that exist in York.

Analysis

Impact of proposed changes

45. The Task Group accepted that changes to the substance misuse contract are likely to have the most significant impact on alcohol treatment, in particular access to services and key workers provided by Changing Lives for current and future users. Full time workers currently have a workload of around 50 clients and part-time workers around 38 clients. Caseload numbers are likely to increase by 25-30%. There will be a similar percentage increase in the waiting time for initial assessments after referral, which currently averages two weeks. Members noted the widely-shared view that,

without a responsive treatment and recovery service, the planned reductions would have negative impacts and worse outcomes. Service users would either not be able to access a service when they are motivated to change, or would not have sufficient support to help them make long-term changes to their drinking patterns.

46. Members acknowledged that numerous issues can also affect the outcomes in relation to alcohol use and can form barriers to recovery. Those with least resources (eg insecure housing, no employment or family support) will also be the group most likely to be affected by changes or diminution in alcohol support services.

47. The Task Group noted that reducing access to key workers and commissioned support mechanisms is likely to result in a dilution of service, thereby reducing successful treatment completion rates and leading to higher drop-out and relapse rates in service users. However, Members acknowledged that other community assets such as voluntary organisations can also play a positive role in supporting people to strengthen “social capital” and can encourage a healthier lifestyle.

48. Members expressed concern at the potential number of people in York drinking at hazardous levels, and acknowledged a potential “ticking time-bomb” around this issue for health, criminal justice and social care.

Current use of the public health grant

49. Around 27% of the public health grant is allocated to substance misuse. Other areas in the Public Health Grant include Sexual Health, Wellness Service, Healthy Child Grant, an Adult Social Care element, Air Quality grant, core team and internal support costs. Members acknowledged that the variations in expenditure are essentially operational decisions based on varying priorities.

50. After concerns were expressed by external stakeholders (see para. 38) about the provision of risk assessments relating to the decision to reduce funding, it was asked if such risk assessment work had been undertaken in this case. It was found that a risk assessment (see Annex E) had been prepared by CYC officers in 2014/15 in line with CYC process, but it was not presented as part of the savings proposals by previous officers and was not made available to the

Executive Member when the savings approach was decided at that time.

51. Members noted that the Joint Strategic Needs Assessment (JSNA) describes the current and emerging health and wellbeing needs for people who live in York and that it is used by CYC Public Health to plan and budget its activities. It is used by the Health & Well Being Board as a planning and monitoring tool and is referred to by CQC.

52. The Commissioned Substance Misuse Service currently supports some 366 people accessing alcohol services in York through contracts with Changing Lives and Spectrum Community Health CIC. They specialise in offering recovery and treatment options with support underpinned by clinical and psycho-social interventions. The contract uses experienced professionals and practitioners from both organisations to provide holistic support to address the complex mix of physical, emotional, mental and social issues that can lead to addiction.

Beyond the contracted specialist service

53. The Task group acknowledged that GPs/doctors in primary and acute care have a key referral role in the whole system. However, due to a combination of workload, limited resources and (notably in emergency hospital visits) concentration on the immediate illness/injury, identification of underlying alcohol problems could be improved.

54. However even when an alcohol problem is identified and referred to the Substance Misuse service, a significant number of individuals do not access it. A range of cognitive and practical reasons were highlighted to the Task Group – these include denial of a problem, unwillingness to be perceived as an addict, embarrassment at being seen at the Changing Lives building, work commitments and a lack of time to attend daytime appointments. For those, however, who are prepared to access or are currently attending the service, the planned reductions would result in a reduced service offering a narrower range of interventions, more rigid thresholds for acceptance for treatment and longer waiting times.

55. Members were informed of an increased frequency of a range of alcohol related ailments in York (see paras. 10, 18 & 25). The Alcohol Charter of the Drugs, Alcohol & Justice Cross-Party

Parliamentary Group and APPG on Alcohol Harm (see Annex F) highlights the national context: every year there are over 1 million alcohol-related hospital admissions in England and 12,800 cancer cases linked to alcohol. Unless trends change, linked cases of cancer are expected to lead to 1.2 million hospital admissions and 135,000 deaths over the next 20 years. Since 1970, deaths from liver disease have increased by 400% and this is now the only rising major cause of death in the UK.

56. Members noted that there is already a significant gap (see para. 23) in secondary care services addressing alcohol-related harm. It is likely that this will be exacerbated in the future, to be characterised by higher readmission rates, increased lengths of stay and poorer outcomes for patients.

57. The Task Group heard that, in the Criminal Justice System, the planned cuts and changes to alcohol treatment may result in the threshold to access services increasing. This is likely to result in some people who would previously have been referred to the service being refused treatment. If such drink-related poor decision making by offenders continues, the potential for re-offending is increased. Members heard that the police are already dealing with many issues relating to complex needs such as mental illness and they fear the planned reductions would see their workload increase. Both Police and Probation Services felt an initial point of contact in custody suites with a specialist drug and alcohol worker would be beneficial in reducing time assessing and referring offenders.

58. Whilst it appears to be agreed that many entrenched and high risk alcohol users function well (i.e. they hold down jobs, have family lives and may only come to the attention of medical practitioners or have irregular police contacts), there are others who are more chaotic and have complex and multiple problems. The broad consensus among the specialists interviewed was that both groups, though particularly the latter group, are extremely resource-intensive across a range of disciplines. The specialists felt that more joined-up work is required to ensure an integrated care service and they suggested creating a Substance Misuse Commissioning Strategy Board. However Members acknowledged that simply working better together would not remedy the impact of planned reductions. In addition, there was a lack of clarity as to who would be best placed to lead an integrated approach. Members acknowledged that, while there are shared problems among

agencies, there seems to be no common agenda as how best to address them, due to the current “silo” approach under which budgets and working practices are organised.

59. Members noted whilst models of good practice exist, more work is needed to determine whether these would be relevant to York (see Annex G).

60. Members noted comments made by the academic drug specialist that licensing restrictions have been shown to reduce alcohol use. As of March 2015, York had some 799 premises licensed to sell or supply alcohol. With a population of approximately 160,000 adults aged 18 or over, this equates to one venue selling alcohol for every 200 adults.

Conclusions

61. In a financially-constrained local health economy, how York responds to changes in funding for alcohol services is one of the most important challenges our city faces.

62. Overall conclusions

From the evidence provided:

- Alcohol misuse has a direct and profound effect on users, their families and society as a whole. Reductions in budget for alcohol and drug treatment will not just impact those who need specialist intervention but will have wider socio-economic consequences and impacts. Without exception, all the specialists consulted anticipated that there will be a negative impact for all residents.

- Alcohol misuse places a considerable and increasing pressure on the workload of the NHS. A reduced budget for alcohol treatment suggests that these pressures are likely to increase as provision decreases and would exclude individuals who may have previously accessed the commissioned service.

- One area of concern which was a common thread is the support received by residents with multiple complex needs. There is a lack of effective joined-up mechanisms to address such residents’ needs. Most of the specialists interviewed argued that providing a formal joint approach to working with substance misusers who have

additional and often complex needs would deliver positive and effective outcomes. However, there was no consensus on any one particular model.

- There is an impending gap in the service for harmful and hazardous drinkers, who may reach a stage where they are motivated to seek help. There could, however, be no service for them, as resources may be prioritised for the highest risk drinkers with multiple and complex needs.

- There appears to have been some past weakness in the process of assessing the impact and risk to residents' health when considering reductions to public health budgets. This has led to decisions being made without all the relevant evidence for a robust approach. There would therefore be a need for closer scrutiny on the part of Members, including those in specialist Scrutiny Committees to ensure they are aware of the implications of planned decisions.

- A needs assessment has been produced and published as part of the Health & Well Being Board's JSNA process. Whilst this gives a general understanding of the global burden of alcohol misuse, it was difficult to negotiate. The report is long and complicated.

- There appears to be a lack of impetus in society towards tackling alcohol abuse along with a culture which seems not to challenge harmful and hazardous drinking. The proposed budget reduction would impact York's ability to deliver clear prevention and early intervention initiatives or campaigns for our residents and children.

- Members are aware that the use of the Public Health Grant is a complicated equation, balancing the range of residents' health needs across a complex area of expertise. However this Task Review has identified clear evidence of the negative impact on some of the city's most vulnerable residents which would add to the burden of ill health and serve to widen the health inequality gap.

- Bearing in mind what has been heard, Members have concerns that the contracted outcomes may not be deliverable by the commissioned providers on a greatly-reduced budget. This may generate further costs elsewhere in the system in coming years.

Task Group Recommendations

63. The Task Group therefore proposes the following recommendations:

1. The financial cut to the substance misuse budget should be re-assessed with immediate effect, with the intention of returning funding to substance misuse provision, and that this include a review of the current budget for 2018-19, highlighting any changes for 2019-20 accompanied with a rationale and clear risk assessment.

2. Future proposals for changes to the funding available to provide Public Health services should be accompanied by a clear risk and impact assessment, which is also made available to Health Scrutiny. Scrutiny should receive regular detailed updates on changes to mandated and prescribed Public Health functions.

3. The needs assessment for the range of alcohol service provision should be reviewed, with the aim of providing a user-friendly and accessible document which can easily by understand by non-specialists. This assessment should enable the Council to make informed decisions around the needs of York residents and tailor future service provision to meet this need.

4. To meet the needs of residents with multiple complex needs, we recommend partners adopt a joint commissioning approach across a range of specialist areas so as to produce a joined-up wrap-around support network; such an approach should be led by CYC Public Health. It should include the CCG, CYC Public Health, North Yorkshire Police, OPCC and CYC Adult Social Care. The approach should also involve a range of commissioned delivery partners such as Mental Health (TEWV), primary care (GP's), secondary care (hospitals, liver unit, A&E, ambulance service), the Probation Service, specialist substance misuse services, housing, MEAM, Pathways, Salvation Army and voluntary sector community groups.

5. In order to implement such an approach, we recommend a senior commissioning level strategic group be convened, facilitated by CYC Public Health, to provide a cohesive approach. This should include the pooling of budgets for joint

commissioning. The aim should be to meet needs in one single joined-up service offer rather than a patchwork approach to provision. A proposed model for a *York Substance Misuse Commissioning Strategy Board* can be found in Annex H

Implications

64. **Financial** This report is scrutinising financial information. The Executive is considering the 2019/20 budget proposals at the Executive meeting on 14 February 2019 and its budget recommendations will be considered at Budget Council on 28 February 2019. Whilst that is the annual process for Members to agree their budget priorities for resourcing Council services in the year ahead, the Executive can approve additional sums for services outside of the budget process to commit funds to services by releasing contingency funds, subject to resources being available. Given that the recommendations of this report will be considered by the Executive too late for consideration as part of the current budget setting process, the Executive would need to consider how it might wish to address the request for review of funding for substance misuse;

65. **Human Resources (HR)** There are no HR implications associated with the recommendations in the report

66. **Equalities** – The Task Group acknowledged that some form of Health Equity Audit could be appropriate in the future.

67. **Legal –** There are no legal implications associated with the recommendations of this report.

68. **Crime and Disorder** – Whilst there are no direct crime and disorder implications associated with the recommendations in this report, the resource implications associated with substance misuse have been considered in preparing this report.

69. **Information Technology (IT)** There are no IT implications associated with the recommendations in the report.

70. **Property –** There are no property implications, associated with the recommendations in the report**.**

Risk Management

71. It is clear from findings that alcohol misuse is putting a considerable and increasing pressure on the workload of the NHS, the Police and emergency services in York. If there is no effective service supported by a cohesive approach to support substance misuse, there is a risk that the increased pressure within the system could have further negative effects on York services.'

Council Plan

72. The Review directly relates to A Focus on Frontline Services priority in the Council Plan 2015-19 in that it will help ensure all residents particularly the least advantaged, can access reliable services and community facilities.

Recommendations

73. Having considered the findings from this review, the Health Housing and Adult Social Care Policy and Scrutiny Committee are recommended to endorse the draft review recommendations shown at paragraph 63.

74. Reason: To conclude the review in line with scrutiny procedures and protocols and to enable the review final report to be presented to the Executive in March 2019.

For further information please contact the author of the report

Author:
David McLean
Scrutiny Officer
Tel: 01904 551800
david.mclean@york.gov.uk

Chief Officer Responsible for the report:
Dawn Steel
Head of Civic and Democratic Services
Tel: 01904 551004
Dawn.steel@york.gov.uk

Report Approved ✓ **Date 5/02/19**

Wards Affected: *List wards or tick box to indicate all* **All** ✓

Background Papers:

1. CYC JSNA process
2. Drug & Alcohol Findings www.findings.org.uk
3. Ministry of Justice: The impact of community- based drug and alcohol treatment on re-offending
4. A Rapid evidence Review of the Effectiveness and cost-effectiveness of alcohol control policies: an English Perspective
5. Adverse Childhood experiences: retrospective study to determine their impact on adult behaviours and health outcomes in a UK population
6. York Alcohol Needs Assessment 2016

Annex A: Substance Public Health Expenditure 2016-2020
Annex B: Emergency Department statistics **[Online only]**
Annex C: Police Alcohol Drug Information
Annex D: Changing Lives Data
Annex E: Summary of Risk Assessment 2014/15
Annex F: Alcohol Charter: Drugs, Alcohol & Justice Cross-Party Parliamentary Group an APPG on Alcohol Harm.
Annex G Patient Safety Conference 2017
Annex H: Substance Misuse Commissioning Strategy Board

Abbreviations

A&E- Accidents and Emergency
AUDIT- Alcohol Use Disorder Identification Test
APPG – All party Parliamentary Group
CCG - Clinical Commissioning Group
CIC – Community Interest Company
CRC – Community Rehabilitation Company
CYC - City of York Council
DAATS – Drug and Alcohol Teams
GDPR – General Data Protection Regulations
GPs - General Practitioners
IBA- Identification and Brief Advice
JSNA-Joint Strategic Needs Assessment
KPI – Key Performance Indicator
MARB – Multi-Agency Review Board
MEAM- Making Every Adult Matter
NHS- National Health Service
NICE – National Institute for Health and Care Excellence
OPCC- Office of the Police Crime Commissioner

PCC – Police Crime Commissioner
UK- United Kingdom
TEWV- Tees Esk Wear Vale Foundation Trust

Glossary

Harmful drinking (High risk drinking) – A pattern of alcohol consumption that is causing mental or physical damage. Consumption (units p/w): 35 or more for women, 50 or more for men.

Hazardous drinking (Increasing risk drinking) – A pattern of alcohol consumption that increases someone's risk of harm. This includes physical, mental and social consequences, the term is used by the World Health Organisation, it is not a diagnostic term. Consumption (units p/w): 14 unit or more for women but less than 35. 14 units for men but less than 50 units

High risk drinker Regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women).

Social Capital –broadly refers bonds between individuals, both in intimate relationships and in voluntary groups that include such things as interpersonal relationships, a shared sense of identity, a shared understanding, such bonds are claimed to have health promoting effects.

This page is intentionally left blank

Public Health Expenditure

		2016/17 Actual £k	2017/18 Actual £k	2018/19 Budget £k	2019/20 Budget £k	
Expenditure						
	Substance Misuse	2,281	2,395	2,158	1945	£213k contract saving (2019/20)
	Sexual Health	1,768	1,793	1,745		
	Wellness Service	376	487	510		
	Healthy Child grant	2,406	2,250	2,250		
	ASC/ Air Quality grants	517	391	391		
	Misc	63	138	89		
	Core Team	679	743	832		
	Internal Support Costs	347	295	280		
		8,437	8,492	8,255		
Income						
Public Health Grant		8,433	8,225	8,013	7801	Indicative PH Grant (2019/20)
CYC Budget		247	274	184		
		8,680	8,499	8,197		
	Transfer (to)/ from Reserve	-243	-7	58		

This page is intentionally left blank

ANNEX C

Total Crimes in York City (1st November 2017 – 31st October 2018)

Crime	2017-11	2017-12	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	Total
Arson & Criminal Damage	165	106	106	126	146	126	152	131	137	151	130	132	**1608**
Burglary	73	92	73	62	79	60	81	86	79	71	89	85	**930**
Drug Offences	36	43	34	40	41	40	77	48	38	40	36	39	**512**
Fraud	12	5	18	17	21	19	14	10	17	24	17	14	**188**
Misc Crimes Against Society	13	11	20	24	25	8	18	31	18	16	18	13	**215**
Possession Of Weapons	3	10	6	7	5	5	9	6	8	8	7	7	**81**
Public Order Offences	37	28	40	34	42	53	70	75	64	77	52	46	**618**
Robbery	7	6	3	8	8	9	6	13	11	5	4	4	**84**
Sexual Offences	32	26	49	29	39	38	50	47	39	42	42	52	**485**
Theft	393	297	314	241	290	292	320	349	337	342	370	374	**3919**
Vehicle Offences	52	62	44	33	35	43	63	80	44	56	43	45	**600**
Violence Against The Person	270	273	306	225	266	299	392	337	407	370	300	340	**3785**
Total	**1093**	**959**	**1013**	**846**	**997**	**992**	**1252**	**1213**	**1199**	**1202**	**1108**	**1151**	**13025**

Occurrences where Alcohol was flagged as an influencing factor (1st November 2017 – 31st October 2018)

SNC	NSIR Theme	Total
York City	ASB	1396
	Crime	1336
	Other/Misc	3
	PSW	1472
	Road	313
	TOTAL	4520

Occurrences where Drugs were flagged as an influencing factor (1st November 2017 – 31st October 2018)

SNC	NSIR Theme1	Total
York City	ASB	159
	Crime	663
	PSW	584
	Road	55
	TOTAL	1461

Number of arrests where detained persons have self-declared a drug/alcohol dependency during the risk assessment process

Detention Unit	Drug or Alcohol Dependant	Total Custody numbers	Number of self-declarations
CUSTODY YORK	Yes	4957	1077 (22%)

(Unfortunately our custody data doesn't separate Alcohol and Drugs (it is written in free text but there is no consistent approach to how it is written – some had drugs written and some had the specific drug dependency so it is impossible to separate the two. It is believed that the above figures are a significant under representation of the true amount as some people refused to answer this question and others will not have been truthful. Unfortunately it is not possible to give figures of how many detained persons were affected by alcohol or drugs when they entered our custody suite as this information is not searchable.)

Number of Drug and Alcohol Referrals

Between 1st April 2017 – 31st March 2018, there were a total of **117 DARs** made from NYP across NY – broken down as:

- 33 – Harrogate
- 36 Scar
- 21 Northallerton
- 10 Skipton
- 17 Selby

Between the same time period, there a total of **90 DARs** made from NYP across the City of York.

Therefore, a total of 207 DARs across the year.

Via health care custody **April 18 – Sept 18**:

Month	Total No of detainees with identified substance misuse issue	No of detainees already working with a drug service	No of detainees referred to an alcohol service
April 18	84	25	3
May 18	74	22	8
June 18	69	22	3
July 18	83	34	1

Aug 18	72	28	0
Sept 18	75	23	2

(Unfortunately we don't yet have the data for DAR's from April 18 – Sept 18)

Case Studies

In preparing this information, I have consulted with the local neighbourhood policing teams to see if there is any anecdotal information that can be given in relation to the value that local drug and alcohol services add to the communities of the City of York. There is an overwhelming feeling from the team that the contribution these services make are absolutely paramount to ensuring that the detrimental impact of the most chaotic and troublesome individuals are vastly reduced. This in turn reduces the demand across all services. Below are just a few examples of the difference the targeted alcohol and drug services make:-

DW is an individual who regularly engaged in anti-social behaviour, was regularly found drunk in the street, carrying around a "getto blaster", playing loud music, behaving aggressively whilst drunk, interfering with buskers and intimidating residents and visitors to the city. This particular individual was referred to MEAM (Making Every Adult Matter) and they worked with him on a one to one basis, ensuring that he successfully completed a detox programme. They found him accommodation in the Peasholme Centre where they did continued to work with him, not giving up even when there were set backs in his behaviour. He is now in a position where he is living independently and we are no longer encountering him in the City as we were doing previously. Without their intervention, there is little doubt that he would have continued to behave in this way and is likely to have ended up in prison, but not before he caused further harm to the community.

AT is an individual who used to sleep rough near to MacDonalds on Blake Street and was an unsightly and welcome presence for residents and visitors. She also used to frequent Duncombe Place and was a "draw" for lots of male street drinkers who would gather around her behaving antisocially. Again, she was housed within the Arc Light and lots of intensive intervention work was done with her and she is no longer causing an issue at these locations.

KB can still cause issues at times, her more serious behaviour has been vastly reduced since intervention work by drug and alcohol services and we are no longer receiving the calls that we were doing previously.

Please let me know if you require any further information.

T/Chief Inspector Rachel Wood
16/11/18

This page is intentionally left blank

CHANGING LIVES

ANNEX D

Impact Report Detail - 2018

ALCOHOL AND ILLICIT DRUGS INTEGRATED TREATMENT AND RECOVERY SERVICES

Fixed cost – based on live account projections

Fixed costs based on year 2 projections	
Year 3 budget	1,605,000
Organisational costs	153,000
Costs for organisational support, HR, IT, Finance, learning and development , Training, Health and safety etc	
Building costs and operational costs	100,000
Cost of maintaining the two buildings the services are delivered from	
Detox budget allocation	20,000
Provision of detoxification where residential support is required due to implications of health risk in the porcess.	
Supervised consumption	90,000
Costs for the provision of supervision for the prescribed medication in accordance with national guidelines.	
Needle exchange equipment	35,000
Needles provided to pharmacies and service location to	
Needle exchange pharmacy charge	30,000
Charge from pharmacies for exhange of needles and breif advice intervention/ referrals to service	
Clinical supplies for clinic rooms	6000
Materials for clinical room to meet quality standards.	
Clinical testing	5000
Bloods, Urine , Breathalisers tests to assit the clinical team in prescribing and monitoring health needs.	
Clinical waste disposal	13,000
provision of clinical waste disposal for pharmacies and service locations to dispose of used materials	
Clinical team and prescribed medication	505,000
Staffing - GP, Lead Clinical Nurse, NMP, detox nurse, health improvement nurse	
Medication provision - methadone, bupronorphine, lofexodine, acamprosate, chlordiazproxide, naltraxone, dysulpharam,	
Total	957,000

Staff Numbers:

Detail	Number of Staff
Adult Team	23
YORC	2
Young Persons Team	3
Clinical (Spectrum)	6
Oaktrees	4
Total Number of Staff	**38**

Current fixed cost projections lead us to assuming that the staffing team will be reduced by between 7-9 people depending on the service model moving forward.

Number of adults worked with in the year – Figures from Theseus and for period of Aug 2017 to July 2018:

NO.	Measure	Target	July
3.2	Eff Tment	No. of adults in effective treatment YTD	1111
3.3	Eff Tment	No. of Alcohol Clients in effective treatment YTD	366
3.4	Eff Tment	No. of Opiate Clients in effective treatment YTD	492
3.5	Eff Tment	No. of Non-Opiate Clients in effective treatment YTD	113
3.6	Eff Tment	No. of Non-Opiate and Alcohol Clients in effective treatment	140

PHE Figures – Successful Completions - Aug 2017 to July 2018:

Opiate users (18 and over): York

Completion Period	**Jan17 - Dec17**
Reporting Period	**Jun-18**
All clients in treatment	525
Number of completions without re-presentation	29
% of all clients completing and not re-presenting	5.52%

Non-Opiate users (18 and over): York

Completion Period	**Jan17 - Dec17**
Reporting Period	**Jun-18**
All clients in treatment	211
Number of completions without re-presentation	64
% of all clients completing and not re-presenting	30.33%

Alcohol users (18 and over): York

Completion Period	Jan17 - Dec17
Reporting Period	**Jun-18**
All clients in treatment	392
Number of completions without re-presentation	118
% of all clients completing and not re-presenting	30.1%

Mental Health (Data for Aug 2017 to July 2018) – Taken from Theseus and the people who have replied yes to the question of 'Does The Client Have A Mental Health Treatment Need' and their corresponding response.

Detail	Number of active clients
[1] Already engaged with the community mental health team/Other mental health services	71
[2] Engaged with IAPT	5
[3] Receiving mental health treatment from GP	107
[4] Receiving any NICE-recommended psychosocial or pharmacological intervention for the treatment of a mental health problem in drug/alcohol services	1
[6] Treatment need identified but no treatment being received	64
[99] Client declined to commence treatment for their mental health need	2
Total Number of Clients	**250**

Alcohol Audit

Detail	Number
Total Number of clients having an audit between Aug 2017 to July 2018	228
Number scoring 19 or less on an audit	82
Percentage of Total	39.6

Unfortunately we do not have the figures as this would be a big piece of work but we think the savings in prevention for the 82 people accessing the service currently would be sizeable if support was not offered. We have inherited this audit process and looking at the implications of changing this as part of the reshaping of the service.

ANNEX E

Risk Assessment to Substance Misuse

Summary of risk assessment Prepared for Julie Hotchkiss in 2014/15 when the cuts were proposed originally.

The impact of budget cuts

1. A proposal of taking forward a budget cut of £357,440 has been identified with further savings in line with the reduction of the public health grant over the term of the contract.
2. The reduction is a 15% cut from the current budget portfolio with further cuts over 5 years this could rise to 25%.
3. This reduction carries significant clinical risk as well as direct impact on the expected crime rates, hospital admissions, demand on social care and potential rise in communicable disease in York.
4. The DTORS (Drug Treatment Outcomes Study)(Jones 2009)[i] report, commissioned by the Home Office and published in 2009, implies a benefit-cost ratio of approximately 2.5:1 in net terms for every £1 spent a saving of £2.50 is made. Conversely if a saving is made against the direct service delivery for every £1 saved a cost of £2.50 should be expected in other front line services. On this accepted formula a reduction of £357,440 will net a cost of £893,600 within other public services.
5. The budget portfolio is based on the regional average spend from the public health grant, which is estimated at 30% of the full budget (excluding the new children's portfolio) national formula is set by Public health England at 34%.

Risk management

6. In compliance with the councils risk management strategy the following risks have been identified relating to the proposed budget cut, re procurement of the services brings minimal risk.

Impact scoring using CYC guidance

Risk	Likelihood	Impact	Score	Matrix risk score
Financial impact	5 Highly probable	Catastrophic	5	25

Compliance and regulation impact	4 Probable	Minor	2	10
Target customer base	5 Highly probable	Catastrophic	5	25
Authority reputation	5 Highly probable	Moderate	3	16
Health and safety	3 Possible	Catastrophic	5	23

7. The main risk associated with a budget reduction as proposed will be the capacity of the available service provision. It is clinically unsafe to reduce the medical offer so services which offer support to those who do not require medical intervention will need to be reduced. This means that some people requiring alcohol interventions will be unable to access services.
   In addition, interventions such as in patient detoxification, blood borne virus vaccinations (hep B), basic health care, any criminal justice related activity, support for families are likely to be effected by the cuts.
8. Local headlines such as “More York Drinkers ending up in hospital”[1] indicate a real juxtaposition for our way forward, publicly stating our commitment to alcohol issues being a key public health issue and then proposing significant cuts to those services.

1. http://www.yorkpress.co.uk/news/14593899.More_York_drinkers_ending_up_in_hospital/

[i] Jones A., Donmall M., Millar T. et al. (2009) [UK] Home Office. http://www.dtors.org.uk/

[1] http://www.yorkpress.co.uk/news/14593899.More_York_drinkers_ending_up_in_hospital/

Drugs, Alcohol & Justice Cross-Party Parliamentary Group and APPG on Alcohol Harm

Alcohol Charter

ANNEX F

A new national Alcohol Strategy must lead the way internationally in reducing the damage to society caused by alcohol misuse.

The Strategy must:

- **Be based on the evidence of what works to reduce alcohol harm as outlined in the PHE alcohol evidence review.**
- **Tackle the increased availability of excessively cheap alcohol.**
- **Empower the general public to make fully informed decisions about their drinking.**
- **Provide adequate support for both dependent and non-dependent drinkers.**
- **Set out the Government's intention to reduce harmful drinking, tackle health inequalities, improve family and community resilience and ensure the UK has a healthier, better informed relationship with alcohol. It will do this through evidence-based policy and targeted investment.**

We call on the Government to take tangible steps that can both reduce existing harm to individuals and communities, and prevent people drinking in ways likely to create harms in the future. We call for the Government to:

- **Improve support for those in need**
- **Protect public health**
- **Focus on alcohol related crime and disorder**

Every year, there are more than

1,000,000

alcohol-related hospital admissions in England

Unless consumption changes, **alcohol is set to cost the NHS**

£17 billion

in the next five years alone

In the UK, alcohol is linked to **12,800 cancer cases** every year, and unless trends change, is expected to lead to

1,200,000 cancer hospital admissions and

135,000 cancer deaths in the next 20 years

Liver disease deaths have increased by

400% since 1970

– now the only major cause of death in the UK which is rising

Improve Support for Those in Need

1. Introduce a 1% 'treatment levy' by increasing alcohol duties to generate additional funding for alcohol treatment services and to increase the proportion of dependent drinkers accessing treatment. Furthermore, set a target date for when treatment services will be available for all who need access.

2. Mandate local authorities to provide and promote a 'ring-fenced' resource for alcohol treatment, early alcohol intervention provision, and prevention services.

3. Develop a funded national programme of advice, guidance and support for those concerned about alcohol including families, carers, and children affected by parental alcohol use.

4. Address the needs of older alcohol drinkers by enforcing action against age inequalities in existing services and developing a range of specialist services to support older adults who drink.

5. Ensure local areas have adequate service provision for those with complex needs, especially those with both alcohol and mental health conditions. One way to achieve this is to ensure assertive outreach and multi-agency partnerships are in place.

6. Ensure that relevant health and social care professionals are trained to provide early identification and brief advice, in particular GPs, paramedics and A&E staff. Apprenticeships based on nationally recognised qualifications for the specialist alcohol and drugs treatment workforce should be created.

Alcohol-related crime costs up to

£11 billion a year

There are almost

200,000

children

living with at least one alcohol-dependent adult

Public Health England estimates that there are

595,000

alcohol-dependent adults

in England

Effective treatment brings a substantial return on investment -

for every £1 spent, £3 of social return is generated

ANNEX F

Protect Public Health

7. Launch a comprehensive review of alcohol duties in preparation for a post-Brexit taxation structure that better reflects alcohol strength across categories and addresses anomalies between categories.

8. Introduce Minimum Unit Pricing in England, following the lead of other home nations.

9. Develop a Government-funded programme of health campaigns, without industry involvement and in line with the Chief Medical Officer's guidelines, to increase public knowledge of alcohol and its links to a wide range of physical and mental health conditions.

10. Develop statutory minimum requirements for labelling alcohol products. This should include health warnings, ingredients and nutritional information alongside existing advice.

11. Introduce and enforce tighter restrictions on alcohol marketing via statutory regulation, independent of industry, with a particular emphasis on protecting young people from exposure to alcohol marketing.

12. Improve alcohol licencing by:

    - Introducing a licensing objective to protect public health.

    - Including a new mandatory licensing condition requiring alcohol retailers to have a written policy on how they will prevent illegal sales to intoxicated customers, along with a specific requirement for authorities to enforce the existing law that makes such sales illegal.

    - Carrying out a comprehensive review of online sales and home deliveries to prevent sales to underage, vulnerable or intoxicated customers.

Focus on Alcohol Related Harm

13. Expand the delivery of brief interventions in prisons, courts and custody suites ensuring support is provided post-release where required.

14. Reduce the drink-driving BAC limit to 50mg/100ml in line with Scotland and most of Europe.

15. Continue to invest in family drug and alcohol courts.

16. Increase access to Alcohol Diversion Schemes for those involved in alcohol related crime and disorder.

ANNEX F

Drugs, Alcohol & Justice Cross-Party Parliamentary Group

The Drugs, Alcohol & Justice Cross-Party Parliamentary Group provides an interface for professional providers of drug and alcohol treatment with Parliamentarians who share an interest in these issues. It has established a considerable reputation in Parliament over a number of years, meeting with Government and frontbench representatives from all political parties and campaigning on numerous issues across the sector. Co-Chaired by Mary Glindon MP and Lord Ramsbotham, its programme of work is taken forward by Solidarity Consulting.

All Party Parliamentary Group on Alcohol Harm

The All-Party Parliamentary Group on Alcohol Harm exists to promote discussion of alcohol related issues and to raise issues of concern and make recommendations to government and other policy makers.

For further details please contact Richard Hanford at richardj.hanford@parliament.uk or on 0207 801 2730

ANNEX F

This charter has been published by the Drugs, Alcohol & Justice Cross-Party Parliamentary Group and the All Party Parliamentary Group on Alcohol Harm and prepared in consultation with the AHA, Alcohol Concern, Alcohol Research UK, and the Institute for Alcohol Studies.

Supporting Organisations

50 years of social action Blenheim

Academy of Medical Royal Colleges

Action on Addiction

addaction

Adfam
Families, drugs and alcohol

Alcohol Focus Scotland

alcohol health alliance uk

Alcohol Concern
Promoting health, improving lives
Alcohol Research UK

BALANCE
Getting the measure of alcohol

BASL
British Association for the Study of the Liver

British Liver Trust

bsg
British Society of Gastroenterology

Cancer Research UK

Changing Lives

Collective Voice

fdap
Federation of Drug & Alcohol Practitioners

Foundation for Liver Research

Faculty of Public Health

homeless link

humankind

IAS Institute of Alcohol Studies

Journal of Public Mental Health

MCA
Medical Council on Alcohol

NHS
Substance Misuse Provider Alliance

The Royal College of Emergency Medicine

Scottish Families
Affected by Alcohol & Drugs

SHAAP
Scottish Health Action on Alcohol Problems
www.shaap.org.uk

SMMGP

UK Health Prevention First Forum

WDP

York Teaching Hospital
NHS Foundation Trust

Drinking irresponsibly: Who cares?

John Hutchinson & Charlie Millson

Hepatology Service
York Teaching Hospitals NHS FT

9th June 2017

Introduction: 1

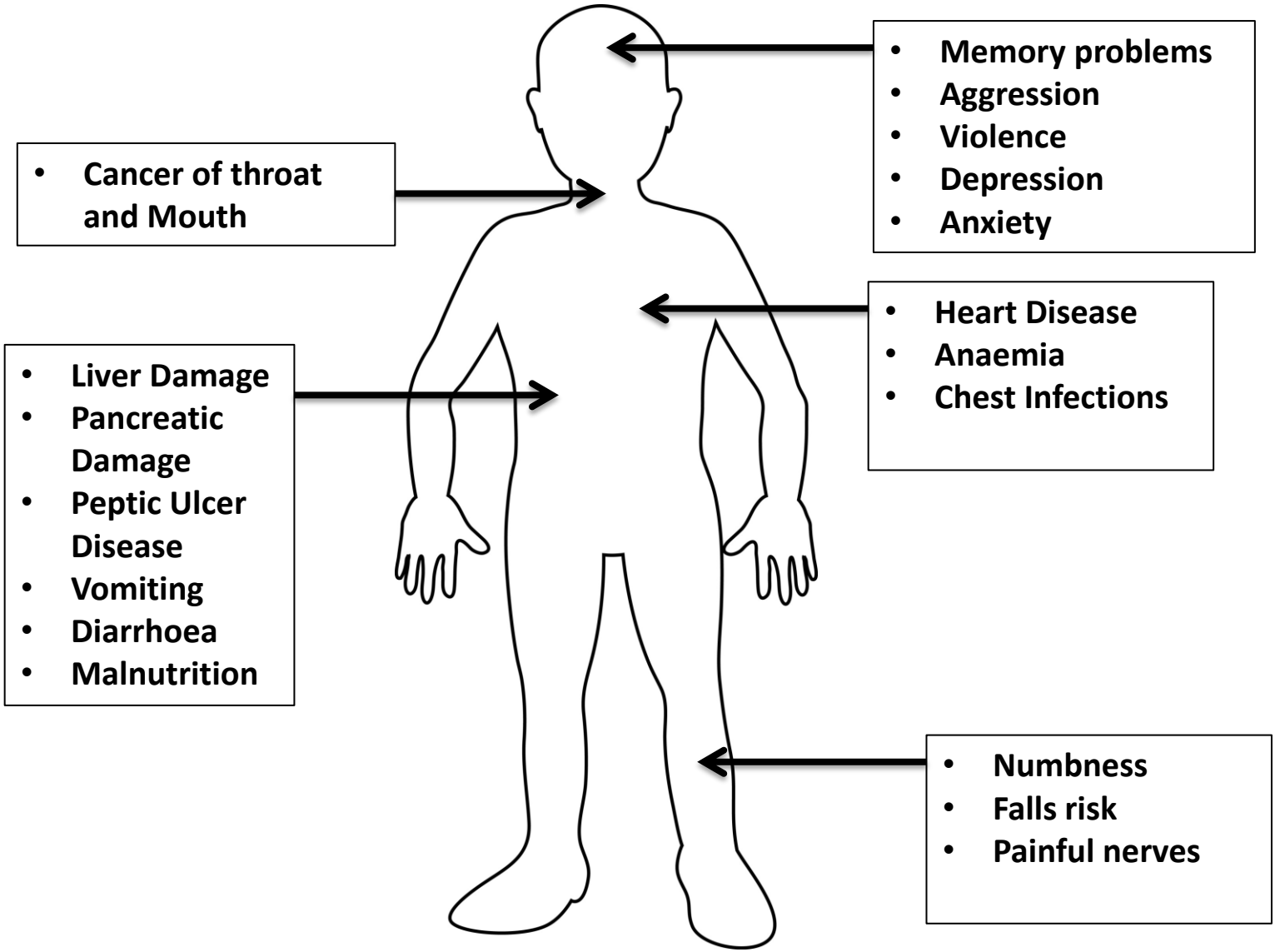
- Deaths from liver disease have increased **10-fold** over last 30 years

- Annual cost to UK of alcohol-related harm is estimated to be **£21bn**

- The NHS incurs **£3.5bn a year** in costs related to alcohol **(~3% NHS expenditure)**

Source: www.nta.nhs.uk

Effects of excessive drinking



How are we going to reduce liver mortality ?

- **Recognise the different forms of excessive alcohol drinking**

  - High level drinking each day
  - Repeated episodes of drinking to intoxication
  - Levels of drinking that are causing physical and or mental harm
  - Drinking behaviour that results in person becoming dependent/ addicted to alcohol

- **Illness and Distress:** to drinker/ family & friends/ employment/ NHS

- **Screening should allow identification and prevention of alcohol-use disorders**

Alcohol screening

The Alcohol-use disorders identification test (AUDIT)

- Developed by the World Health Organisation (WHO)
- Effective in the identification of hazardous and harmful and dependent drinking
- **Hazardous drinking**: results in harmful consequences to user or others
- **Harmful use**: impacts physical and or mental health
- **Alcohol dependence**: repeat alcohol use that results in behavioural/ cognitive and physiological phenomena

AUDIT

- Developed and evaluated over two decades
- Consists of 10 questions
- **NICE** acknowledges the time constraints on health care profession and completion of the **AUDIT**
- **AUDIT C** (abbreviated version of **AUDIT**): first three questions of AUDIT C score **≤4** lower risk **≥5** increased risk
- **AUDIT C** scores **≥11** indicate possible dependence

Introduction:

AUDIT C

	Questions	Scoring system					Your score
		0	1	2	3	4	
Q.1	How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
Q.2	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
Q.3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Does York Teaching Hospitals NHS FT have a problem with alcohol ?

- AUDIT C
- Emergency Department
- Outpatient services
- Admissions & Mortality

York Hospital

AUDIT C

	AMU*	Endoscopy**
Patients screened (no)	39	203
Capture	39/60 (65%)	203/267 (76%)
AUDIT score ≥5	51%	37%
AUDIT score ≥11	10%	5%

Snap shot **AUDIT C** screen:

- *of inpatients Acute Medical Unit (60 beds): morning session in April 2017
- ** all patients attending for endoscopy over a 1 week period (April 2017)

York Emergency Department

Dr G Kelly's Audit data

- **Audit of ED attendances in 2011**
  - 74,128 attendances over 12 months
  - 7265 (~10%) directly due to alcohol
  - Cost to Trust:
    - Trust paid £2,037,944 for these patients
    - However, the actual cost was £2,594,722
    - Acute trust lost £556,778 on attendees due to alcohol
  - 20% ambulance journeys due to alcohol
- 74 patients attended ≥10x in 12months
  - 32/74 due to ETOH (+3 due to substance misuse)
  - 673 attendances + 434 ambulance journeys

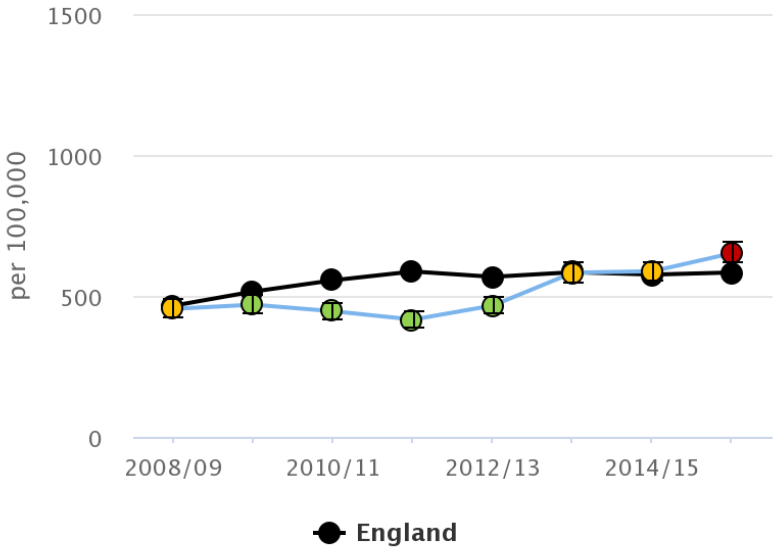
OUTPATIENT SERVICES CURRENTLY PROVIDED BY LIVER SERVICE:

- Dedicated weekly cirrhosis clinics (York & Scarborough)
  - >50% causes of cirrhosis secondary or contributed to by excessive alcohol use
- Dedicated weekly elective endoscopic procedures (York & Scarborough) for variceal management
  - >50% secondary or contributed to by excessive alcohol use
- Nurse-led paracentesis service on the Medical Elective Suite (York)

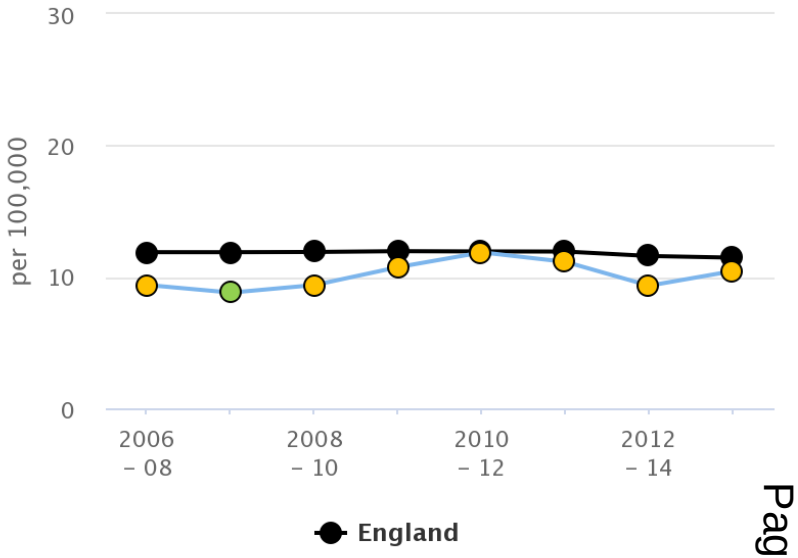
- **19 procedures** performed in 2015 due to alcohol
- **34 procedures** performed in 2016 due to alcohol (1.8 fold increase to 2015)
- **32 procedures** performed in 2017 (to date just over 5 months: due to alcohol; 2.3 fold increase to 2016)

Local Alcohol Profiles for England: fingertips.phe.org.uk

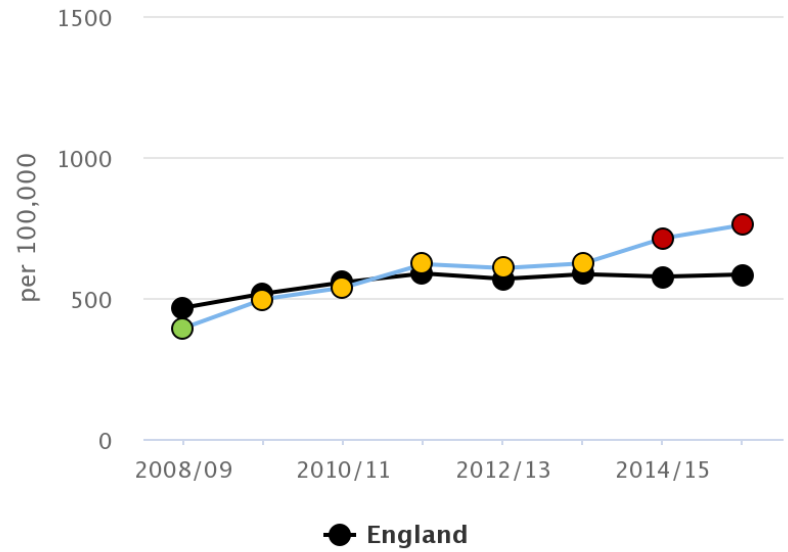
6.02 – Admission episodes for alcohol-specific conditions – York



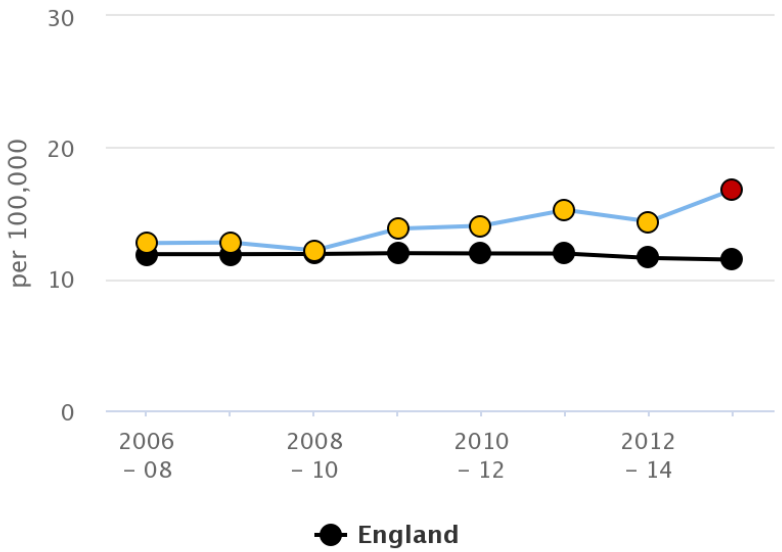
2.01 – Alcohol-specific mortality – York



6.02 – Admission episodes for alcohol-specific conditions – Scarborough



2.01 – Alcohol-specific mortality – Scarborough



The problem in summary

- It is likely that over 30% of patients (>16 years of age) passing through the services at York Hospital exhibit high risk alcohol drinking behaviour

- We have an increasing burden year on year alcohol related chronic liver disease

- At present we have a 0.6 WTE contracted alcohol and substance misuse nurse (at York Hospital)

  - guiding staff education
  - facilitating alcohol screening
  - providing brief inpatient alcohol intervention/ advice
  - and helping guide the management of patients with alcohol dependence

…we spend £26,000 combating an issue that costs £12 million

What can we do?
What can we afford *not* to do?

Royal Liverpool Hospital

- Alcohol Specialist Nurse in Inpatient Care
  - ⬇Average alcohol consumption in pts
  - Early discharge
  - Reduced re-admission
  - Improved staff att

- **ASN saved**
- **£175,000 in costs over 20months (early discharge)**
- **>150 admissions/year (30 covered ASN salary)**

Source: BSG Joint position paper 2010

Nottingham Alcohol Liaison Service

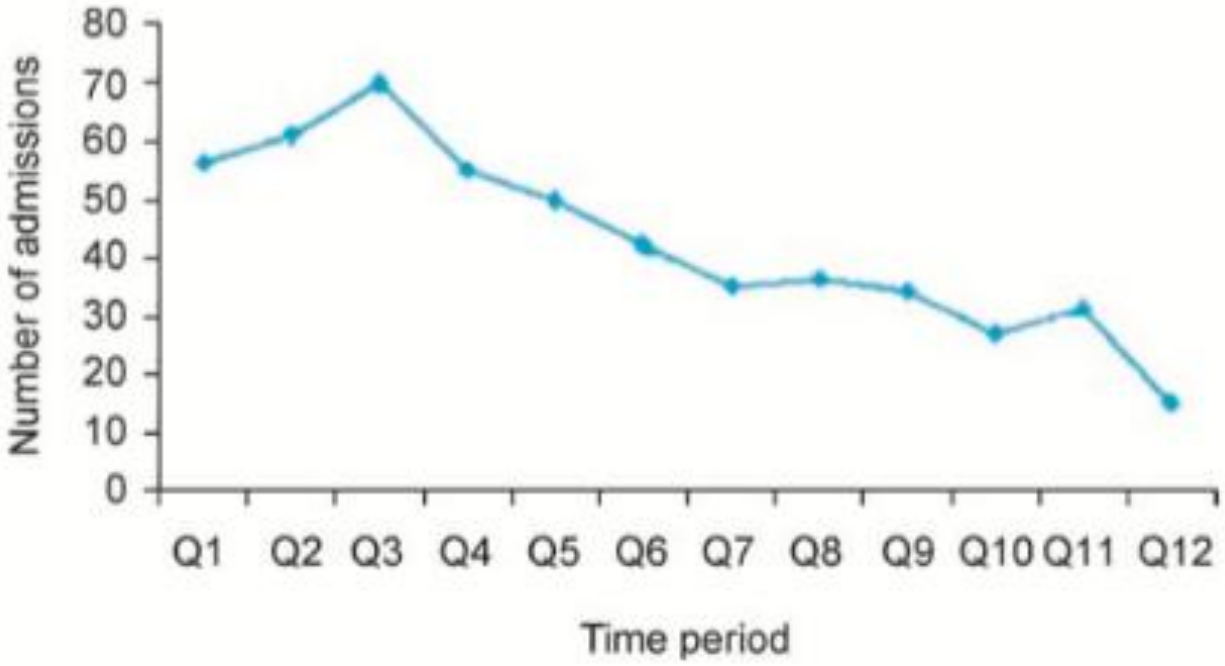


Fig 2. Reduction of admissions for alcohol withdrawal.
Q1 etc refer to three-month periods from 2002. Q1 represents January to March 2002 with sequential three-month periods thereafter. The alcohol liaison nurse posts were initiated in April 2002 (in Q2).

Source: *Clin Medicine*: 2010, 10: 435-40

Portsmouth Alcohol Strategy

- 2010:
  - £200,000 from PCT for nurse-led ACT
  - Further £100,000 to extend service (City fund)
- 1xband 7, 3x band 6, 1x HCA + admin
- 2011: Bed-days saved & admissions avoided
  - Portsmouth: £396,728
  - Hampshire: £594,531

Source: Portsmouth SNS Alcohol Specialist Nurse Final report 2012

Salford Alcohol Assertive Outreach Team

- AAOT for top 30 ‘frequent flyers’

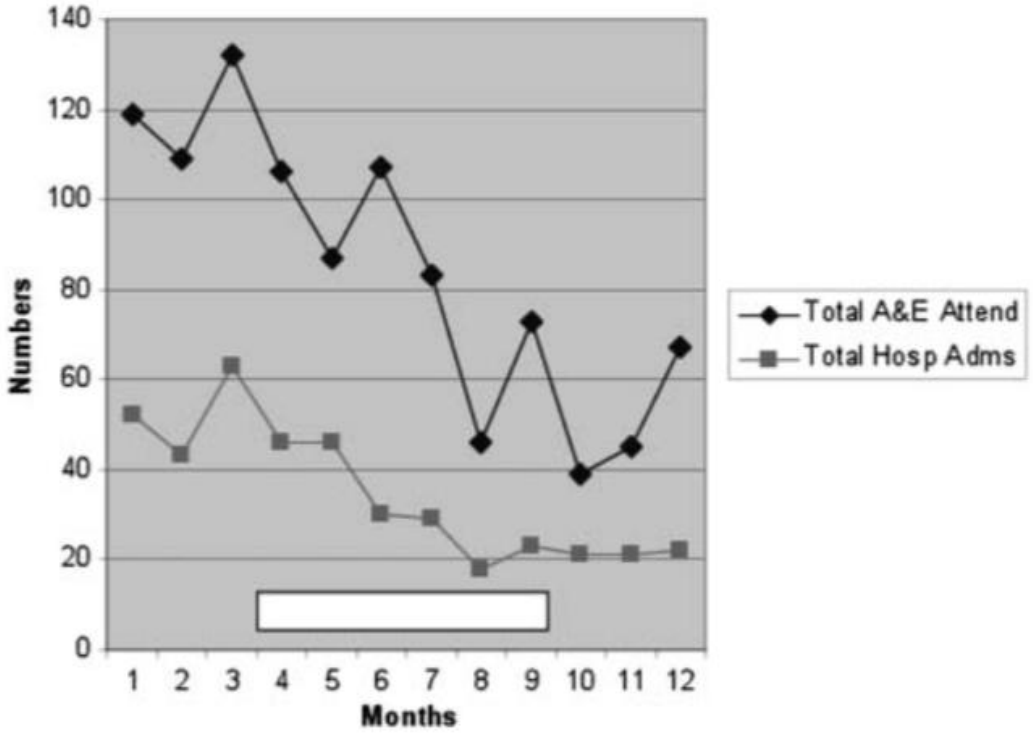


Figure 1 Monthly admissions and attendances. The white bar represents the 6-month period in which the team actively case managed 54 patients.

Source: Frontline Gastroenterology 2013:4; 130-134

York Hospital & Beyond

1. **Alcohol Specialist Nurse Service**:
   - [3 x band 6] + [1 x band 3] + Admin **£131,315**
   - Ambulatory detox programme (7-day/week)
   - Brief interventions and anti-craving medication management
   - Non Medical Prescribers
   - Strong links with all community teams
2. **Alcohol Link Workers' Network**:
   - Development and time for *all* clinical areas
3. **Assertive Outreach Alcohol Service:**
   - Frequent attenders meeting monthly (top 10 patients for that month)
   - Chaired by Clinical Lead for alcohol
   - Attended by NWAS, community alcohol teams, community matrons, mental health team, domestic violence team, safeguarding, A&E staff etc any other teams that are involved.

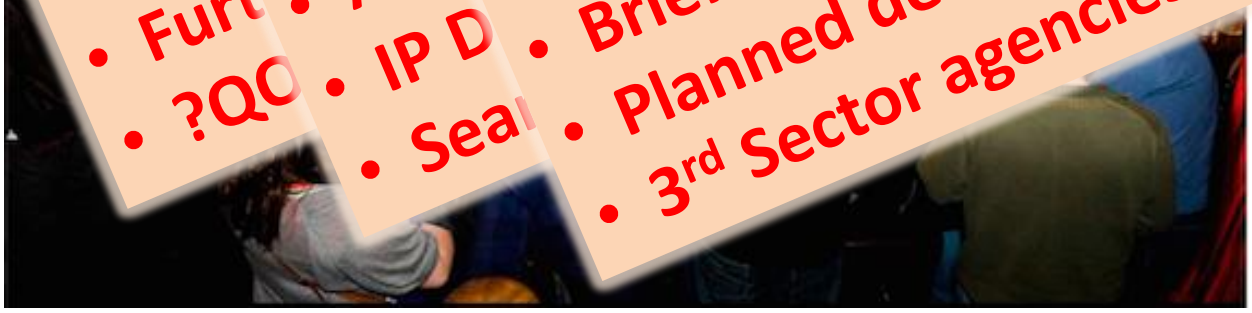
Addressing Alcohol related Health issues

POLICIES
- Price
- A
- M
- Ec

- Primary care
- New Patient screen: AUDIT-C, Units/week
- Brie

- Secondary care
- 7-day ACT
- Supl
- Furt
- Asse
- ?QO
- IP D
- Sea

- Community Alcohol Services
- Brief interventions
- Planned detox
- 3rd Sector agencies



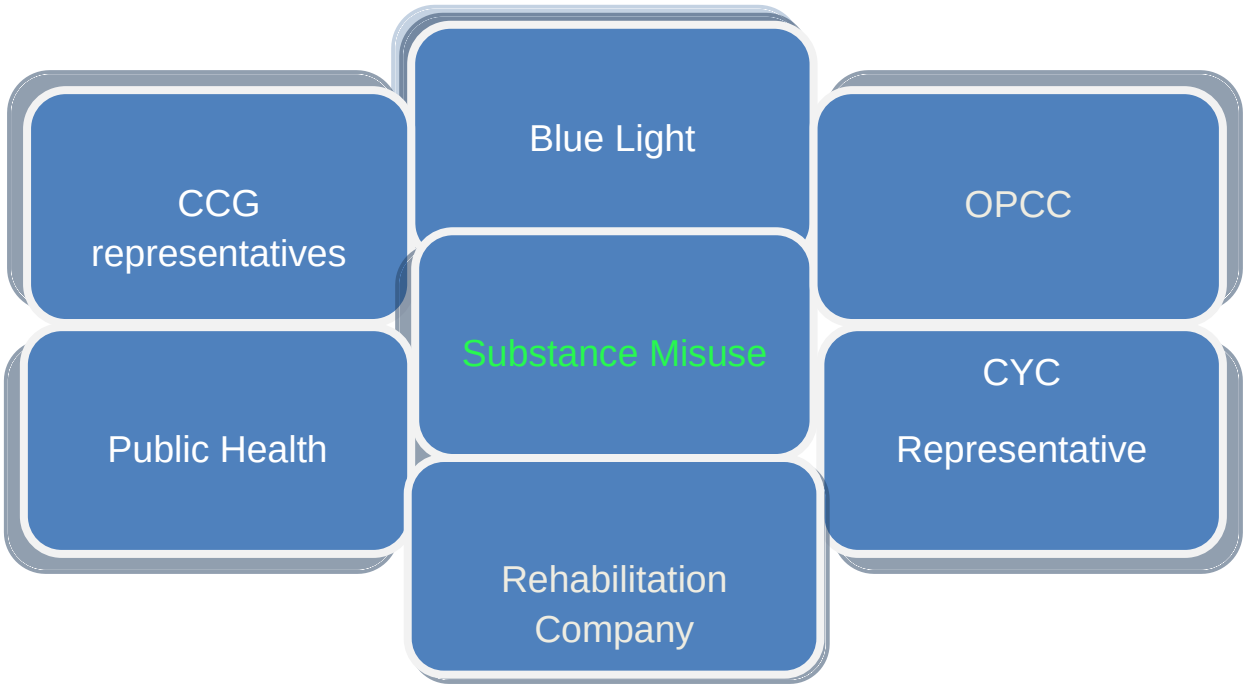
CONCLUSIONS

1. Rising burden of alcohol related disease on NHS nationally *and* locally
2. 'We' MUST get better at recognizing risky drinking (harmful, hazardous, dependent)
   - Primary Care
   - Secondary care: ASN + AOAS
3. Spend to save

This page is intentionally left blank

ANNEX H

York Substance Misuse Commissioning Strategy Board



1. Its aim would be to make joint working much easier.

2. Public Health to coordinate meetings and drive decisions. The idea would be to work together on a clearly defined common agenda and client pathway, as well as respond to national policy initiatives.

3. It is vital that the group includes people who can make commissioning decisions in their respective organisations as well as recognise the changes needed, such as increasing provision in the primary and secondary care setting, so that hard to reach groups are targeted.

This page is intentionally left blank