

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE ON THE PERFORMANCE OF NATIONAL INDICATOR 39 - ALCOHOL RELATED ADMISSIONS TO HOSPITAL

Executive Summary

The NHS Wirral Alcohol Programme aims to address alcohol-related harm, improve access to alcohol treatment services and reduce alcohol-related admissions. The programme seeks to achieve the National Indicator to decrease the rate of alcohol related hospital admissions per 100,000 of the adult population by delivering the following initiatives:

- *Delivering developments in primary care screening and brief intervention*
- *Increasing capacity in specialist alcohol treatment programmes*
- *Increasing the capacity of community-based detoxification services (to help prevent re-admission)*
- *Improve crisis management responses*
- *Increase capacity in aftercare services*
- *Provide interventions in the criminal justice services*
- *Increase the provision of information and awareness raising*

1 Background

- 1.1 In 2006 the Department of Health issued 'Models of Care for Alcohol Mis-users' (abbreviated to 'MoCAM') and this guidance provided the best practice guidance for local health organisations and their partners to deliver a planned and integrated local treatment system for adult alcohol mis-users. The guidance emphasised that treatment for dependent drinkers and brief interventions for harmful and hazardous drinkers, when delivered as part of an integrated system, can offer economic benefits for the NHS.
- 1.2 Responding to this improving evidence base and an increasing demand for alcohol services, a three-phase review and redesign of Wirral alcohol services was initiated in 2006. In 2007, Wirral launched its alcohol harm reduction strategy, outlining a number of strategic priorities, including the development of an integrated alcohol treatment system.

- 1.3 In 2009 the Department of Health issued ‘*Signs for Improvement – commissioning interventions to reduce alcohol-related harm*’. This guidance recommended several actions for tackling alcohol-related harm, highlighting the importance of improving the effectiveness and capacity of specialist treatment, providing identification and brief advice to encourage people to drink less and amplifying national social marketing priorities to promote drink awareness.

2 The Wirral Alcohol Programme

- 2.1 In response to the evidence and the guidance, the NHS Wirral alcohol programme seeks to increase specialist alcohol treatment programmes, increase capacity of community detoxification services, improve crisis management, increase capacity in aftercare services, improve communication and public education and provide interventions in the criminal justice services.

3 What is National Indicator 39 (NI 39)

- 3.1 National Indicator 39 is defined as:

“The rate of alcohol related hospital admissions per 100,000 of the population over the age of 18”.

- 3.2 The overarching objective of the Wirral Alcohol Programme is to achieve a reduction in the rate of alcohol related hospital admissions per 100,000 of the population over the age of 18.

4 The performance of NI 39 in Wirral

- 4.1 The table below shows a number of calculations and trend estimates concerning NI 39 - the rate of alcohol related admissions to Hospital per 100,000 of the adult population.

Table 1

	2002 /03	2003 /04	2004 /05	2005 /06	2006 /07	2007/ 08	2008/ 09	2009/ 10	2010 /11	2011/ 12	2012/ 13	2013/ 14
	Baseline numbers (2002-03 to 2007-08)					The calculated trajectory for NI 39 (from 2007-08 to 2013-14)						
NI39 Trajectory	1261	1374	1630	1856	2196	2348	2581	2762	2908	3051	3113	3091
Actual	1261	1374	1630	1856	2196	2384	2427	2428				

- 4.2 The numbers sitting beneath the ‘baseline’ represent the actual rate of admissions between the years 2002-03 and 2007-08. These actual rates of admission are the bases for the calculation for the NI 39 Trajectory in admissions between 2007-08 and 2013-014. This is the target the PCT is performance managed against.

4.3 The Wirral Alcohol Programme commenced at the end of 2008.

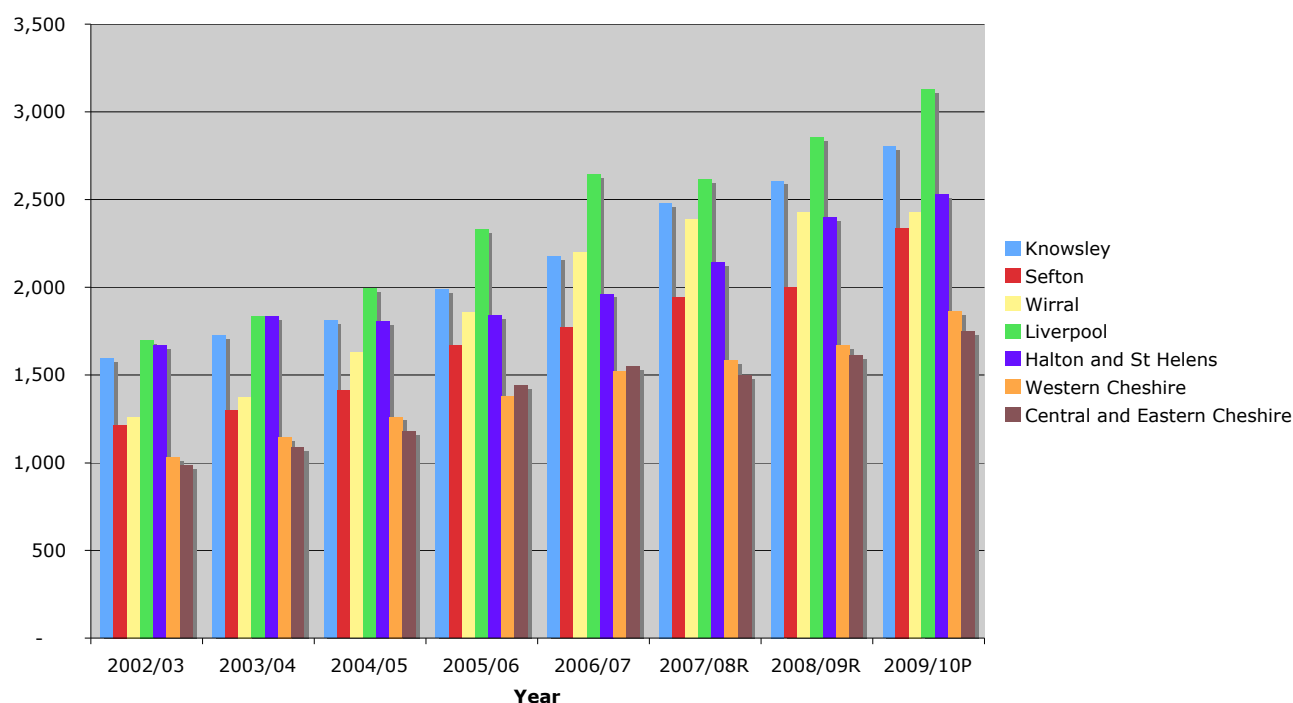
5 NI 39 – How do we compare to our near neighbours

5.1 The chart and table below describes the actual rate of admissions (in accordance with the definition for NI 39) from 2002-03 up to 2009-10 for the PCTs in our sub-region.

5.2 The data used to produce this chart and table were released by the NHS Information Centre on 7 October 2010 and is the most current data on the performance of NI 39 available.

Chart 1

EASR alcohol related admissions to Hospital by PCT 2002-03 to 2009-10



Alcohol related admissions to Hospital per 100,000 of the adult population

Table 2

PCT Name	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ^R	2008/09 ^R	2009/10 ^P
Knowsley	1,595	1,726	1,810	1,985	2,177	2,480	2,607	2,803
Sefton	1,215	1,299	1,413	1,671	1,771	1,939	1,999	2,338
Wirral	1,261	1,374	1,630	1,856	2,196	2,384	2,427	2,428
Liverpool	1,699	1,833	1,992	2,330	2,642	2,613	2,853	3,125
Halton and St Helens	1,667	1,833	1,804	1,842	1,963	2,144	2,399	2,528
Western Cheshire	1,031	1,147	1,262	1,377	1,518	1,585	1,667	1,864
Central and Eastern Cheshire	983	1,087	1,180	1,441	1,550	1,498	1,611	1,746

6 Commentary on the NI 39 performance

- 6.1 In comparison with the NI 39 trajectory targets described in table 1, the Wirral Alcohol Programme has been more successful than expected in 2008-09 (its first full year of operation) and again in 2009-10.
- 6.2 According to the most recent figures (issued on 7 October 2010), in the year 2008-09, the NI 39 target rate for Wirral was 2,581 admissions per 100,000 of the adult population. The actual rate recorded for 2008-09 was 2,427. This is 154/100,000 lower than the expected target (exceeding the target by approximately 5%).
- 6.3 In the year 2009-10, the NI 39 target rate was 2,762 admissions/100,000 of the adult population (described in table 1). The actual rate recorded was 2,428. This is 334/100,000 lower than the expected target (exceeding the target rate by approximately 12%).
- 6.4 The average cost of an admission to Hospital is approximately £1,200.

7 The Impact of other programmes

- 7.1 In addition to the directly attributable causes of alcohol related admission to Hospital (gastro-intestinal disease, liver disease, etc), other causes of admission are attributable to alcohol and are often related to Cardio-Vascular Diseases (CVD) and Hypertension.

8 Financial Implications

- 8.1 The total budget allocation for the adult treatment programme in 2010-11 is £2,122,707.
- 8.2 The investment set aside by the Primary Care Trust to maintain the alcohol programme forms part of the planned expenditure to April 2013.

9 Staffing Implications

- 9.1 The PCT Alcohol Programme team have left the employment of the PCT and the Programme Manager is currently away from work on long-term sickness absence. Efforts are being made to ensure that the programme is managed via the Drug and Alcohol Action Team.

10 Equal Opportunities Implications/Health Impact Assessment

- 10.1 The PCT complies with all relevant Equality and Diversity legislation. The impact of the Alcohol Programme forms part of the on-going evaluation programme which is managed by the PCT Research and Development Team.

11 Community Safety Implications

- 11.1 Any reduction in hazardous drinking by residents may be associated with a reduction in alcohol related anti-social behaviour.

12 Local Agenda 21 Implications

- 12.1 There are no local agenda 21 implications arising from this report.

13 Planning Implications

- 13.1 There are no planning implications arising from this report.

14 Anti Poverty Implications

- 14.1 Hazardous drinking and alcohol dependence tends to affect the more deprived communities.

15 Social Inclusion Implications

- 15.1 There are no specific social inclusion implications arising from this report.

16 Local Member Support Implications

- 16.1 The delivery of the Wirral Alcohol Programme affects the entire Borough.

17 Health Implications

- 17.1 The individual and population health effects of hazardous and dependent alcohol use are well known and include gastro-intestinal diseases, liver disease, cancer, cardio-vascular disease, etc. The anti-social behaviour consequences of excessive drinking are well known and adequately described by the Wirral Community Safety Partnership.

18 Background Papers

- 18.1 Members are asked to refer to the paper submitted to the Overview and Scrutiny Committee in 2009 by the Deputy Director of Public Health for Wirral concerning the performance of National Indicator 39 in 2008-09.

19 Recommendations

That the Health and Wellbeing Overview and Scrutiny Committee note the report.

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