



<b>Meeting:</b>	ICS Board
<b>Report Title:</b>	Progress against the one year prevention priority
<b>Date of meeting:</b>	Thursday 11 April 2019
<b>Agenda Item Number:</b>	5
<b>Work-stream SRO:</b>	Alison Challenger & Chris Packham
<b>Report Author:</b>	Jane Bethea & Alison Challenger
<b>Attachments/Appendices:</b>	Appendix 1: Update on progress against the alcohol plan.

**Report Summary:**

The purpose of this report is to provide an update on progress against the ICS one year prevention priority around reducing alcohol related harm. Alcohol related harm is a significant issue across the ICS, costing at least £17.4 million a year in hospital admissions alone.

The previous report to the ICS Board on 14 December 2018 outlined the ICS alcohol plan and provided background information on need and estimated costs of alcohol related and specific hospital admissions. This report provides a summary of progress against the eight areas of the alcohol plan, describes related commissioning intentions and also provides an update of the most recent alcohol related and specific hospital admissions data.

In summary:

- The most recent data for 2017/18 reports a reduction in hospital admission episodes for alcohol related conditions (narrow measure) for both city and county residents, and a reduction in admission episodes for alcohol specific conditions for city residents whilst the county has remained stable.
- Commissioning intentions for Greater Nottingham Clinical Commissioning Partnership for 2019/20 reflect the alcohol plan and include intentions to provide consistent alcohol Identification and Brief Advice (IBA), ensuring appropriate pathways for people with co-existing substance misuse and mental health issues and upskilling staff in relation to brief interventions, including alcohol IBA.
- We continue to look for opportunities to learn from other areas. Members of the Nottinghamshire Alcohol Pathways Group have worked with the Faculty of Public Health and Public Health England to host an alcohol learning event that will take place in Nottingham on 29<sup>th</sup> April. This has attracted a number of national experts in the field of alcohol harm reduction, including those working in implementation of alcohol IBA.
- Progress against the plan includes:
  - o funding has been secured through a Public Health England capital grant to support alcohol harm reduction initiatives at NUH and to also enable Framework to provide supported 'Housing First' accommodation for people with alcohol dependency;



- funding has been identified to widen access to alcohol IBA training and work is underway to develop online IBA training resources for staff working in non-healthcare settings;
- a high volume service user business case has been considered and is now being developed further to ensure a consistent approach across NUH and SFHT;
- a pathway to support people with co-existing mental health and substance misuse issues has been developed and will be presented to the ICS Mental Health Partnership Board in May 2019;
- work is underway through the ICS workforce work stream to embed alcohol harm reduction as part a wider prevention offer in staff training, job specifications and HR policy.

The ICS Board is asked to note the progress made to date and to provide continued support to this prevention priority.

**Action:**

- To note
- To agree
- To agree the recommendation/s (see details below)

**Recommendations:**

1.	That the Board provide ongoing support for this prevention priority
2.	That the Board note progress made to date and ongoing work relating to implementation of the alcohol plan
3.	To consider the alcohol plan and provide suggestions on further development and/or effective implementation

**Key implications considered in the report:**

Financial	<input checked="" type="checkbox"/> Financial resources have not been identified for all aspects of the alcohol plan. Since the last report, additional funding has been identified for IBA implementation across some but not all of the ICS geography. It is also possible that increased identification of those with a need for treatment will require additional capacity within community alcohol services.
Value for Money	<input checked="" type="checkbox"/> Alcohol care teams and alcohol IBA both have evidence for return on investment. Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years, and alcohol IBA in primary care is estimated to save the NHS £27 per patient per year
Risk	<input checked="" type="checkbox"/> There is some risk of inconsistency across the ICS geography in relation to implementation of the plan. This includes an inconsistent offer around IBA training should a bid for funding being considered for Nottingham City not be successful.



Legal	<input type="checkbox"/>	
Workforce	<input type="checkbox"/>	The plan includes a requirement for consistent staff training as well as an ambition to embed alcohol harm reduction into HR policy and processes.
Citizen engagement	<input type="checkbox"/>	
Clinical engagement	<input checked="" type="checkbox"/>	Ongoing clinical engagement is pivotal to the full implementation of the alcohol plan.
Equality impact assessment	<input type="checkbox"/>	
<b>Engagement to date:</b>		
Board	Partnership Forum	Finance Directors Group
Planning Group	Workstream Network	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Oversight Group	Clinical Reference Group	Mid Nottinghamshire ICP
Greater Nottingham ICP	-	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contribution to delivering the ICS:</b>		
Health and Wellbeing	<input checked="" type="checkbox"/>	
Care and Quality	<input type="checkbox"/>	
Finance and Efficiency	<input type="checkbox"/>	
Culture	<input type="checkbox"/>	
<b>Is the paper confidential?</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.		

## **Update on progress against the one year prevention priority.**

**April 2019.**

### **Introduction**

1. In 2018 the ICS identified reducing alcohol harm as the one year prevention priority. Alcohol harm represents a significant burden at local level across the footprint and nationally, with a need for renewed national focus on reducing alcohol related harm outlined in the 10 Year Plan for the NHS. An eight point ICS wide plan has been developed by the Nottinghamshire Alcohol Pathways Group and implementation of this plan began in mid-2018. In summary the plan aims to:

- Increase population level understanding of risk and harm
- Prevent alcohol harm through wider related local/national policy
- Embed a systematic approach to Alcohol Identification and Brief Advice (IBA)
- Identify 'alcohol champions' in key organisations across the system
- Include alcohol as a priority for employee health and wellbeing
- Ensure better communication of identified alcohol risk between some key parts of the system
- Case manage Emergency Department (ED) High Volume Service Users (HVSU)
- Agree and embed pathways for service users with co-existing mental health and substance misuse issues.

2. At the 14 December 2018 ICS Board a report was presented that summarised early progress against the plan, including areas that required further focus. A further update was requested for discussion at the 11 April 2019 ICS Board and this report provides that update and also outlines the most recent data on alcohol related and specific hospital admissions.

### **Progress to date**

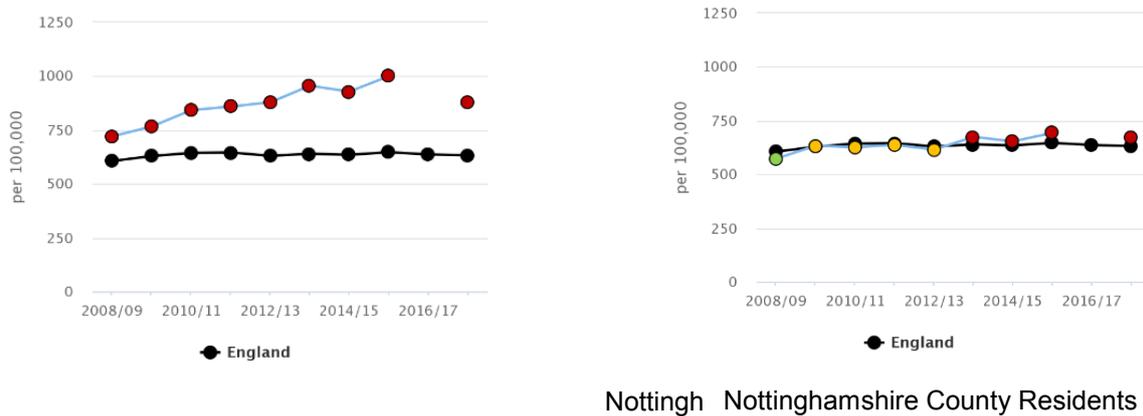
#### ***Update on key alcohol outcomes***

3. The headline indicator that has been adopted by the ICS for this prevention priority is the narrow measure for alcohol related hospital admissions. This is a measure reported in the Public Health Outcomes Framework and the most recent data is for the period 2017/18. As shown in Figure 1, reductions have been reported for this indicator for both Nottingham City and Nottinghamshire County residents. This has fallen from 1000 per 100,000 for city residents in 2015/2016, to 881 per 100,000 in 2017/18. A smaller reduction is reported for Nottinghamshire County residents, from 693 per 100,000 in 2015/2016 to 670 per 100,000 in 2017/18.

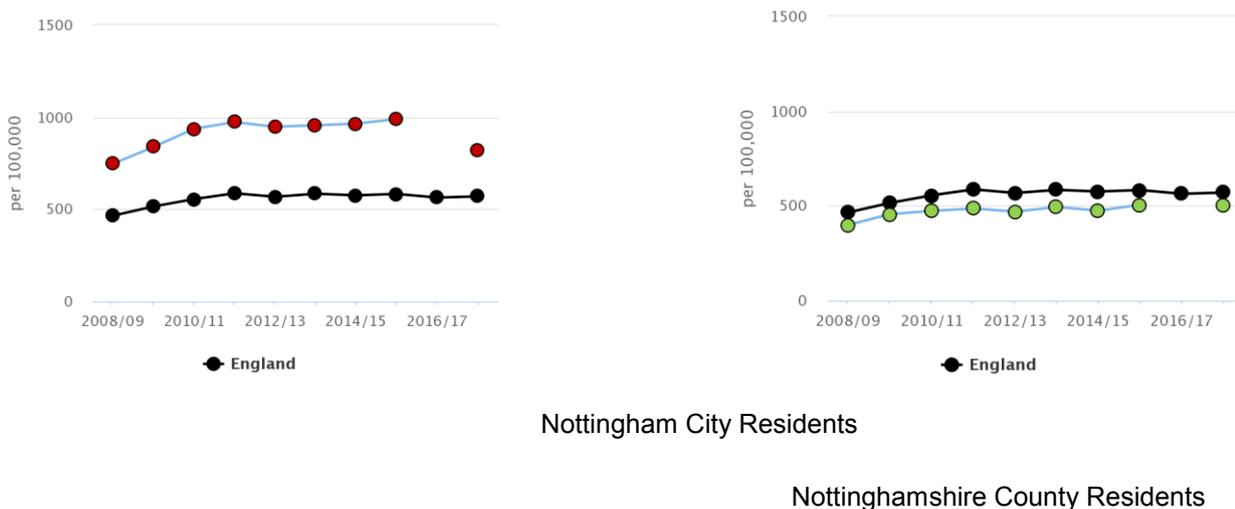
4. As shown in Figure 2, a reduction in alcohol specific hospital admission episodes has also been reported, from 990 per 100,000 for the period 2015/16 to 818 per 100,000 in 2017/18. Rates of alcohol specific hospital admission episodes for the county have remained stable during this period. Although it is not possible to

ascribe any change in alcohol related and specific admission episodes data to the activity ongoing across the ICS as part of the alcohol plan, this most recent data is encouraging and ongoing monitoring will determine if this is sustained into the next reporting period.

*Figure 1: Hospital admission episodes for alcohol related conditions (narrow measure) for Nottingham City and Nottinghamshire County residents 2008/9 to 2017/18*



*Figure 2: Hospital admission episodes for alcohol specific conditions for Nottingham City and Nottinghamshire County residents 2008/9 to 2017/18.*



Source for Figures 1&2: Public Health England. Local Alcohol Profiles for England. Note: Data for 2016/17 is missing due to data quality issues

**Update on progress against the alcohol plan**

5. Appendix one provides an update of progress against the eight areas of the alcohol plan. In summary, good progress has been made across the eight areas of the plan, with successful funding bids supporting specific aspects. In the county, Public Health staff have successfully applied for funds to support roll out from April 2019 of alcohol IBA in a number of key settings. In the city Public Health staff have applied for funds to support a similar approach and are also



working with Nottingham Recovery Network to develop online training tools for staff working in non-health settings that can be used across the ICS geography

6. A recent successful bid to Public Health England's capital fund will also support delivery of IBA in the Emergency department (ED) setting at NUH and will support work to ensure information on alcohol risk is shared appropriately across the system. This will include the introduction of mobile fibro-scanning into the ED setting, with the aim of reinforcing delivery of IBA and providing additional motivation to those with a need for treatment and support to engage with community alcohol services. This intervention is simple and quick and gives immediate results in relation to liver stiffness and fatty change. It is similar to receiving an ultrasound scan and is non-invasive. Dr Steve Ryder (Consultant Physician in Hepatology and Gastroenterology and NUH alcohol lead) believes that this can act as a behavioural lever for patients, encouraging them to access support from treatment services. This will also help to further embed alcohol IBA in this setting, giving staff a clear pathway for those patients identified as being at risk of alcohol harm. Providing this in the ED setting is novel and the impact will be assessed through robust evaluation. A robust evaluation will run alongside this work to determine associated impact and also learning for the wider footprint. This funding will also support Framework to provide eight units of 'Housing First' supported accommodation to people with alcohol dependency. This will provide stable housing and intensive support to clients to encourage and support successful engagement with treatment.
7. Work is underway to develop a service to support case management of high volume service users. SFHT are currently advertising a post that will aim to support a reduction in Emergency Department attendances and emergency admissions by high volume service users. The role will support and also engage with clinicians, patients and their carers to implement long term care and support plans, ensuring that a patient is fully aware of and in agreement with the arrangements made for them. This role is not specifically around alcohol but a significant number of clients are likely to report problematic alcohol use. A business case for a similar service at NUH has been written and this is now being further developed using learning from SFHT and also from evaluation of the HVSU post previously provided by NUH in the ED setting.
8. Work is also continuing within both Local Authorities in relation to licensing. This has included public health staff in both the city and county providing input to the development of the most recent Statement of Licensing Policy and reviewing alcohol licensing applications, raising questions or concerns where appropriate.
9. A pathway for service users with co-existing mental health and substance misuse issues has been developed and will be presented to the ICS Mental Health Partnership Board in April 2019. Plans are also being developed to launch an awareness raising campaign that will coincide with national alcohol awareness week in November 2019.

### ***Ensuring consistency and sharing learning***

10. The alcohol pathways group was until 2018, working only across the Greater Nottingham area. In the last six months there has been work underway to ensure



that this group is representative of the wider ICS geography. This has included identifying representation from both primary care and SFHT as well as community based substance misuse services. This has also provided opportunities to share good practice and to identify models of working that could be applied more widely.

11. In terms of learning from other areas, members of the pathways group have developed an alcohol learning event that will take place on 29<sup>th</sup> April 2019 where work underway in other areas will be presented and shared, including the most recent work undertaken by Newcastle University on effective implementation of alcohol IBA. A project undertaken locally around barriers and enablers associated with delivery of alcohol IBA in the ED setting will also be shared at this event.

### ***Commissioning intentions***

12. Commissioning intentions produced by Greater Nottingham Clinical Commissioning Partnership in collaboration with Mid Nottinghamshire CCGs have identified reducing alcohol harm as a priority and plan to commission for this by:

- Agreeing system actions to reduce alcohol related harm, including communication to public and consistent provision of alcohol identification and brief advice across primary care and ED
- Exploring different ways of working with people with alcohol abuse, including Co-morbidities between physical, mental health and substance misuse, to integrate care at an individual level
- Agreeing pathways between service users with co-existing mental health and substance misuse issues.
- Ensuring training and support is delivered to service staff to upskill on brief intervention in alcohol and smoking and embed this within service delivery across the system

### **Issues**

13. Although there has been progress against all areas of the plan, there is further work to do and this includes:

- *Alcohol IBA*: Funding to expand and embed IBA in health and wider settings has been sourced for the county but this has not yet been secured for the city. A bid to a charitable funding body has been submitted but should this not be successful then an alternative source of funding will be required. Work is also required to determine how best to embed IBA in the primary care setting. The Local Medical Council have offered support and ways of developing this important area of work are being considered by the pathways group.



- *Impact of increased identification of need:* Work is still underway to determine the impact of increased IBA on penetrance of community based substance misuse services. This is being completed by Public Health and will provide an estimate of how many additional clients city and county services could see as a result of up-scaled and consistent alcohol IBA provision. Additional capacity within substance misuse services may be required as a result of increased identification of alcohol related risk and harm.

### **Next steps**

14. The next steps are to further develop and implement the alcohol plan, with a focus on:

- 1) Ensuring activity and progress is consistent across the ICS footprint
- 2) Implementation of IBA across the system, including primary care
- 3) Implementing plans associated with the recently awarded PHE capital funds
- 4) Developing system understanding of the impact a system wide approach to IBA is likely to have on current capacity within substance misuse treatment services
- 5) Ensuring that alcohol as part of a wider prevention offer is embedded within workforce initiatives

### **Recommendations**

15. The Board are asked to approve / note the following:

1. That the Board provide ongoing support for this prevention priority
2. That the Board note progress made to date and ongoing work relating to implementation of the alcohol plan
3. To consider the alcohol plan and provide suggestions on further development and/or effective implementation

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**29th March 2018**  
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Appendix 1: Update on progress against the ICS alcohol plan

Action	Progress to date	Next steps
1. Increase population level understanding of risk and harm	Public understanding of guidance around alcohol consumption and also associated harms is known to be poor. As such the plan identified a need to undertake some awareness raising work, both at individual level through embedding alcohol IBA in key settings (see action 3) and through population level awareness raising. Discussions are taking place around use of existing alcohol harm materials and linking to other awareness raising campaigns across the footprint. Discussions with the ICS communications team are also taking place to determine how a consistent roll out of key information and messages can be achieved. A visible campaign is likely to be strengthened by launching it during national alcohol awareness week, running this year in mid-November.	To agree a named lead for this element of the plan and to then agree key messages and identify any associated costs. To agree timing of release of materials with consideration given to coinciding this with national Alcohol Awareness Week (November 2019).
2. Prevent alcohol harm through wider related local/national policy	Initial work to influence national strategy development has been paused as the draft national alcohol strategy that was expected to be released in January 2019 appears to have been delayed. Alcohol licensing work continues in both the city and county council and has included providing input to recent Statements of Licensing Policy and review of licensing applications.	The Nottinghamshire Alcohol Pathways Group will be formally responding to consultation on the national alcohol strategy once that is released.
3. Embed a systematic approach to Alcohol Identification and Brief Advice (IBA)	<p>Funding has been identified to support roll out of IBA in a number of health and non-health settings in Nottinghamshire County. Public Health in the county are working with their substance misuse provider (CGL) to roll out training starting from April 2019. In the city a bid has been submitted jointly by Public Health and Nottingham Recovery Network to ensure a consistent offer.</p> <p>In March 2019 Nottingham City Council, NUH and Framework successfully applied for £540,000 to support alcohol related projects. This includes introducing liver fibro-scanning into the ED setting at NUH, training for ED staff and also the development of IT systems to ensure appropriate sharing of information on alcohol risk</p>	<p>To monitor roll out and feedback progress/issues to the Nottinghamshire Alcohol Pathways Group. To look for alternative funding should the city be unsuccessful.</p> <p>To implement fibro-scan pathway and develop work around IT system changes. To be discussed at the next Nottinghamshire Alcohol Pathways Group and then as a</p>

	<p>and harm between key parts of the system, including between ED and primary care. This will strengthen provision of IBA in this key setting and robust evaluation is planned to identify associated patient and system outcomes and learning.</p> <p>Nottinghamshire County Council and CGL also submitted a bid for capital funds that would enable roll out of a novel technology that would support alcohol IBA delivery. This was not successful but alternative ways of supporting this are being pursued.</p> <p>On-line training has been identified for staff working in health-care settings but there is a gap for staff in key non-health settings. Public Health in Nottingham City are working with Nottingham Recovery Network to develop appropriate online training resource that can be utilised across the footprint. This will be piloted and then rolled out to key non-health settings.</p> <p>Alcohol ‘scratch cards’ will be used to support alcohol IBA. The cards will be made available to staff in key settings following positive feedback on their use in augmenting discussions around alcohol harm. Currently any additional cost associated with including contact details of community alcohol treatment services is being identified as this would be a useful addition.</p> <p>Nottingham City Council have identified alcohol IBA training as a priority for staff working in key citizen facing roles. Training is being rolled out from June 2019 and will be supported by the on-line training package described above.</p> <p>Work is underway across the workforce and prevention work stream of the ICS to embed prevention (including alcohol IBA) into job roles, training and appraisal processes.</p>	<p>standing item until fully implemented.</p> <p>To pursue other avenues for funding. To be discussed at Nottinghamshire Alcohol Pathways Group.</p> <p>Online package to be completed by 30<sup>th</sup> April 2019 and piloted May 2019. To be made available to the wider system in June 2019.</p> <p>Cards to be available 2019. Priority groups and distribution to be agreed by Nottinghamshire Alcohol Pathways Group.</p> <p>Roll-out from June 2019 to priority groups. Progress and issues to be reported back to the Nottinghamshire Alcohol Pathways Group.</p> <p>Progress to date to be discussed at the next Nottinghamshire Alcohol Pathways Group in April 2019.</p>
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<p>Identify 'alcohol champions' in key organisations across the system</p>	<p>Alcohol champions have been identified in some organisations but not all. Some organisations are considering broader 'prevention champions' with alcohol as a consideration within that. The Nottinghamshire Alcohol Pathways Group welcome either approach.</p>	<p>To ensure champions have been identified and named in key organisations. To identify who will lead this area of the plan. This could be taken on by a project manager within the workforce work stream currently providing support for workforce elements of the alcohol plan.</p>
<p>Include alcohol as a priority for employee health and wellbeing</p>	<p>Discussions are taking place with ICS work force leads around a consistent approach to employee health and wellbeing. It is unclear what is currently provided across organisations and some are looking to undertake staff surveys to determine level of need.</p>	<p>To map activity across the footprint. This will require support from project managers working in the work force element of the prevention work stream.</p>
<p>Ensure better communication of identified alcohol risk between some key parts of the system</p>	<p>NUH will shortly receive funding via the PHE capital bid to develop their ICT systems so that information can be shared appropriately between the trust and other key parts of the system, including primary care. This funding will also help ensure that information collected on alcohol at patient level can be used to inform service development.</p>	<p>Implement ICT processes in line with capital funds and evaluate to determine impact. Share learning with wider footprint. Current information sharing processes at SFHT will be discussed at the pathways group to ensure a consistent approach across the footprint.</p>
<p>Case manage Emergency Department (ED) High Volume Service Users (HVSU)</p>	<p>A business case for a HVSU service based at NUH has been developed and work is now underway to develop this to ensure consistency between NUH and SFHT. SFHT has a permanent post currently out to advert that will support and also engage with clinicians, patients and their carers to implement long term care and support plans, ensuring that a patient is fully aware of and in agreement with the arrangements made for them. How this could work with and support community based HVSU services is also being considered as part of this development.</p>	<p>This is being taken forward by GN CCP with progress reported to the Nottinghamshire Alcohol Pathways Group.</p>

<p>Agree and embed pathways for service users with co-existing mental health and substance misuse issues</p>	<p>A pathway has been developed by a multi-agency group that represents mental health and substance misuse commissioners and providers across the ICS footprint. Currently the group are working to identify financial costs associated with the proposed pathway. This will be presented to the ICS Mental Health Partnership Board in 2019 for discussion and support.</p>	<p>To present the pathway for discussion at the ICS Mental Health Partnership Board. To include any cost implications and any potential return on investment associated with the proposed approach.</p>
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