

Alcohol Update

Public health is working closely in partnership with NCC, CCG's, Police, and other key stakeholders to deliver the Northamptonshire Alcohol Harm Reduction Strategy. The key focus of this work is to reduce hospital attendances and admissions but also address the wider alcohol agenda and the Integration of services.

The rate of alcohol related admissions in Northamptonshire was increasing at a faster rate than the England and the East Midland average. Between 2008/09 and 2009/10, Northamptonshire alcohol related admission rate increased by 17%, compared to only 9% for the East Midlands and 10% for England. Pleasingly, the current annual results indicate great improvement has been made in the county as the percentage increase in rate between 2009/10 and 2010/11 is only 4%. This is a much smaller percentage change from the previous year on year increase in Northamptonshire (2008/09 and 2009/10 – 17%) and is smaller than the latest regional (6%) and national (9%) percentage change. This placed Northamptonshire's admission rate as 46th out of 151 PCTs, an increase of 10 places compared to quarter 1 from 2010/11.

Currently, Northamptonshire provisional data for Q1-Q3 2011/12 indicates that the rate of increase has continued to reduce further to 3% at Q3 2011/12 and is smaller than the latest regional (6%) and national (9%) percentage change, that also means that for Q3 2011/12 based on this provisional data Northamptonshire PCT are now ranking 35th out of 151 compared to Q1 at 46th.

Working in partnership, in December 2011 Public Health secured £700k recurrent funding through approval of a Business Case to support the integrated approach to Alcohol Treatment Services. This work supports the overarching Alcohol Implementation plan which is currently being implemented.

Key elements:

- **Re-alignment of alcohol treatment services:** To be based within each Locality within a PC healthcare. This enables an enhanced service that is tailored to the needs of the Locality and provides provision of a more individual approach to treatment for the patient.
- **Packages of care:** Appropriate evidenced based individual packages of care to support the patient across their whole patient journey to achieve the best possible outcomes for the patient.
- **A&E New Service:** Alcohol & Mental health workers in A&E: To identify those patients with mental health & alcohol to deflect hospital admissions by referral to appropriate service for the patient – majority of these patient can be successfully treated within the Locality based service rather than within the acute
- **Access to shared electronic records:** Integration of Acute Hospitals with Locality Alcohol Service Providers through the use of CarePath (patient management system) to facilitate greater communication and formal e-referral to support multi professional access to address identification of individuals who repeatedly attend Acute hospital for alcohol specific reasons.

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- **Funding for Prescribing for Prevention of Detox/Relapse Prevention Drugs:** Development of Alcohol Prescribing Protocols to formalise Primary Care Prescribing arrangements to be in line with evidence based practice and NICE guidance. Prescribing costs allocated to support patients for the prevention of detox and for Relapse Prevention supporting alcohol abstinence for the patient on their road to recovery.
- **Development of Alcohol Care pathways:** To 'join up' the patient journey & enable formal referral into services and link up Primary Care, Secondary Care and Locality based services.
- **Development of Locality Pathways:** To ensure appropriate and timely referral to Locality based Alcohol Specialist Service.
- **Development of accredited Alcohol Information & brief advise (IBA) Train the-trainer course:** In partnership with the university to develop a level 6 evidence based course to support workplace health initiatives & frontline workers working to reduce alcohol harm

The emphasis of the new service is on reducing alcohol related hospital admissions by focussing on those dependent or risky drinkers where their drinking behaviour is likely to result in serious health consequences. Lower level Identification and Brief Advice (IBA) will be delivered in a variety of ways by a wide range of key-workers volunteers and mentors who access the accredited training course run by the University of Northampton.

Through a combination of national strategy change, local expertise and knowledge our services recognise that they must focus on recovery rather than treatment. In which we concentrate on helping the client to live with a much lower safer alcohol intake or without alcohol altogether. The National evidence base shows that this approach leads to a far higher sustainable success rates. These services are well established in Northampton and Corby and are now being rolled out to other areas of the County.

During the latter part of 2012-13 NCC will be re-commissioning all its alcohol and drugs structured treatment services in line with National good practice and strategy.

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Northamptonshire Alcohol Treatment Profile 2011-12

Introduction

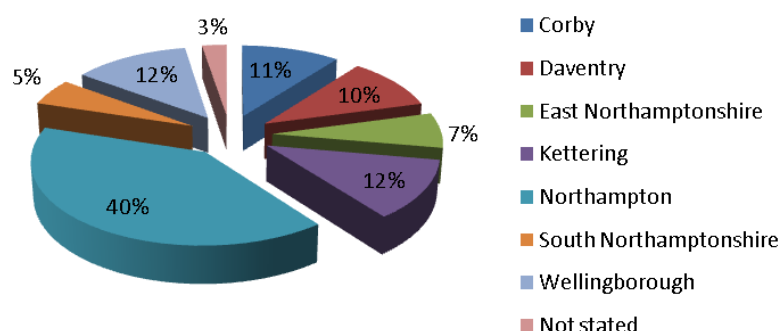
This report provides a snapshot of alcohol treatment for 2011-12 in addition to a brief demographic analysis of this cohort. The data is taken from structured treatment data submissions for 2011-12 and targeted services activity recorded on Carepath during the same period.

Numbers in Treatment

A total of 2,427 people received treatment for alcohol misuse during 2011-12. 532 of these were engaged in structured treatment. The remaining 1,895 accessed targeted open access services.

Client Residence

A breakdown of those in treatment by locality is shown below. The proportions remain the same for both structured treatment and targeted services, and show that the majority of clients entering treatment live in Northampton, followed by Kettering, Wellingborough and Corby. This mirrors the access profile for drug treatment services.



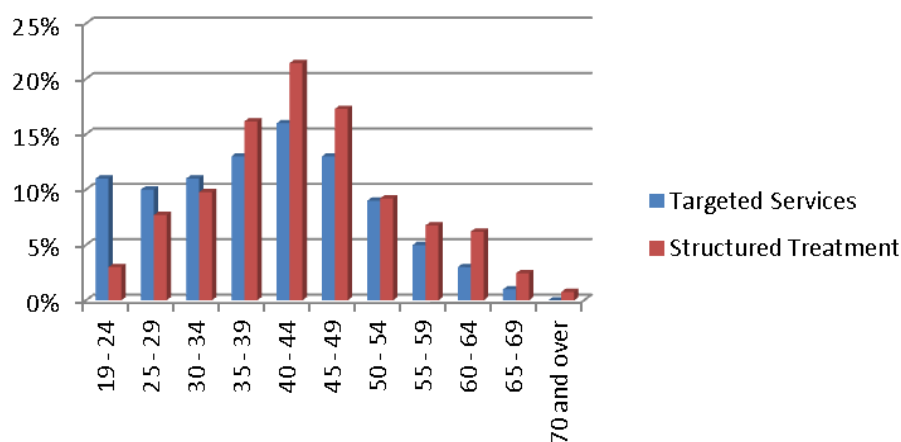
Client Age Group

The following chart shows a comparison of the age profile of clients accessing the different levels of treatment over the last year. This shows that 19-34 year olds are more likely to access targeted services, with the majority of the structured treatment cohort aged 35-49.

One reason for this could be that the younger cohort are likely to be binge drinkers whose drinking patterns and behaviour can be changed by a series of brief interventions within targeted services. The older cohort are more likely to be dependant/problematic drinkers who require more specialist treatment, for example, access to prescribing.

The targeted services age profile is also weighted with the high number of referrals generated by the Alcohol Arrest Referral Scheme run in Partnership with Northamptonshire Police which is predominantly a younger cohort.

Age Profile 2011-12

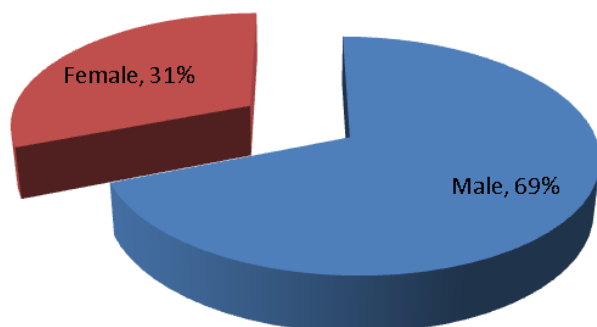


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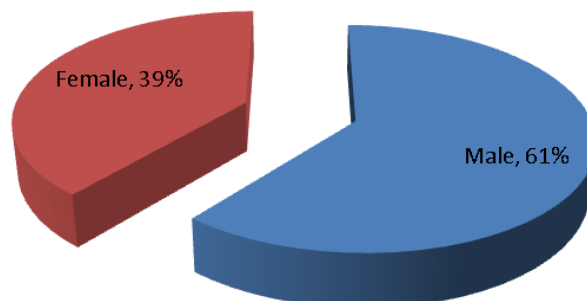
Gender Split

The following graphs show the gender split for both targeted services and structured treatment. This shows that women are more likely to access structured treatment than targeted services. However, this data may be skewed by the high number of men referred from the Arrest Referral Scheme.

Targeted Services



Structured Treatment



Client Ethnicity

The following table shows the proportion of clients within each tier of treatment in each ethnic group. It should be noted that ethnicity data is missing for nearly 12% of the targeted services cohort.

Ethnic Group	Targeted Services	Structured Treatment
	%	%
Asian / Asian British	0.7%	0.8%
Black / Black British	1.4%	0.9%
Mixed	1.8%	1.1%
Other Ethnic	0.3%	0.2%
White	84.1%	95.7%
Not Stated	11.8%	1.5%

Client Accommodation Need

The following table shows the proportion of clients within each tier of treatment, and their corresponding accommodation need. This shows that 18% of the targeted services cohort and 17% of the structured treatment cohort have housing problems. Again, it should be noted that accommodation data is missing for 20% of the targeted services cohort.

Accommodation Need	Targeted Services	Structured Treatment
	%	%
Housing problem	13%	14%
NFA - urgent housing problem	5%	3%
No housing problem	61%	78%
Not Stated	20%	6%

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