

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 26 March 2014
AGENDA ITEM:	11
SUBJECT:	Rapid Alcohol Joint Strategic Needs Assessment 2013/14
BOARD SPONSORS:	Dr Mike Robinson Director of Public Health Hannah Miller, Director of Adult Services, Health and Housing Paul Greenhalgh, Director of Children, Families and Learning Paula Swann, Chief Officer, Clinical Commissioning Group
CORPORATE PRIORITY/POLICY CONTEXT: Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).	
FINANCIAL IMPACT: The main financial implications for the Rapid Alcohol JSNA lie in the unmet need that is identified and the growing need in the future if trends continue to deteriorate.	

<p>1. RECOMMENDATIONS</p> <p>This report recommends that the health and wellbeing board:</p> <ol style="list-style-type: none"> 1. Consider the rapid JSNA alcohol chapter, approve the document in principle and delegate final approval of any further amendments to the responsible directors. 2. Note the conclusions and recommendations. <p>In addition, this report recommends that the health and wellbeing board:</p> <ol style="list-style-type: none"> 3. Endorse the recommendations of the rapid Alcohol JSNA
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2. EXECUTIVE SUMMARY

- 2.1 The Rapid Alcohol Joint Strategic Needs Assessment is one of 2 rapid needs assessments forming part of Croydon's 2013/14 JSNA.

- 2.2 The aim of the rapid JSNA alcohol chapter is to provide an overall summary of the prevalence of alcohol problems and the harm caused by alcohol in Croydon and make recommendations for future development. An evidence based assessment of gaps in Croydon's current approach to tackling alcohol issues is also included. This evidence has informed the suggested recommendations for future action listed at the end of the chapter.
- 2.3 The conclusions of the JSNA are in section 7 and the recommendations section 8 of the chapter. The key issues that will be of particular interest to the Health and Wellbeing board are:
- 2.4 Croydon does not currently have a Borough wide strategic population approach to encouraging a sensible drinking culture and reducing alcohol related harm. The key to success is partnership working. An evidence based strategy will help partners to focus limited resources in the right place and make efficiency savings where possible.
- 2.5 Alcohol harm is increasing in Croydon. The consequences of high levels of alcohol intake can take a number of years to become visible. The fact that Croydon's trends are getting worse may reflect a change in drinking patterns and behaviour in our population, which may need further exploration as we could be storing up problems for the future.
- 2.6 Approximately 1 in 6 of Croydon's adult population (51,862) is drinking at increasing and higher risk levels. This level of drinking is harmful to health and also has a negative impact on families and communities.
- Alcohol kills people early and is a cause of health inequalities. Compared with those living in most affluent areas, people in the most deprived fifth of the country are 3-5 times more likely to die of an alcohol-specific cause.¹
 - More than two in five (44%) violent crimes are committed under the influence of alcohol.² Rates of alcohol related crime in Croydon are 50% higher than in England and are getting worse.
 - Nationally, alcohol may be a contributory factor in up to one million assaults and is associated with 125,000 instances of domestic violence and is often a contributory factor to marital breakdown³
 - 27% of serious case reviews mention alcohol misuse and children who have parents who misuse alcohol can have physiological, physical and behavioural problems.⁴
- 2.7 For Croydon, based on its population size, alcohol related harm costs an estimated £144 million per year. Of this, half is alcohol related crime (£72 million) one third is lost productivity (£48 million) and the rest is NHS costs

¹ Association of Public Health Observatories 2007. Indications of public health in the English regions 8: alcohol

² Budd T. 2003. Alcohol-related assault: findings from the British Crime Survey. Home Office Online Report 35/03. London: Home Office

³ Domestic violence and marital breakdown, Physical, psychological, and behavioural problems for children of parents with alcohol problems: Gmel, G Rehm, J (2003): Harmful alcohol use. Alcohol Research and Health 27, 52-62 & Rossow, I (2000): Suicide, violence and child abuse: review of the impact of alcohol consumption on social problems. Contemporary drug problems 27, 397-434

⁴ New learning from serious case reviews: a two year report for 2009-2011 (Department for Education, 2013)

(£24 million). This figure does not include the associated costs to families and communities.⁵

- 2.8 There are evidence based cost effective interventions that can reduce alcohol misuse and alcohol related harm. Therefore, investment in alcohol interventions, particularly before drinking becomes problematic, can save money and improve the health and well-being of the population.
- 2.9 The rapid assessment shows that like the national picture, Croydon's relationship with alcohol is complex. The majority of adults who consume alcohol in Croydon are not dependent on alcohol. Only a very small minority of Croydon's population match the public image of the "alcoholic" and are dependent on alcohol. Most adults who drink alcohol live fully functioning lives; have jobs, families and positions of respect in the community. However, a large number (50,000+) of these people are drinking at levels that place them at greater risk of alcohol related harm.
- 2.10 Evidence suggests that it is possible to support people drinking at increasing or higher risk (50,000+ in Croydon) to change their drinking behaviour by providing information and brief advice (IBA). Brief advice for increasing and high risk drinkers is a short, structured conversation to motivate and support people to think about and/or plan a change in their drinking behaviour. The majority of these at risk drinkers could benefit from simple, brief advice delivered by mainstream professionals, with no alcohol specialism at all e.g. pharmacy staff, probation staff, housing officers.
- 2.11 Croydon's key dataset contains five indicators for alcohol. Where trend data is available these indicators show that Croydon's ranking has been consistently deteriorating relative to England as a whole over the last three years
- Nationally, between 2002/13 and 2010/11, alcohol related hospital admissions more than doubled. Local three year trends show that alcohol related hospital admission rates are lower in Croydon compared with rates in London or across England, but are increasing. The data currently held does not provide demographic data such as age, gender or geographical origin.
 - Trends show that alcohol related crime is getting worse and has been over a 3 year period. Alcohol related crime is closely linked to domestic violence which has also seen higher levels of reported offences in Croydon.
 - Data shows that Croydon's ranking for deaths attributable to alcohol has been consistently deteriorating relative to England as a whole. In 2011 an estimated 73 deaths were wholly attributable to alcohol
 - Croydon has a significantly high number of alcohol related ambulance call outs compared with other London Boroughs. Over the last three years the number of alcohol related ambulance call outs in Croydon has increased from 1947 calls in 2010-11 to 2493 calls in 2012-13.

⁵ These costs are estimated from the Department of Health's written evidence to the Health Select Committee (19 July 2012) <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

3. DETAIL

- 3.1 The overall aim of the rapid Alcohol JSNA chapter is to improve outcomes for the people of Croydon through influencing commissioning by analysing information of current and future need.
- 3.2 The chapter identifies gaps in the current approach to reducing alcohol related harm. Key conclusions are highlighted and future priorities for improvement and development are made in the recommendations.
- 3.3 The chapter will be made available online on the Croydon Observatory website.

4. CONSULTATION

- 4.1 As this is a rapid JSNA no additional formal consultation was carried out. However, the findings of previous consultations and engagement events from the last three years have been included where relevant.
- 4.2 The chapter was shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. A reference group guided the development of the chapter and included service users and carers who had the opportunity to input and give feedback and their comments have been incorporated.

Presentations of drafts of the chapter were given to:

- JSNA Steering group
- CCG SMT
- CCG Governing Body
- Council CLT

5. SERVICE INTEGRATION

- 5.1 One of the JSNA recommendations is that partners develop a comprehensive Borough wide alcohol strategy that is driven by the Local Strategic partnership. Having a strategic population approach to encouraging a sensible drinking culture and reducing alcohol related harm is key to reducing the harm caused by alcohol.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 As outlined in the Alcohol JSNA, for Croydon, based on its population size, alcohol related harm costs an estimated £144 million per year. Of this, half is alcohol related crime (£72 million) one third is lost productivity (£48 million) and the rest is NHS costs (£24 million). This figure does not include the associated costs to families and communities.

- 6.2 Rough estimates are that approximately £18 million per year are hospital based alcohol related costs for Croydon. There are no figures for CCG costs based on future trends at present, but there is a JSNA recommendation for further work on cost analysis.
- 6.3 As stated in the JSNA chapter there are evidence based cost effective interventions that can reduce alcohol misuse and alcohol related harm. Therefore, investment in alcohol interventions, particularly before drinking becomes problematic, can save money and improve the health and well-being of the population.
- 6.4 Tackling alcohol misuse can save money at a local level⁶:
- Every 5000 patients screened in Primary Care may prevent 67 A&E visits and 61 hospital admissions (cost £25,000, saves £90,000).⁷
 - For every £1 invested in specialist alcohol treatment services, £5 is saved on health, welfare and crime costs.
 - One alcohol liaison nurse can prevent 97 A&E visits and 57 hospital admissions.⁸ Costs are estimated at £25k, and savings at £90k.⁹
 - Specialist alcohol treatment can deliver savings of nearly £1,138 per dependent drinker treated and reduce hospital admissions.
- 6.5 The JSNA chapter set out recommendations. It is the responsibility of commissioners to agree how to make use of the financial resources available to address the recommendations set out.

7. LEGAL CONSIDERATIONS

Producing a local JSNA is a statutory requirement.

8. HUMAN RESOURCES IMPACT

- 8.1 Recommendations are made about the need for frontline staff to be able to screen for alcohol problems. There may be an impact on releasing appropriate frontline staff across health and social care and associated frontline professions so that they are able to deliver Information and Brief Advice to Croydon's population.

⁶ Alcohol Concern, Making alcohol a health priority - Opportunities to reduce alcohol harms and rising costs, 2011, p23-24

⁷ TrEAT trial. Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alc Clin Exp Res* 2002;26:36-43

⁸ Alcohol: Can the NHS Afford It (Royal College of Physicians, 2001) and an unpublished report of a comparison between two hospitals. Owens L. Chapter Six Making a Difference: Interventions by an Alcohol Specialist Nurse, and Owens L. Chapter 6 Efficacy of Brief interventions for dependent drinkers. A prospective cohort study.

⁹ Ready Reckoner, from PHE Alcohol Learning Resources:

<http://www.alcohollearningcentre.org.uk/Topics/Browse/Data/Datatools/?parent=5113&child=5109>

9. EQUALITIES IMPACT

- 9.1 The JSNA Alcohol chapter has considered equality and diversity implications, by examining the impact of alcohol related harm on vulnerable groups in Croydon's population. (See Section 4.) The chapter also considers needs for those people with protected characteristics (see Appendix 3)
- 9.2 GP data shows that rates of both overall alcohol misuse and dependence are 2-3 times higher in Croydon's White British population than for other ethnic groups. This is different to the national picture, where there is no difference in alcohol dependence between ethnic groups. This may indicate inequalities for BME screening of alcohol dependence in Croydon.
- 9.3 The key equalities implications of the JSNA are that alcohol kills people early cause health inequalities. In Croydon, rates of GP diagnosed alcohol quintile compared to those living in the least deprived quintile.

10. ENVIRONMENTAL IMPACT

There is no specific environmental impact arising from this report.

11. CRIME AND DISORDER REDUCTION IMPACT

- 11.1 The JSNA highlights that Croydon reports a rate of 10.8 alcohol related crimes per 100,000 population, which is similar to the London figure of 11.1 and statistically significantly higher than the England figure of 7.0. Croydon's rate has become relatively worse over the last three years. Alcohol related crime is a significant indicator because of the impact it can have on local communities. There are many factors where alcohol has an effect on community safety. These include the night time economy, violent crime, domestic abuse, sexual violence, street drinking, anti-social behaviour and licensing issues.
- 11.2 Recommendations in the JSNA include getting commitment to introduce a 'Cardiff model' evidence based approach to violence prevention and data sharing in Croydon. By pulling together and analysing the data on alcohol-related offences from police, probation, health services and other key partners an increased understanding will be built of the local picture and the types of alcohol related crime, groups perpetrating and those affected in Croydon.

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BACKGROUND DOCUMENTS

Key Topic 1: Rapid JSNA Alcohol Chapter 2013/14