

Report for Health Overview & Scrutiny Panel

4 August.

1st Action Learning Review.

Attendees

Councillors Lynne Stagg
Margaret Adair
Dorothy Denston
Peter Edgar
Keith Evans
David Horne

Patrick Jolly, Portsmouth Street Pastors
Alan Knobel, Alcohol Strategy Lead for the PSP.
Roger Batterbury, Baytrees Manager
Sally Brearley, Centre for Public Scrutiny Advisor.
Paul Phillips, South Central Ambulance Service.
Nigel Tedbury, Service Manager, Cranstoun.
Eddie Widnall, CCTV Control Manager
Karen Morris, Clinical Manager, Baytrees.

Sally introduced herself and welcomed everyone to the meeting.

She explained that the purpose of the meeting was to reflect on the progress of the review and decide where it goes from here. All the learning from the Scrutiny Development Areas will be collated in the Centre for Public Scrutiny's resource kit which will be a useful tool for other local authorities about to undertake similar reviews. At the end of the meeting the possible implications of the Government's White Paper will be discussed.

Everyone present introduced themselves.

1. Review what has happened to date.

Online Survey.

The Corporate Communications Department gave us a spare 8gb iPod Nano to use as a prize for the prize draw to encourage people to complete our survey or email their opinions.

The online survey went live on 30 March and an article inviting staff to complete it was published on the front page of the Council's intralink (internal website). This page opens automatically when staff log on to their pcs. Staff were invited to complete the survey and enter the free draw to win an iPod Nano. A further article will be published on the intralink on 15th August two weeks before the closing date.

On the Council's external website there is a page on the scrutiny review which contains a link to the survey: <http://www.surveymonkey.com/s/KHFH8K8>

Copies of the survey are displayed in all nine of the city's libraries and collected in secure ballot boxes.

A link to the survey or a paper copy with a stamped addressed envelope is sent to anyone who requests further information on the review.

The results from the paper surveys are input manually onto the online survey. The attached sheet shows the results of the survey so far.

Public Participation Event – video booth 30 July.

On Friday 30 July, from 11am to 11pm staff from customer community and democratic services manned a marquee in the Guildhall Square to canvass the views of the public on alcohol misuse. Passers by were asked to complete a survey on alcohol misuse and to give their views either on paper or on camera.

258 surveys were completed and 4 people were filmed giving their views on alcohol related issues. 3 people gave their details so that they can be kept informed of the review. 1 person expressed her views in writing re: minimum pricing, selling of alcohol, proof of ID, licensing hours, drinking in public and particularly on public transport and the method used to check whether underage sales are taking place.

There was a lot of interest from the public, Councillors, police, the community health practitioner, the street pastors and The News.

As well as collecting views of the public, the day will give the Panel an insight to how the Guildhall Walk area transforms from day to night time economy.

Visits

Portsmouth Pathfinder Mapping Event - 14 April.

The Alcohol Intervention Team (AIT) invited representatives from services that are involved in alcohol treatment to a Portsmouth Pathfinder Mapping Event to learn about what is being done to develop alcohol support services in 2010/11 and to give details of what their own service does. All the information collated will feed into a directory of services.

HOSP Members learnt about some of the issues and factors that contribute to high admission rates and other local alcohol related needs, some examples of local innovation and what the AIT will be doing to develop alcohol support and services in 2010/11

Members spoke to many service providers at the event and gained an understanding of what is available in the city and what are the barriers to access for some clients. Examples include:

- Lack of communication and joined up working between services.
- Lack of a clear pathway for clients with both mental health issues and alcohol dependency.

- Several providers reported that some potential clients had been deterred from accessing treatment because they are combined drug and alcohol treatment centres.

Drug and Alcohol Stakeholder Meeting – 30th April.

The Chair of the Panel gave a presentation to the group on the review and asked attendees to three questions:

1. What alcohol treatment services are available in the city?
2. How would you evaluate their effectiveness?
3. How would you suggest that they be improved?

Many suggestions and comments were given and considered at the next Health Overview & Scrutiny Panel meeting.

There were approximately 40 stakeholders at the meeting. Copies of the survey were circulated to the group and 12 were collected afterwards and input onto the online survey.

Cranstoun Drug Services – 17th June.

The purpose of the visit was to give panel members an overview of the range of alcohol related services that Cranstoun provides within the city. Members learnt what services Cranstoun offers, the referral process, the age range of clients, dual diagnosis issues, barriers to accessing the service and the numbers of clients.

Baytrees Detoxification Unit – 8th July.

The purpose of the visit was to give the panel members an overview of the range of alcohol related services that Baytrees provides within the city. Members learnt about the referral process, occupancy rate, services offered and the follow on process. Further details were requested regarding:

- Number of clients,
- Average length of stay
- The proportion of revolving door clients.
- Funding
- The proportion of clients with a disability.
- Performance/ success rate.

Portsmouth Users Self-Help Group – 26th July.

The Chair met with the lead officer who runs the group and other members of staff to discuss the causes of alcohol misuses, the affects and the treatment services available and how these work together.

Other visits planned for August

Visit to the Intensive Care Unit and the Medical Assessment Unit at Queen Alexandra Hospital to talk to Sue Atkins, who has worked closely with AA to set up a system whereby when a patient is admitted to the MAU with an alcohol related condition, she asks if they would like help with their alcohol problem. If they agree, Sue contacts the local AA and someone comes to talk to them at their bedside.

Previously the patient would have had to wait for several weeks for an appointment to discuss their problem.

Meeting with Dr Richard Aspinall the Liver Specialist at Queen Alexandra Hospital.

Visit of the Emergency Department at Queen Alexandra Hospital – 6th August.
The Panel will place a comments box in the Emergency Department to capture the views of staff and service users during their visit.

Visit to Kingsway House a community resource centre for people living in Portsmouth. It provides specialist drug and alcohol treatment services for people aged 18 years and above, and accepts people into treatment who have first been referred either by the Cranstoun or the Spotlight services.

Work Shadowing.

Police – 18th June.

Members attended a briefing of all police officers on duty in Portsmouth prior to accompanying a team patrolling the Guildhall Walk area from 9.30- midnight.

Concerns were raised regarding drinkers pre-loading (drinking heavily at home before going out), foliage blocking the CCTV cameras. Police resources being heavily deployed to deal with issues around the licensed premises, leaving the remainder of the city with minimal police cover.

Members raised concerns regarding poor lighting in and around Guildhall Walk and Guildhall Square between 11pm and 4am as this the time when there are the most people in that area, the foliage blocking the views of CCTV camera, the apparent differing methods for dealing with inebriated customers by door staff. Using the Civic Offices for police briefings was deemed a good use of council resources.

Portsmouth Street Pastors – 12th, 20th and 27th March and 16th July.

Members learnt about how the service is run and it liaises with other organisations. All attendees reported that they were very impressed with the voluntary work that the pastors do and the great working relationship they have with all the services and venues involved.

The Pastors offer assistance to vulnerable people which involves listening to their concerns, informing them of services available in the city, offering 'space jackets' and flip flops and ensuring that they got home safely. They also collect and dispose of discarded bottles and glasses.

CCTV Control Room – 11th June and 23rd July.

Members visited the Council's CCTV control room to get an understanding of the impact that alcohol has on the work of the CCTV control room staff and how they liaise with other agencies to tackle alcohol related antisocial behaviour. Issues raised included foliage blocking CCTV views of some areas and the cameras in

Guildhall Walk not giving good coverage of Guildhall Walk. Members were impressed with the close working with the police. That a number of problems are avoided thanks to the CCTV control room operators.

To happen in August:

Accompany the Community Health Paramedic in Guildhall Square on a Friday or Saturday night.

Visit the South Central Ambulance Service Emergency Operations Centre.

Accompany an ambulance crew on a Friday or Saturday night.

Meetings.

The Panel agreed the terms of reference for the review at its meeting on 20th January and has since held meetings in March, June and July. It has heard from the following witnesses:

- Dr Paul Edmondson-Jones, Director of Public Health & Wellbeing.
- Simon Mullett, Consultant, Portsmouth Hospitals Trust.
- Debbie Zimmerman, Operational Manager for the Emergency Department, Portsmouth Hospitals Trust.
- Alan Knobel, Substance Misuse Coordinator, Portsmouth City Council.
- Joyce, Health Liaison Officer for alcoholics Anonymous in Hampshire.
- David Sheehan, Development Manager, Public Health Group South East Dept of Health.
- The Health Liaison Officer for Alcoholics Anonymous.

The next meeting is due to be held on 26th August.

The Department of Health Alcohol Harm Reduction National Support Team will be visiting Portsmouth to discuss alcohol harm reduction strategies with stakeholders. It will feedback the findings of their visit and propose recommendations on Friday 10th September 9.30 – 11am. Panel members are very welcome to attend. The report should be available by 20th September.

Involvement with the Community.

Information on the review has been sent to each of the 14 **Neighbourhood Forums** Steering Committees asking them to canvass their forum for views. The link to the online survey and to the website page which gives further information on the review was included. Copies of the survey will be given to the Neighbourhood Forums links officers to hand out at meetings.

Local Involvement Networks.

The Scrutiny Support Officer attended a meeting of a local meeting to raise awareness of the review and inform attendees about how to get involved. The LINK also publicised the review on its Community Voices Online website.

Publicity.

Health Workshop Bournemouth – 25th March.

The Senior Local Democracy Manager gave a presentation on the review to health professionals from around the country. This was very well received and generated several very useful contacts.

The Council's **twitter** account has publicised the review several times.

The Chair gave four interviews to **local radio stations** following a press release in March.

The News published an article on the review following the Panel's meeting in March and will publish a further article that will signpost people to the review this week.

An article promoting the review was published in the Council's residents' magazine **Flagship** which is delivered to 90,000 households and 3,000 businesses.

Posters.

In local authority housing blocks, community centres, the ferry port terminal, libraries, every department in the Civic Offices, the restaurant, GP surgeries, treatment support services, Queen Alexandra Hospital, St Mary's Hospital, St James' Hospital, Navigators Resource Centre, The Guildhall, the John Pounds Centre, the two theatres, the multi-storey car park, two gyms, the University, Highbury College, Café Parisien, the Wedgewood Rooms, Little Johnny Russell bar and the housing waste recycling centre.

The **Portsmouth Take Part! Pathfinder** Project Team worked with the scrutiny team to advise on how to reach a wider audience.

2. What went well?

The work shadowing and visits proved very informative and popular. It gave members the opportunity to talk to service providers and users. Members commented that it was a real eye-opener to see the extent of the problem of alcohol misuse and the number of agencies involved in tackling it.

The Alcoholics Anonymous Health Liaison Link Officer heard the Chair's interview on a local radio station and contacted Alan Knobel, Substance Misuse Coordinator as she was keen to participate in the review.

The Senior Local Democracy Manager gave a presentation on the review at the Public Health Conference in Bournemouth on 25th March and answered questions from attendees. This generated a lot of interest from other local authorities and health professionals.

The openness of professionals encountered has been refreshing.

3. What could have worked better?

The Panel learnt that it is not always possible for services to retrieve the specific information requested because their systems are set up a different way. E.g. Cranstoun only collects joint alcohol and drug figures for clients who are referred to Kingsway or Baytrees and later return to Cranstoun. Conflicting organisational aims and objectives was also a factor.

It has not always been possible to obtain sufficient information from witnesses. This has meant that they have to return to a future meeting. This could possibly be avoided by having more effective questioning. The Effective Questioning Skills document will be sent to the Health Panel to ensure that witnesses only have to attend once.

It would have been useful to have visited venues to ensure that they have displayed the posters as agreed.

This is the first review of such depth that the Panel has carried out and it is running in conjunction with other scrutiny business. This has resourcing implications for the limited scrutiny team. This has meant that it is hard to fit all the items on the agenda with sufficient time.

4. Scoping – how did the Panel prioritise, choose the theme of the review (if appropriate).

Oral health in the city is a major issue in Portsmouth and so a review of that was considered by the Panel.

The Portsmouth Alcohol Strategy 2009-2013 estimates that over 40,000 people in Portsmouth drink at levels that may harm their health. Alcohol misuse also affects significant numbers indirectly such as the family, friends and colleagues of these heavy drinkers.

Queen Alexandra Hospital serves residents from Portsmouth and its surrounding areas. The Portsmouth Health Overview & Scrutiny Panel has six co-opted members from Gosport Borough Council, Fareham Borough Council, Havant Borough Council, East Hampshire District Council, Winchester City Council and Hampshire County Council. Therefore, it was agreed that scrutinising alcohol-based hospital admissions at Queen Alexandra Hospital would give an overview of alcohol misuse in the entire area. In turn, this will also allow the Panel to reach more people, as it would be linking resources with multiple councils.

Mr Knobel explained that he was approached by officers when this review was being considered. The Portsmouth Alcohol Strategy was being put together and so this was a good time to increase the spotlight on the problem.

The service providers present explained that they had only learnt of the review when asked if members could visit their service.

In the bid submitted to become a Scrutiny Development Area, the Chair set out a number of ways in which this review was going to be carried out. During the course of the review, it was decided not to go ahead with the following:

Scratch cards.

On further exploration of the cost: benefit implications, it was decided that this would not represent good value for money.

Alcohol awareness information stand.

The primary objective of this stand was to promote the review. This was achieved when the video booth public participation event was held in the Guildhall Square on 30th July.

Online consultations, forums and facebook.

Budgeting resourcing limitations for updating, maintaining and responding to queries meant that these were not viable options.

A design charrette.

It was agreed that the key health professionals and service providers would be invited to give their views to the Panel directly.

Flyers

It was decided that it would not be cost effective as posters were already in circulation to promote the review.

It is important that the review be seen as following on from the work of the Joint Needs Assessment and the Portsmouth Alcohol Strategy and would not be able to provide definitive answers to the problem of alcohol misuse.

People suffering from the effects of binge drinking make up the majority of alcohol-related attendances at the Emergency Department, whereas in the rest of the hospital, patients are suffering from diseases due to chronic drinking.

5. Objectives of the review.

The original objectives are attached as appendix one. It was agreed by those members present that these would be amended to the following:

1. To understand the national **and local** picture for alcohol abuse.
Moved from no.2 and the word local added.
2. To understand the number and categories of alcohol related admissions at Queen Alexandra Hospital and to evaluate the methods used to record them.
Merged objectives 1 & 5.
3. To evaluate the impact alcohol abuse has on Portsmouth City Council Services.
No change.

4. To understand the causes and impact of alcohol abuse on different sections of society.
No change.
5. To understand the treatment services available and the referral system.
No change.
6. To understand the work carried out in the following areas: prevention of alcohol abuse and enforcement and to gain the views of service users and professionals involved.
Removed 'treatment services' because it has been covered in objective no. 5
7. To learn from examples of good practice elsewhere.
No change.
8. To develop recommendations to improve the alcohol abuse misuse services in the city
No change.

6. What further evidence is required?

1. The Panel has heard that Portsmouth residents make up about one quarter of patients at Queen Alexandra Hospital. It would therefore be useful to learn about initiatives being carried out in the rest of South East Hampshire.
2. Many people are in court because of alcohol related incidents and are not aware of what treatment services are available.
3. More details about the invisible affects of alcohol misuse – on families, chronic health conditions etc.
4. Figures on the proportion of binge-drinkers who go on to develop alcohol dependency.
5. It was suggested that the Panel observe the Portsmouth court cases on a Saturday morning to get an idea of the alcohol related incidents that occur. Statistics on these incidents will also be requested from the court.
6. Information on the launch of the Safe Space pilot on 27th August would be useful.
7. It would be useful to have information on the number of children at risk, young carers, the probation service (70% of clients have an identified alcohol problem) and rebound group.
8. Paul Phillips will speak to Maria Purse at QA regarding data collection at ED.
9. The Panel has heard that the consultant for ED is experiencing difficulties getting staff to complete PAT and assault surveys so it might be useful to invite the Clinical Director, Simon Holmes and ask:
10. What is the hospital's alcohol strategy?
11. Who takes the leader for alcohol issues?
12. Ask each PCC service head what % of budget and officer time is spent on alcohol-related issues – so investing to reduce alcohol admissions and therefore misuse would lead to savings in many Council services. Spend to save.
13. More information is required on the different sections of society affected.

14. Funding for the different services including which PCC funds – needs more information.
15. More information is required about Trading Standards.
16. More information is required on licensing.
17. Input of advertising on drinking behaviour.
18. The Personal, Social Health Education curriculum.
19. Initiatives carried out in the rest of S E Hants – as it's part of QA's catchment area.

7. Timetable reminder.

At the end of September the Panel will conclude gathering evidence. It will then hold informal meetings to formulate conclusions and recommendations. The report will be signed off by the Panel at a public meeting in mid-November.

8. Observations.

As a magistrate, Cllr Horne sees that people do not seem to be aware of the range of alcohol treatment services available.

A cultural shift is required on a national scale to tackle the problems of alcohol abuse to make it unacceptable to binge drink and more acceptable not to drink alcohol at all if that's an individual's choice.

Over the last 20 years the media and the Government have encouraged people to drink. People living longer now so more older people are accessing treatment. The majority of clients at Cranstoun are between 25 and 30.

Home drinking is a massive hidden problem. The middle classes tend to drink at home but they suffer fewer negative health affects because they tend to have better diets and healthier lifestyles. Therefore poorer people are more likely to end up in hospital because of alcohol.

Negotiations are ongoing with pharmacies regarding the possibility of the staff providing brief interventions.

The affect of any initiatives to reduce alcohol misuse are not likely to be seen for 20 to 30 years.

Drug taking is considered to be a problem from the outset whereas alcohol consumption is only a problem if excessive.

It might be useful if the police use a running log for alcohol related incidents at licensed premises. At the moment, the IT systems are not in place to do this but there is a report into this idea being written at the moment. This could also be considered for the ambulance service.

The ambulance crews do not ask patients who have alcohol related injuries where they have been drinking. On police incident forms there is a tick box for recording where alcohol related incidents occurred. However this is not regularly completed.

Preloading is a problem with drinkers.

Cheap alcohol promotions in supermarkets encourage customers to buy in bulk.

The importance of early intervention for families was noted.

Over the last 10 years, the proportion of alcohol misusing clients in Cranstoun has increased to 50:50. Referrals to Baytrees for clients with alcohol issues have almost doubled in the last 3 weeks.

The health organisations which will receive the recommendations are spending taxpayers' money and so have to be accountable.

It is important that the stigma of alcohol dependency is removed so that more people can access treatment.

It is important to provide young people with varied and healthy options for their leisure time.

Guildhall Walk draws people from all over the surrounding area.

Senior Commodor Palmer could be contacted for details of how the navy is affected by and deals with alcohol misuse.

15 years ago the ambulance service control centre for Hampshire used to receive on average 10 calls per night that were alcohol related, now they receive approximately 130.

To introduce minimum pricing in supermarkets Government agreement would be required.

Local supermarkets are unlikely to agree to stop selling alcohol below cost price unless they can be assured that all the competition is doing the same.

It was apparent from this meeting that service providers and the Panel were not aware of all the services available in the city.

The report by Blackpool Council regarding the affects of minimum pricing, which will be published in mid-November, would be interesting to read.

The Alcohol Nurse Service that has been partially set up in Queen Alexandra Hospital can only deal with Portsmouth patients. Concern was expressed that this might lead to a two-tier service.

It is important to remember that pre-loading is a factor in some of Guildhall Walk anti-social behaviour.

APPENDIX ONE

HEALTH OVERVIEW AND SCRUTINY - PROJECT BRIEF ALCOHOL RELATED HOSPITAL ADMISSIONS

1. Background.

At its formal meeting on 18 November 2009, the Health Overview & Scrutiny Panel identified this topic for review and agreed that the project brief be agreed at its meeting on 20 January 2010.

2. Objectives of the Inquiry.

1. To understand the number and categories of alcohol related admissions at Queen Alexandra Hospital.
2. To understand the national picture for alcohol abuse.
3. To evaluate the impact alcohol related hospital admissions has on Portsmouth City Council Services.
4. To understand the causes and impact of alcohol abuse on different sections of society.
5. To evaluate the methods used to record alcohol related admissions at Queen Alexandra Hospital.
6. To understand the treatment services available and the referral system.
7. To understand the work carried out in the following areas: prevention of alcohol abuse; treatment services and enforcement and to gain the views of service users and professionals involved.
8. To learn from examples of good practice elsewhere.
9. To develop recommendations to improve the alcohol abuse misuse services in the city.

3. Witnesses.

- The Director of Public Health and Wellbeing, Primary Care Trust.

- Service Manager Provider Services – Primary Care Trust.
- Substance Misuse Co-ordinator, Portsmouth City Council.
- School Nurses.
- The Education Service.
- Education Support Workers.
- Student Services, The University of Portsmouth.
- Representatives from the night time economy.
- Off licences.
- Portsmouth City Council's licensing department.
- The Street Pastors Scheme.
- Portsmouth City Council's Community Wardens.
- Hampshire Constabulary Service.
- Police Community Support Officers.
- South Central Ambulance Service.
- Portsmouth Hospitals Trust.
- Brief Intervention Teams.
- Service users of Queen Alexandra Hospital's A&E
- Portsmouth City Council's Trading Standards Service.
- Alcohol Arrest Referral Service.
- Alcohol public health lead for the Government Office for the South East.
- Mike Webb, Hampshire Drug & Alcohol Lead.
- Salvation Army and Two Saints Housing Association.
- Victim Support.
- Alcoholics Anonymous.
- Community Safety.
- Anti Social Behaviour Unit.
- Voluntary Sector Treatment Services.
- Hampshire Probation Services.
- The Court Service.
- The You Trust (Formerly Southern Focus Trust), a non-statutory partner in the Local Area Agreement.

This list is not exhaustive and other relevant witnesses may be added as the review progresses.

4. Suggested Programme of Meetings.

1st Meeting.

Dr Paul Edmondson-Jones, Director of Public Health and Wellbeing, Primary Care Trust will give an overview of alcohol related admissions at Queen Alexandra Hospital showing how it compares nationally. The Panel will also learn about the causes and the impact of alcohol abuse on different sections of society. A representative from the Portsmouth Hospital Trust will explain the methods used to record alcohol related admissions at Queen Alexandra Hospital and the referral system to treatment services.

2nd Meeting.

The Panel will learn about the work carried out in the following areas: prevention of alcohol abuse; treatment services and enforcement and gain the views of service users and professionals involved.

Further meetings will be scheduled to accommodate witnesses.

Members of the Panel will also work shadow the following key personnel who deal first hand with people misusing alcohol to gain first-hand knowledge and understanding of the complexity of the issues involved:

- Portsmouth City Council's licensing department.
- The Street Pastors Scheme.
- Portsmouth City Council's Community Wardens.
- Hampshire Constabulary Service.

In order to engage more fully with the public, the Panel will also:

- Map a 24-hour period of the Guildhall Walk area, which has a high density of licensed premises, in order to measure the transformation from daytime to nighttime economy.
- Host online consultations, forums and make the review available on Twitter.
- Attend meetings of the Local Involvement Network and neighbourhood forums.