

# Alcohol admissions to hospital

East Hampshire District Council, Fareham Borough Council, Gosport Borough Council, Hampshire County Council, Havant Borough Council, Portsmouth City Council and Winchester City Council

Portsmouth City Council's Health Overview and Scrutiny Panel conducted a review of alcohol-related hospital admissions at Queen Alexandra Hospital, from January to December 2010. It was chaired by Councillor David Horne until 18th May 2010 when Councillor Lynne Stagg took over the role. Officers supporting the review were Jane Di Dino and Tony Quinn. The review also included representatives from the surrounding local authorities of Gosport, Fareham, Havant, East Hampshire, Winchester and Hampshire; the Director of Public Health and Primary Care,

the City Council's Substance Misuse Co-ordinator plus others from the NHS, local government and the voluntary and community sectors.

## **Project Journey**

Alcohol-related hospital admissions were identified as a topic for review at the Health Overview and Scrutiny Panel meeting in November 2009. The project brief was agreed at its meeting in January 2010. As a result of evidence gathered, the objectives agreed then were slightly amended in August 2010 to the following:

- **1** To understand the national and local picture for alcohol abuse.
- 2 To understand the number and categories of alcohol-related admissions at Queen Alexandra Hospital and to evaluate the methods used to record them.
- **3** To evaluate the impact alcohol abuse has on Portsmouth City Council Services.
- 4 To understand the causes and impact of alcohol abuse on different sections of society.
- **5** To understand the treatment services available and the referral system.
- 6 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.
- 7 To learn from examples of good practice elsewhere.
- 8 To develop recommendations to improve the alcohol abuse misuse services in the city.

#### Reason for choosing topic

The Portsmouth Alcohol Strategy 2009 -13 estimated that "over 40,000 people in Portsmouth drink at levels that may harm their health". Portsmouth's rate of alcohol-related hospital admissions is higher than the national average, and is the highest rate in the South East. Alcohol misuse also affects significant numbers indirectly, including family, friends and colleagues. Queen Alexandra Hospital serves residents from Portsmouth and its surrounding areas. The Panel felt that a review of alcohol-related admissions at this hospital would give members an overview of alcohol misuse in the whole area, and enable it to produce recommendations across multiple agencies to benefit the whole community.



Between January and December 2010 the Panel met formally to take evidence on 10 occasions. Witnesses included the Director of Public Health and Primary Care, a medical Consultant and the Emergency Department Operational Manager from the Portsmouth Hospitals Trust, the City Council's Substance Misuse Co-ordinator, the Health Liaison Officer for Hampshire Alcoholics Anonymous, the Development Manager for the Public Health Group

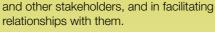
South East, Department of Health, the City Council's Licensing Manager and the Assistant Head of Planning Services.

In order to gain a better understanding of the issues involved, and to ensure that as many views as possible were heard, the Panel carried out a number of visits to service providers and stakeholder groups, including detoxification and rehabilitation units and a users' self-help group. Members work shadowed the police, ambulance service and Portsmouth Street Pastors and

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room. They held a public participation event, collected video booth diaries and conducted an online survey. The Director of Public Health and Primary Care, Dr Paul Edmondson-Jones, and Alan Knobel, Substance Misuse Co-ordinator, were key partners in scoping the review, identifying witnesses





Skilled officer support was vital, both in terms of knowledge of the NHS and social care, but also in making connections to the wider local authority remit and other key public services. Officers had to collect, collate, assimilate, interpret and present a vast amount of qualitative and quantitative evidence; and arrange an array of meetings, visits and events, mostly offpremises and at unsocial times.

Members' enthusiasm for the review topic was notably high throughout: it obviously resonated with the concerns of their constituents and their other areas of responsibility as councillors; for example, in regard to licensing and education. Members agreed that recommendations related to alcohol-related hospital admissions had the potential to benefit the community significantly in a variety of ways.

The Senior Local Democracy Officer gave a presentation on the review at the Annual Public Health Conference held in Bournemouth in March 2010, generating a lot of interest from other local authorities and health professionals. Two actionlearning events were held, towards the middle and end of the review to capture the learning so far and to decide any changes needed to progress the review to best advantage.

One of the problems encountered was the fact that it is not always possible for services to retrieve specific information

### Key Learning Points

Getting the right partners working together is vital, even those that have never met or worked together before. The review established relationships that should pay dividends for years to come, in terms of greater mutual understanding, improvements to productivity and higher quality services.

Whilst some of the methods proposed for the review initially did not happen due to time constraints or because they proved impracticable; many innovative scrutiny tools were developed and implemented, demonstrating that **it pays to be ambitious and creative at the start**, whilst maintaining flexibility to change and adapt as a review progresses.

Accessing specific information from other agencies proved challenging because of the differing systems used. A learning point could be to start a review with this awareness and be more flexible in what is requested. Alternatively, a review could **"test the system" by asking for highly specific and relevant information, to uncover issues in information collection and retrieval**. These could be usefully addressed as an outcome of the review.



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requested by the Panel because their systems are set up in different ways. Conflicting organisational aims and objectives are also a factor. Whilst these factors may impede the review as planned, uncovering them can be important when it comes to recommendations: not only do these issues cause problems for the Panel, they may also restrict the provision of a seamless service to users and other agencies. Running a review such as this, in parallel with other scrutiny provision, has resourcing implications for a limited scrutiny team and for the workload on members. The commitment of both officers and members to the subject of the review, and a belief in its ultimate value to the community carried it through to a successful conclusion. Some of the factors influencing alcohol-related hospital admissions are out of the control of local government - for example, minimum pricing and some issues surrounding licensing – but members decided they could use the evidence gathered

during the review to influence nationally, possibly in conjunction with related reviews conducted by other health overview and scrutiny committees.



The final report and recommendations were approved by the Panel in January 2011 and can be found at: <u>http://www.portsmouth.gov.uk/media/hosp20110127r7\_2.pdf</u>

#### The USP

The review is especially notable for the innovative engagement and outreach work undertaken by members. (See <u>Models of Engagement.</u>)

#### **Highlighting Innovation**

The review used highly innovative methods of community engagement to gather evidence from as wide a range of people and agencies and possible. This also gave members a first-hand insight into the problems arising from alcohol consumption, and the work of the organisations involved, both statutory and voluntary.

#### Models of Scrutiny developed

The review identified a well-defined, health-related topic which nevertheless had broad-ranging implications for all areas of public service and community life, and a distinct connection to commercial interests. It demonstrates the potential for health scrutiny to tackle issues that fall outside the remit of any other single body. The high-profile role of the Director of Public Health, as a joint appointment between the NHS and local government, is of note. This may be a model of scrutiny that will come to greater prominence, with Public Health situated more firmly within local government.