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

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 formally to take evidence on 10 occasions. 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 Assistant Head of Planning Services.

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.

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 user’s self-help group. Members worked shadowed the police, ambulance service and Portsmouth Street Pastors and observed in the CCTV control 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 Knobell, Substance Misuse Co-ordinator, were key partners in scoping the review, identifying witnesses and other stakeholders, and in facilitating relationships with them. 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 off- premises and at unsocial times.

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.

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.

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

Highlighted 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.