

Drinking Alcohol in Rotherham

Anne Charlesworth

Head of Alcohol & Drug Strategy Team

Public Health

NHS Rotherham

19th October 2011

Dear Colleagues

Specialist Alcohol Commissioning Meetings Feedback

We would like to take this opportunity to thank you and your colleagues for meeting with us recently to discuss specialist alcohol commissioning in your area and to offer some feedback as a response to that meeting.

Firstly, we would like to recognise the progress that your local approach has made with the alcohol agenda, with a particular focus on commissioning to the evidence base and working well in partnership across the agenda. In particular, we would like to highlight the strengths in Rotherham;

The strong commissioning profile which has facilitated excellent engagement across primary care.
Integration across all substance misuse provision raising the skills and competencies of the workforce.
Embracing a clear recovery orientated vision at both strategic and delivery level.
Clear clinical pathways supported by regular and robust negotiations with partners
A shared sense of responsibility has been fostered which has improved joint working.
Improving outcomes despite significant increases in demand.

There were also a number of action points raised including;

Clarification required regarding costings information and outcome monitoring tools within the PbR pilot which will be ongoing.

Although we recognise that we are working in complex times and that the partnership horizon is rapidly changing, we would like to commend the work you have been engaging with to date and ask that you continue attending the Regional Alcohol Network meeting on a quarterly basis to assist with the agenda.

If you have any queries or need any additional information please do not hesitate to contact the NTA on the number above.

Yours sincerely

Corinne Harvey
NTA Regional Manager

Dianne Draper
Alcohol Policy Lead YH

Benchmark activity			
Total Population Selected	244,053		
Population aged 16 years and over	196,719		
Benchmark rates of alcohol misuse	Standard assumptions	Locally adjusted assumptions	Benchmark number of people per condition
Population selected (16+)	196,719	196,719	
Hazardous and harmful drinkers - rate per 100,000 population	24,200	24,200	47,606
Harmful drinkers - rate per 100,000 population	3,800	3,800	7,475
Dependent drinkers - rate per 100,000 population	2,600	2,600	5,115
Benchmark activity			
Specialist alcohol treatment services	Standard assumptions	Locally adjusted assumptions	Number of people receiving specialist treatment
Number of people with alcohol dependence	5,115	5,115	
Current percentage receiving specialist treatment	10.2%	10.2%	522
Future percentage receiving specialist treatment	15.0%	15.0%	767
Benchmark number of people receiving specialist treatment	767	767	
Alcohol-related hospital admissions	Standard assumptions	Locally adjusted assumptions	Benchmark activity per condition
Population selected (total population)	244,053	244,053	
Alcohol-related hospital admissions - rate per 100,000 population	1,743	1,743	4,254
Benchmark number of alcohol-related hospital admissions	4,254	4,254	

Note

- 1 See commissioning guide section 5: 'Determining local service levels for the identification and treatment of alcohol misuse'. The benchmark rate for harmful drinking is around 3.8% per 100,000 of the population aged 16 years and above. Around two thirds of harmful drinkers show signs of alcohol dependence – equivalent to 2.6% or 2,600 per 100,000 of the population aged 16 years and above.
- 2 Data from the National Treatment Agency for Substance Misuse (2010) shows that around 111,000 dependent drinkers receive specialist treatment for alcohol misuse. This is equivalent to about 10.2% of the 1,090,000 people who scored more than 15 on the Alcohol Use Disorders Identification Test (AUDIT) and who score 4 or above on the Severity of Alcohol Dependence Questionnaire – Community version (SADQ-C)
Available from: Statistics from the National Alcohol Treatment Monitoring System (NATMS) 1 April 2009-31 March 2010
- 3 NICE Public Health guidance 24 on preventing harmful drinking recommends that: Commissioners should ensure at least one in seven dependent drinkers can get treatment locally, in line with 'Signs for Improvement'. This is equivalent to around 15% of people with alcohol dependence receiving specialist treatment each year.
- 4 The North West Public Health observatory analysis of HES data for alcohol-attributable hospital admissions. Available from: <http://www.nwph.net/alcohol/lape/download.htm>
The North West Public Health observatory website also provides regional analysis of alcohol-related months of life lost and alcohol related mortality.

Alcohol – some of the latest initiatives

Message to wider population

- Call it a Night website (now includes screening tool for use by anyone to assess what constitutes increasing risk by young people drinking behaviour, can be used by young people and in education settings)
- Picking up young people presenting at A&E and making sure school nursing follow this up (or specialist services if 16-18 years)
- Alcohol Awareness Week events
- Staff Training (including staff at Hellaby and Hargreaves Colliery) via the commissioned workplace initiative with Lifeline
- Identifying alcohol use levels via Police Custody Suite
- Street Pastors have a crucial role in reducing alcohol related harm

Alcohol Services

- Currently one of four areas undertaking National Payment by Results pilot for Department of Health
- From next year will increase target to include more 'problem' drinkers and more 'Tier 2' intervention (with less money).
- Staff numbers reduced
- Primary Care Scheme now includes all but five practices
- Lifeline continue to exceed targets to offer assessments and interventions, both stand alone and to support NHS agenda
- Case management of high impact users of hospital and ambulance services
- Improved collaboration between hospital care and specialist services