Lincolnshire JSNA: Alcohol (Adults)

What do we know?

Summary

Most of the population run low risks of alcohol related harm.

The populations with higher levels of risk can be broken down into:

- Dependant drinkers – it is estimated that 17,160 people in Lincolnshire fall into this group,
- Higher risk drinkers – estimates indicate that 24,949 people in the County are in this category
- Increasing risk drinkers – over 106,000 people in Lincolnshire are thought to be drinking at a level indicating an increased risk to their health

Alcohol treatment data is reliable, however the minimum data set is small therefore insight into population trends is limited. Data relating to alcohol related hospital admissions is available and can be used to look at demographic trends in each district.

Facts and figures

More information on the dependant, higher and increasing risk drinker estimates can be found in the Community Health Profiles (CHP), along with some information about alcohol related harm. The most recent CHP was produced in 2010 using data from 2008 and 2009, and the next data set will be available in July 2011.

All this data is available to district council level, except binge drinking which is only available at Middle Super Output Area.

Alcohol related hospital admissions information is released on a quarterly basis on the Local Alcohol Profiles for England (LAPE) website, compiled by Department of Health (DH) and North West Public Health Observatory (NWPHO). These estimates give a rate of alcohol related admissions per 100,000 head of population, up to Quarter 2 of 2010/11 the Lincolnshire average was 821 (a 12% increase from the previous year) this can be split down by Local Authority District (LAD) areas, here we see wide variance across the county with Lincoln sitting above regional and national averages at 1,137 (an increase of 21% on last year). For the same period the regional and national averages were 902 and 942 respectively.

The number of adults engaged in alcohol treatment at Quarter 3 of 10/11 is 721; this is a penetration rate of 4.2% based on the dependant drinker estimate (slightly below the national average of 6%). More information about alcohol treatment and the numbers accessing services in Lincolnshire can be accessed via www.NDTMS.net.

Trends
The NHS has produced short term trend trajectories for alcohol related hospital admissions, at a Health Community and Strategic Health Authority (SHA) level. These trajectories are not forecasts, however, but descriptions of how the NHS will attempt to improve the current burden on the population, and provide services for alcohol related harm.

Penetration into the dependant drinker population is low in the partnership, the expectation for the partnership is that this will increase over the coming years (in both the short and medium term). A target of 15% penetration rate has been set in the short term and performance against this will allow us to establish a baseline for activity and throughput going forwards, although the expectation is that the size of the alcohol treatment population will grow significantly from its current levels.

Preventative work which is underway across the partnership in terms of substance misuse will also have an impact on the long term forecasts for alcohol.

**Targets**

Targets are linked to alcohol related hospital admissions, and criminal justice targets around disorder and violent crime. We have local targets for penetration of treatment in:

- Number of people accessing specialist alcohol treatment services (penetration into the dependant drinker population)
- Waiting times for access to treatment.

We are implementing new targets for both identification and early intervention, and are now using an outcome tool called “Alcohol Star”.

**Performance**

Over the last year 2010/11 the numbers of people entering specialist alcohol treatment services has dropped by 19% (a total of 892 people were in treatment at the end of March 2011) after having increased by 71% between 2008/09 and 2009/10. This therefore means that the Partnership is under performing against the target to engage with at least 15% of the estimated 17,160 dependant drinkers who live in Lincolnshire.

The number of alcohol related hospital admissions per 100,000 head of population in Lincolnshire as a whole is below the regional and national averages however Lincoln City bucks this trend. Whilst measures are being taken to reduce this indicator they are yet to show a tangible impact as the nature of this indicator is very long term.

Waiting times for accessing alcohol treatment in Lincolnshire are generally good with an average of 90% being seen in six weeks or less and roughly three quarters of this total entering treatment within three weeks of their first referral.
What is this telling us?

Summary

Lincolnshire has an estimated dependant drinker population of 17,160; whilst it is likely that these people are dispersed across the County evidence indicates that Lincoln City, Boston and Spalding are where the dependant drinker populations are highest.

Because only a small fraction of these dependant drinkers are engaged in treatment, more work is vital to understand and meet the needs of this group so that we can make sure they access the right type treatment as soon as possible.

Evidence also indicates the value of undertaking preventative work around alcohol harm reduction, trying to stop the people currently drinking at increased levels from developing dependencies later in life.

Local views

Community’s primary concerns relate to:

- street drinking amongst young binge drinkers and chronic drinkers
- night time economy impacts of binge drinking
- access to alcohol for under age people
- irresponsible alcohol pricing
- special offers by retailers

Much of the response to community concerns has been in the realm of licensing, enforcement and management of the night time economy. Increased enforcement across the board in higher risk areas has started to improve performance of retailers and community safety activities.

National and local strategies

There is a new national strategy for substance misuse in place (‘Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life’), which is sponsored by the Coalition Government. For up to date information please see the home office website for alcohol and drugs.

The previous government’s strategy on alcohol is still largely the framework for our work. Please see documents as per the national archives website.

Current activity and services

Alcohol related education programmes are promoted across younger persons services.

Licensing and enforcement programmes are commissioned or delivered.

Alcohol related referral to treatment from criminal justice is bought.
Dedicated web resources are available and are promoted on lincs2alcohol.

Identification, early intervention and referral services are promoted in all front line services and are commissioned from primary care services.

Hospital based liaisons services are commissioned.

Dedicated integrated young person services are commissioned.

Specialist community treatment services are commissioned in line with ‘Models of Care for Alcohol’.

Residential treatment, rehabilitation and social care are commissioned jointly with the County Council.

Dedicated housing related support services are commissioned for people with alcohol problems.

The partnership is currently undergoing a remodel of drug and alcohol treatment services. This remodel is being done in conjunction with key stakeholders and service user representatives. For more details on the background to this and the proposed direction of travel please see the and the 2011/12 Alcohol Needs Assessment and Treatment Plan.

**Key inequalities**

No Equality or Health Impact Assessments have been completed, although a full Health Needs Assessment was completed in 2010 and is being refreshed in 2011.

Alcohol difficulties largely follow deprivation patterns, although this is in no way a simple pattern.

Women’s difficulties with alcohol are rapidly catching up with those of men, especially in younger age groups. Ethnic and cultural divides exist around alcohol risk, such as eastern European men and men from Romany and Irish traveller populations are significant Lincolnshire minorities with alcohol risk.

Highest risk populations include Lincoln City and increasingly Boston and Spalding. Alcohol related hospital admissions per 100,000 population in Lincoln City are well above both local, regional and national averages. This has been the case for the last five years. For Boston and Spalding levels are not as high as they are in Lincoln City however they have risen and exceeded the regional average for the first time during 2010/11.

**Key gaps in knowledge and services**

Accident and Emergency (A&E) systems are poor in generating information on attendees with alcohol related problems, whether as a result of injury or intoxication. Hence, this limits our understanding of the hospital related admission problems.

Whilst planned exit rates for alcohol treatment have declined recently, the main area of concern for this element of service is the penetration rate. A target dependant drinker population of over 17,000 people indicates that the potential 'case-mix' will be extensive and therefore barriers to access may be equally varied. Tackling this issue needs to be at the forefront of the Partnership's work plan over coming years.
Risks of not doing something

If the rise in risk from alcohol goes unchecked in some populations, there will be a similar increase in the burden on individuals, families and services, especially in those areas that are currently not standing out from regional and national norms.

What is coming on the horizon?

In line with the National drug Strategy (see national and local strategies section above) and best practice seen nationally, services are being remodelled along outcome focussed lines, aiming to get people into treatment at the right level and reintegrated back into society. Lincolnshire has been chosen as one of eight areas in England to test a new way of helping people with drug and alcohol problems. The scheme focusing on ‘Payment by Results’ (PbR) will mean that organisations providing treatment services in Lincolnshire will be paid based on the outcomes they achieve for people referred to them for help. This agenda will bring about significant changes over the coming years in terms of commissioning practices and service outcomes.

What should we be doing next?

For the next 12 months the main area of focus for commissioners and providers is likely to be the remodel of services and any PbR implementation. However most of the work brought about by this will be lead by Public Health commissioners and treatment services themselves.

The Partnership will work to engage more dependant drinkers into suitable treatment services, ensuring minimum waiting times and sufficient capacity across Lincolnshire. Alcohol treatment services will aim to ensure each person sees improvements in their health and wellbeing, reducing the likelihood of relapse and improving overall outcomes for individuals and communities. Work will also continue to ensure that people drinking at lower levels receive the help they need to prevent alcohol dependence from developing.