

**COMMITTEE:** HEALTH SCRUTINY COMMITTEE

**DATE:** 5<sup>TH</sup> JUNE 2007

**REPORT OF:** ASSISTANT CHIEF EXECUTIVE (STRATEGY,  
PERFORMANCE AND GOVERNANCE)

**REPORT TITLE:** REDUCING ALCOHOL-RELATED ACCIDENT AND  
EMERGENCY ATTENDANCES

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**1.0 Purpose**

1.1 This report sets out the findings of the Health Scrutiny Committee's review, *Reducing Alcohol-related Accident and Emergency Attendances*.

1.2 The report suggests a number of recommendations, which the committee is invited to discuss and agree.

**2.0 Background**

2.1 The Council's scrutiny committees each year carry out policy development reviews, looking into different areas and making recommendations to the Council's executive and other bodies, such as the local NHS.

2.2 In the preceding year the Health Scrutiny Committee focused much of its time towards commenting on the Stockport Primary Care Trust's consultation on non-acute services for older people. Accordingly, this review began in March 2007 with the intention of reporting by the first meeting of the new municipal year, and was therefore carried out over a relatively short timescale. Rather than carrying out an in-depth review of current provision and assessing different approaches, this review was carried out as an information gathering exercise, although the review panel did draw a number of conclusions, set out below.

2.3 At its meeting on the 10<sup>th</sup> October 2006 the Health Scrutiny Committee discussed performance information reported to the PCT Board which set out increases in the numbers of alcohol-related emergency admissions to hospital in Stockport. At the committee's following meeting the Director of Public Health's Special Report on Alcohol was discussed. The committee agreed that the issue of alcohol abuse in Stockport should be a focus for further scrutiny, and confirmed this view with the Stockport Foundation Trust (FT).

2.4 An initial scoping meeting with officers from the council and its partners (the PCT and Foundation Trust) confirmed that there were a number of opportunities that could be looked at in more detail. It was felt that rather than focus solely upon interventions delivered within the Accident and Emergency Department setting (from this point onwards referred to as ED), the Panel could usefully use the ED setting as a starting point for consideration of a broader range of actions. This would raise councillors knowledge of existing work to tackle this issue, and offer the Panel the opportunity to challenge partners on different areas where further action and innovation could be considered.

- 2.5 At its first meeting the Panel agreed a number of topic areas (discussed within the body of this report) and tasked the Scrutiny Officer with gathering more information for discussion at the subsequent meeting.
- 2.6 At the follow-up meeting this information was discussed by the Panel with representatives from Licensing and Community Safety within the Council, Stockport PCT, Stockport Foundation Trust, and the Police.

### 3.0 **Alcohol-related misuse: National context**

3.1 Reducing harm caused by alcohol has increasingly been recognised as a national priority, most recently within the Government's 2004 Alcohol Strategy<sup>1</sup>, the Choosing Health White Paper<sup>2</sup> (2005) and Models of Care for Alcohol Misusers<sup>3</sup> (June 2006). These three reports, and associated Prime Minister's Strategy Unit<sup>4</sup> and Department of Health<sup>5</sup> reports, set out the costs of alcohol misuse:

- 1.2 violent incidents a year (about half of all violent crime).
- Annual expenditure of £95m on specialist alcohol treatment.
- Estimated annual costs of alcohol misuse to be in excess of £15 billion.
- Up to 22,000 premature deaths per annum.
- At peak times, up to 70% of all admissions to ED are alcohol related.
- Up to 17m working days lost through alcohol-related absence each year.

3.2 The Government's Alcohol Strategy committed to tackling alcohol misuse through four main ways:

- *Better education and communication*, including making the "sensible drinking message" easier to understand; targeting messages at those most at risk; providing better information for consumers; and reviewing the code of practice for TV advertising.
- *Improving health and treatment services*, including improved training of staff to increase awareness of likely signs of alcohol misuse; piloting schemes to find out whether early intervention and treatment is cost-effective; carrying out a national audit of demand for and provision of alcohol services; and better help for the most vulnerable.
- *Combating alcohol-related crime and disorder*, including greater use of exclusion orders to ban those causing trouble from pubs, clubs or town centres; greater use of new fixed-penalty fines; working with licensees to ensure enforcement of rules on under-age sales and serving people who are drunk; and licensing door supervisors.
- *Working with the alcohol industry*, including a social responsibility charter for drinks manufacturers; and local good code of conduct schemes, led by the local authority.

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<sup>1</sup> <http://image.guardian.co.uk/sys-files/Society/documents/2004/03/15/alcoholstrategy.pdf>

<sup>2</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)

<sup>3</sup>

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4136809.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4136809.pdf)

<sup>4</sup> [http://www.number10.gov.uk/files/pdf/SU%20interim\\_report2.pdf](http://www.number10.gov.uk/files/pdf/SU%20interim_report2.pdf)

<sup>5</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139556](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556)

3.3 More recently, Models of Care for Alcohol Misusers sets out guidance on the development of local multi-agency systems for identification and treatment of alcohol misuse. Within a four-tier approach this includes the need for simple Tier One services. These interventions include provision of identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions<sup>6</sup> to reduce alcohol-related harm; and referral of those with alcohol-related dependence or harm for more intensive interventions.

3.4 These can be delivered by a very wide range of agencies and settings, the main focus of which is not alcohol treatment, such as A&E departments, homelessness services, and police settings, or highly specialist non-alcohol specific services which have service users with high level of alcohol-related morbidity, such as specialist liver disease units.

#### 4.0 **Alcohol-related misuse: Stockport context**

4.1 Within Stockport alcohol has also been recognised as an increasingly important area for partnership working. This is reflected in the Director of Public Health's decision last year to publish a Special Report on the Health Impacts of Alcohol. The report made the following key points:

- Increased public concern about the negative impacts of alcohol.
- Drinks becoming stronger in recent years, and existing misconceptions about safe drinking levels.
- Despite Stockport having a prevalence of alcohol-related hospital admissions lower than that for the Northwest as a whole, Stockport's rate of increase is greater (for men by 32% and for women by 88%).
- Binge drinking appears to be a particular problem for Stockport and is positively related to deprivation and young age.
- Within Stockport, over 1995-2005, the total crude mortality rate for alcohol-related deaths for Brinnington was 36.4 per 10,000 population, compared to the borough average of 11.4.
- The 2005/06 Stockport Lifestyle Survey showed, superficially, much higher levels of hazardous and harmful drinking than the national figures published by ONS. The survey indicates that 8.1% of males and 3.0% of females are 'heavy drinkers' (drinking more than 50 units in the last week for men and 35 units for women). Overall, 43% of male drinkers and 24% of female drinkers had drunk over twice the recommended daily amount in the previous week.
- In Stockport currently around £350-400,000 is spent annually by the PCT and Council on specialist alcohol treatment services.
- It is estimated that annual costs due to alcohol misuse, excluding specialist treatment services total nearly £15 million a year in Stockport. The Director suggests that this estimation could be 'the tip of the iceberg' given that these figures solely relate to numbers relating to A&E and hospital admissions, and do not relate to long term costs like policing, prison costs, or the impact of crime on victims.

4.2 The Director states that we have a responsibility to seek to influence the ~~drinking behaviour~~ of the whole population in Stockport. Tackling alcohol

<sup>6</sup> A 'simple brief intervention' is usually provided by a competent practitioner in about five minutes, immediately following a screening assessment or in another 'teachable moment' (an occasion when a person is likely to respond, e.g. in A&E). Simple advice may include information about the harmful effects of alcohol; emphasis of the individual's responsibility for change; attempts to increase the patient's confidence; goal setting; signposting; and arrangements for follow-up.

misuse could be a key lever for improving our effectiveness in addressing many of the important social and health issues in the borough. The Director made the following recommendations:

- That simple screening and brief interventions be introduced in appropriate situations including GP surgeries, A&E and police stations.
- The adoption of social marketing techniques in addressing alcohol use and promoting safe drinking.
- That the Council takes active steps to develop the evening economy so as to make a night out in Stockport safer, healthier and more attractive.
- That the PCT and Council develop a strategy for the promotion of emotional well-being.
- That the implications of his report for the commissioning of drug and alcohol services be identified and addressed.

- 4.3 The Director of Public Health's report also offered further analysis of alcohol-related attendances at Stepping Hill. Data from Stepping Hill Hospital's A&E Department shows that between 2000/01 and 2005/6:
- The number of attendances of Stockport residents due to intoxication or alcohol poisoning increased by 211% to 339 cases
  - The rate of attendance of Brinnington and Central ward residents at A&E as a result of the above complaints, (176.3 per 10,000 population) is over four times the borough average
  - Analysis of under-18 year olds attending A&E as a result of 'intoxication' or 'alcohol poisoning' over the same time period also shows Brinnington and Central ward residents were the largest group with 112.9 per 10,000 (under 18) population. This was more than double the borough average rate.

- 4.4 Analysis of admissions to Stepping Hill Hospital (Stockport residents) between 1998/9 and 2005/6, where the primary diagnosis is alcohol related, shows that:
- While the numbers were fairly stable between 1998/9 and 2002/3, the last three years saw an increase of 102%, to a total of 417 admissions in 2005/6. 85% of such cases were emergency admissions.
  - Analysis of the above data by ward shows that Brinnington and Central ward had the highest rate of such admissions, at 217.5 per 10,000 population. This is nearly three times than the Stockport borough average rate.

- 4.5 The Panel discussed Stockport's current alcohol strategy. In summary, this strategy includes:
- A review of existing provision of alcohol services, due to report in Summer 2007.
  - A proposal for a project to introduce screening and brief interventions in primary care, A&E and criminal justice settings to be considered as part of the PCT's Local Delivery Plan.
  - A pilot social marketing project to promote healthier drinking levels.
  - A draft A&E alcohol strategy.
  - A Dual Diagnosis Strategy looking at addressing alcohol and mental health illness together.
  - Development of further data and analysis to target issues identified in Brinnington.
  - Development of the town centre evening economy.
  - A report to the Licensing Committee providing information about alcohol-related crime in order to inform future licensing considerations.

- Outcome performance indicators for the alcohol strategy.

## 5.0 Topic Areas

### *Implementation of the Stockport NHS Foundation Trust draft A&E Alcohol Strategy*

- 5.1 The Stockport FT have recognised that there is the potential for greater activity within the ED to support reducing alcohol misuse. During the course of the review the FT revised a draft alcohol strategy for the ED which was discussed at the panel's second meeting<sup>7</sup>. The draft strategy recognises that "clinically, there is very limited activity within the ED regarding alcohol habits or misuse":
- Patients are not routinely asked about alcohol consumption nor given routine health advice regarding alcohol misuse.
  - Health promotion literature is only intermittently available in the waiting areas.
  - Liaison with alcohol services is limited. The three appointments with the Alcohol Liaison Nurse have been poorly utilised and are currently reduced to one appointment only; there are no guidelines as to which patients to refer.
  - There are no clinical guidelines or teaching/training relating to the treatment of hazardous or dependent drinkers nor on the management of adolescents with problem drinking.
- 5.2 The draft strategy discusses the evidence base, concluding that:
- There is considerable potential for growth in the screening, identification and referral of individuals within the ED setting.
  - ED attendance provides an opportunity to help patients develop insight into the consequences of their drinking.
  - There is an opportunity to work in partnership with the PCT and Council to assist wider efforts to reduce alcohol misuse.
- 5.3 The proposed action points within the draft strategy include:
- Identifying medical and nursing alcohol awareness champions.
  - Improving data collection by establishing links between the ED's information department and relevant local authority and Primary Care Groups; agreeing a core ED 'alcohol' data set to be developed and implemented; and carrying out staff training undertaken to ensure consistency of identification of alcohol related attendances, data recording and coding.
  - Implement routine screening for hazardous drinking of all patients over the age of 14 using the 'PAT questionnaire' who present.
  - In conjunction with the PCT's health promotion unit and the Community Alcohol Team develop a rotating display of sensible drinking messages and national and local alcohol services contacts for the ED waiting room and provide relevant health promoting leaflets.
  - Liaison with other services, including developing a mechanism for informing GPs of positive alcohol screening results; increasing staff awareness of local and national alcohol services via staff training; and ensuring relevant local services aware of and support the ED alcohol strategy.
  - Measures for treatment of hazardous and dependent drinkers.

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<http://interactive.stockport.gov.uk/edrms/committeeminutes/document.ashx?id=24653&pg=1>

- Include alcohol awareness training, incorporating all above policies and guidelines into staff training programmes.
- Evaluation and revision of the ED alcohol strategy

The Panel was pleased that the Foundation Trust had responded to the increase in alcohol-related admissions and recognition of the importance of this agenda within Stockport by developing the draft strategy. The Panel recognised that the strategy is draft at this stage, but heard that elements of the structure would be in place by August 2007.

**Suggested recommendation: That a progress report on the implementation of the FT's alcohol strategy be provided to the Health Scrutiny Committee by the end of the current municipal year.**

*Improved information sharing between ED and partners*

- 5.4 The Panel also discussed the role EDs can play in the collection and analysis of alcohol-related crime and disorder data. Reports received by the committee<sup>8</sup> argued that the NHS can contribute distinctively and effectively to Crime and Disorder Reduction Partnerships (CDRP) by sharing (electronically) simple ED data about precise location of violence and disorder, weapon use, assailants and day/time of violence.
- 5.5 Within Stockport for approximately five years the Foundation Trust has provided quarterly reports on patients who have been assaulted and patients who present with an alcohol related problem. Both reports are emailed to the Community Violence Prevention Department. An assault data set is generated if the patient discloses to the ED receptionist that they were assaulted. This gives the following details:
- Presenting complaint
  - Type of incident
  - Age
  - Sex
  - Mode of arrival
  - Incident date
  - Date attended
  - Diagnosis
  - Location of incident (not always entered as patient may not disclose)
  - Where – a description by the patient (not always entered as patient may not disclose) this information appears on the front of the ED card
  - What happened – a description by the patient
  - Why – a description by the patient (the patient may not want to disclose or the receptionist may not feel it appropriate to ask)
  - Department method – identifies any follow-up
- 5.6 The alcohol data set give the following details:
- Presenting complaint

<sup>8</sup> *Alcohol-related crime and disorder data: guidance for local partnerships*, Home Office (2003) and *The Role of Emergency Departments in Community Violence Prevention*, Department of Health 2004, summarised at <http://interactive.stockport.gov.uk/edrms/committeeminutes/document.ashx?id=24654&pg=1>.

- Type of incident – this identifies where it happens
  - Age
  - Sex
  - Mode of arrival
  - Incident date
  - Attendance date
  - Diagnosis
  - Where it happened
- 5.7 The Community Safety Team also monitor information from the North West Ambulance Service Trust. Currently the Safer Stockport Partnership is able to map assaults using ambulance data, but not A&E data, as 'location of incident' is rarely reported.
- 5.8 Recording whether an incident is alcohol related is a complex matter and relies to some extent on the subjective assessment of the Triage Nurse and/or treating clinician. However, officers within the Community Safety Team feel that this would be useful information to monitor, and indeed would only require assessment that alcohol was a factor in the assault, rather than evidence that the victim or offender was definitely drunk. This may require a change to the triage assessment, and monitoring of triage, with attached resource applications for training and workload.
- 5.9 Additionally, accurate information about people going into A&E could assist Licensing target premises or causes. For example, if there are increases in "glassing" woundings then Licensing could look into encouraging use of plastic glasses. If there was an increase in younger people being hurt at identified premises then Licensing might be able to require an over-21's policy.
- 5.10 At the Panel's initial meeting a discussion took place regarding the gathering and sharing of information by the ED with the Police, PCT and Council. Partners made clear that they would find it very useful if the ED could record the location of any alcohol-related incident.

The Panel recognised that within the ED treatment of the patient should always be the highest priority, but agreed that the FT should provide more detailed information on 'location of incident'. The Panel was pleased to hear that an offer of training by the Safer Stockport Partnership Analyst had been made to support this work, and noted the commitment made in the FT's draft strategy to agree a 'core ED alcohol set' with partners.

**Suggested recommendation: That the 'core alcohol data set' being developed by the FT include information about location of incident.**

*Street cleaning*

- 5.11 Street cleaning is discussed within Home Office guidance and other best practice sources as one of the tools which can contribute towards reducing alcohol-fuelled disorder. Examples included portable bottle banks or urinals. At its first meeting the Panel had requested further information relating to scheduling street cleaning to correspond with peak alcohol-misuse periods. However, desk based research did not identify any local authorities who had proactively increased street cleaning at peak periods (e.g. 9pm – 3am) to reduce alcohol related disorder, instead only, like Manchester, to cope with increased volume of litter. One example from

Manchester Council was to use licensing powers to place cleaning conditions upon city centre pubs and bars.

- 5.12 Despite this, at the final Panel meeting the Inspector representing the Police suggested that a low-level 'tidying service' could have a positive impact, and support the Stockport Safe town centre policing operation by creating a cleaner and safer environment. This would not be an intensive 'sweep' but one or two individuals on hand to ensure that bottles, glasses and other potentially dangerous litter was cleaned away throughout the evening and early night-time period..

**Suggested recommendation: The Panel felt that Environmental Services should look into piloting a low-level 'tidying service' to support the Stockport Safe initiative.**

#### *Licensing*

- 5.13 The Panel heard that in February 2007 the Licensing Environment and Safety Committee received a report focusing upon assaults and anti-social behaviour. It was intended that this analysis would provide a clearer understanding of the extent and nature of alcohol related crime and disorder in Stockport, informing future decisions regarding licensing. Recommendations emerging from this report included:

- 1) Work with Police to identify ways of improving use of alcohol related marker.
- 2) Further work with Accident & Emergency department to:
  - develop the recording of the alcohol related attendances
  - introduce targeted screening for alcohol misuse in A & E attendances
  - explore potential for implementation of brief interventions to address alcohol misuse.
- 3) Police, Fire Service and Licensing to undertake further joint monitoring and enforcement work targeting the Town Centre hotspot area during peak times / days.
- 4) Consultation with licensed premises within the Town Centre hotspot area (include take-aways and restaurants) to identify areas for improved working to reduce the number of offences occurring.
- 5) Undertake regular monitoring of wounding offences in licensed premises to identify a top 20 premises throughout the borough, and negotiate with licensees to agree actions to improve management and reduce risk.
- 6) Look at current practice of licensed premises in the hotspot area – do they have weapon bins, use safety glass or allow bottles and glasses to be taken from the premises?
- 7) Explore use of street cleaners in hotspot areas to remove items that may be used as weapons (eg bottles and glasses) at peak times/days.
- 8) Continue policing operations in hotspot area. Providing a police presence during peak times to diffuse situations and remove problem



individuals from the area therefore reducing risk of more serious offences occurring.

9) The scheduled review of the licensing policy should consider latest research and best practice in other areas and how this may be incorporated into Stockport's licensing policy and its implementation.

10) Underage sales enforcement should be targeted based on active intelligence gathering and identified hotspots for anti social behaviour

11) Outcomes of test purchasing and under age sales enforcement activity should be reported to the Licensing Committee on a regular basis.

12) Explore feasibility of Police and Trading Standards piloting the tracing of alcohol containers that have been confiscated from under 18's to identify and prosecute businesses and individuals responsible for sales.

13) The licensing committee should take into account the information identifying hotspots for woundings, criminal damage and anti-social behaviour in its licensing decisions (in accordance with Section 17 of the Crime and Disorder Act 1998), and applicants for premises licenses or variations of such should be made aware if the premises are in, or close to, a hotspot area, to help them in developing their management plan.

5.14 The Panel was pleased to hear that the Council's licensing staff work closely with the Police. Often they Police raise problems that arise which licensing can follow up. By October 2006 the Police had already asked for a review of one premises' licence. The Panel heard that it is expected that this partnership working will increase, as each partner comes to more fully understand the other's role under the new powers. One example included the Head of Environmental Health meeting with the Town Centre Inspector to plan a joint enforcement approach around part of the Town Centre in the run up to the Christmas/ New Year period, known as the Stockport Safe initiative (see below).

At the Panel's second meeting the Head of Environmental Health gave a progress report on the recommendations set out above. The Panel was pleased to note progress and made the additional comment that meetings to be held with landlords and the police should include input from the ED to explain the impact of alcohol-related misuse on the hospital.

#### *Stockport Safe*

5.15 Stockport Safe is a joint initiative created between GMP staff and the Council, including the Trading Standards department. This comprised an operation located in the Stockport town centre area, encompassing Market Place, St Petersgate, Grand Central and parts of Wellington Road South. Static patrols were placed outside strategic locations to maximise impact, e.g. Grand Central, Pure on Fletcher Street, SK One on St Petersgate, Cobdens on Wellington Road South and also Market Place.

5.16 The first stage of the operation, in the run up to Christmas 2006, is felt to have been successful, corresponding with reduced assaults, robberies and anti-social behaviour, and increased public order crimes directly related to the strategically placed static patrols. The Panel heard that funding for continuing Stockport Safe has been provided via the Safer Stockport

Partnership, which will allow for a number of additional police officers on overtime at peak periods.

The Panel, which included councillors who had taken up the Police's offer of a tour of the Town City during the night time operation of the initiative, felt that the initiative was an excellent example of partnership working.

#### *Brief interventions*

- 5.17 The Panel heard that in response to the Director of Public Health's special report funding had been allocated within the PCT's current Local Delivery Plan to develop and deliver an Alcohol Screening and Brief Interventions (ASBI) Project.
- 5.18 This service will deliver a number of key features to introduce screening and brief interventions, in a range of settings, in Stockport:
- Training the people identified to undertake screening and /or brief interventions.
  - Delivery of the brief interventions.
  - Systematic recording of the screenings, results and any further action taken, and informing GP practices of the activity in relation to their patients.
  - Data collation and analysis.
  - Management information feedback and action.
- 5.19 The project will be a part of a broader-based screening and brief interventions service. By joining with other issues the PCT hopes to achieve a more joined up approach, leading to a more efficient, patient focussed and flexible service. Hazardous and harmful drinkers are more likely to smoke than the general population, and many drinkers will also have low-level mental health and other 'lifestyle' issues, so there would be merit in providing a 'one stop' brief interventions service.
- 5.20 A small team will develop systems and build the capacity of existing services for delivery of 'tier 1 and tier 2' alcohol misuse interventions, including training staff and medics in A&E, primary care and criminal justice settings to undertake alcohol screening, based on the well-validated AUDIT tool, and provide basic information, advice, and referral. The team will consist of one 'Tier 2 co-coordinator', based on the model in place for young people in the Mosaic service, working with two alcohol brief intervention workers and administrative support, within the larger brief interventions service.

#### *Mobile triage and treatment units*

- 5.21 At its first Panel meeting councillors and officers expressed interest in a 'wet-zone' project being delivered in Oldham. As a result, two case studies were presented to the subsequent meeting.
- 5.22 Oldham Minor Injuries Unit is a mobile treatment centre which operates in Oldham Town Centre at priority times and locations. This project was created in 2004 in order to provide a triage and treatment service in the town centre to deal with minor injuries. It was hoped that this would reduce the pressure on A&E. This work was driven by the Community Safety Unit following attendance by officers at a conference, at which a similar scheme in Swansea was discussed. The desire to implement the

good practice was also driven by a Local Public Service Agreement target to reduce ambulance calls to the town centre.

- 5.23 Despite initial interest and support from the PCT, the project is funded by the Council via a service level agreement (SLA) with the St. Johns Ambulance Trust (a first aid charity). The mobile unit, purchased using Neighbourhood Renewal funding, is retained by the Ambulance Trust for training and other purposes whenever they are not required to provide services under the SLA. The start-up costs to the Council were approximately £50,000. The service is staffed by four volunteers at no cost to the Council.
- 5.24 In the project's first period of operation 38 people were treated, with only 3 required to be referred to hospital. Currently, approximately 5-6 people are treated each evening the Unit is in operation. The project runs at priority times (Friday and Saturday nights) but also on other occasions such as sports events.
- 5.25 Despite initial negative publicity (the unit was dubbed a "Field Hospital" in the press) the unit has since been widely praised as good practice, and is felt to offer an excellent service within Oldham at a low cost of residents.
- 5.26 In Newcastle-upon-Tyne in November 2005, to coincide with the beginning of the new licensing regime, the health service commissioned a 'hangover hospital', a makeshift field clinic to deal with minor alcohol-related injuries<sup>9</sup>. The health service initiative was backed by the police and aimed to reduce the expected increase in pressure on accident and emergency departments on the first weekend following extended licensed premises opening hours. It is estimated that around 80% of emergency admissions on Friday and Saturday nights at hospitals across the country are currently alcohol-related. The clinic is situated on the Quayside, which is a famous night-spot for partygoers, and is open on Friday and Saturday nights from 8pm to 8am offering trolleys, stretchers, toilets, water and medical treatment to drunken patients for minor injuries. The centre is staffed by volunteers from St. John's Ambulance and the Red Cross, as well as the ambulance service and an A&E doctor. On the first night of its operation on 25 November 2005, 11 patients, including five who had drunk themselves unconscious received treatment.
- 5.27 The North-East Ambulance Service felt it had been a huge success and had relieved pressure on ambulances and hospital staff and on waiting times. An additional benefit of this approach was that the hospital's Accident and Emergency Department did not have to deal with any alcohol-related injuries over the weekend. A unique aspect of the project was that every patient was provided with information and a follow-up call about the dangers of excessive drinking. The project was funded by the primary care trust from a special initiative fund, however there was no long term funding for it and doctors have expressed the view that such field hospitals should be funded by the drinks industry.

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<sup>9</sup> Reported with Stoke-on-Trent's scrutiny review of reducing alcohol-related violent crime in town centres (2006):  
<http://www.cfps.org.uk/reviews/item.php?mainID=2&itemid=1932>.

Currently, Stockport does not have an equivalent service. At its second meeting the Panel questioned whether the volume of alcohol-related disorder, and resulting accidents and emergencies, was great enough to warrant such a service. The Panel discussed whether a more useful service could be to provide information and advice within the Town Centre during peak drinking hours; or simply to provide a 'safe haven' area that was well-lit, under CCTV, and a safe place for the drunk or vulnerable to recover prior to making their way back home.

**Suggested recommendation: That the Alcohol Crime Incident and Disorder (ACID) group should assess the value in deploying a similar mobile triage and treatment service or provision of a 'safe haven' within Stockport Town Centre.**

*Social Marketing project*

- 5.28 Finally, the Panel discussed the currently social marketing project being developed by the PCT. As part of the response to the concern about levels of alcohol consumption and related harm in the borough, Stockport PCT is developing a pilot 'Social Marketing' initiative to address alcohol misuse, alongside similar initiatives on smoking and sexual health.
- 5.29 Social Marketing is defined as 'the systematic application of marketing alongside other concepts and techniques, to achieve specific behavioural goals, for a social or public good'<sup>10</sup>. It brings together the expertise of social policy with that of marketing, and it challenges traditional health promotion work, which is criticised for starting with a message and then seeking to find ways of delivering it – basically telling people to change their behaviour. Social marketing, instead, begins with seeking to understand the individual, and why people maintain 'unhealthy' lifestyles - recognising that 'significant people, social norms, culture and environment are major drivers of behaviour'<sup>11</sup>.
- 5.30 The recommendations arising from the scoping report include a key recommendation that the introduction of alcohol misuse screening and brief interventions (described above) should be the cornerstone of the strategy for addressing hazardous and harmful drinking in Stockport. Further research is planned to developing understanding of the motivations of key groups of drinkers.
- 5.31 The social marketing project will provide the information and understanding needed to develop communication media and services that are appropriate and appealing to the key population groups that need to be engaged. This will be complemented by current research work with clients of the Community Alcohol Team and Mosaic service, as part of the PCT-led Alcohol Services Review.

**Suggested recommendation: That the Health Scrutiny Committee receive a progress report on the social marketing project later in the year.**

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<sup>10</sup> Dr Jeff French, Director, National Social Marketing Centre in presentation to Medical Marketing Group: Feb 2007

<sup>11</sup> As 4 above

## **6.0 Summary and Recommendations**

6.1 In summary the Panel discussed a wide breadth of work, and was satisfied that the existing range of initiatives and partnership working demonstrates commitment to tackle alcohol-related crime and disorder, and alcohol misuse.

### **6.2 Suggested recommendations include:**

- **That a progress report on the implementation of the FT's alcohol strategy be provided to the Health Scrutiny Committee by the end of the current municipal year.**
- **That the 'core alcohol data set' being developed by the FT include information about location of incident.**
- **The Panel felt that Environmental Services should look into providing a low-level 'tidying service' to support the Stockport Safe initiative.**
- **That the Alcohol Crime Incident and Disorder (ACID) group should assess the value in deploying a similar mobile triage and treatment service or provision of a 'safe haven' within Stockport Town Centre.**
- **That the Health Scrutiny Committee receive a progress report on the social marketing project later in the year.**

### **Further information**

To discuss this report or for further information please contact Andrew BurrIDGE, telephone number 0161 474 or by e-mail on [andrew.burrIDGE@stockport.gov.uk](mailto:andrew.burrIDGE@stockport.gov.uk).