

# Stockport Provider Partnership Report: Alcohol Related Harm

<b>Report To (Meeting):</b>	One Stockport Health and Care Board		
<b>Report From (Executive Lead)</b>	Karen James, Chief Executive, Stockport NHS Foundation Trust		
<b>Report From (Author):</b>	Annie Lowe, Public Health Registrar (SRO Alcohol Related Harm), Stockport Council/ Stockport NHS Foundation Trust		
<b>Date:</b>	22 January 2025	<b>Agenda Item No:</b>	8
<b>Previously Considered by:</b>	N/A		

<b>Decision</b>		<b>Assurance</b>		<b>Information</b>	<b>X</b>
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**Purpose of the report:**

- To provide an update on the Alcohol Related Harm workstream of the provider partnership.

**Key points (Executive Summary):**

**Introduction**

Alcohol is a leading cause of preventable death and disability in the UK, with alcohol consumption recognised as a significant contributing factor to hospital admissions in a diverse range of conditions<sup>i</sup>. On average, there are 140 deaths per year in Stockport that are alcohol related, and we have a higher level of alcohol specific mortality compared to the national average<sup>ii</sup>. But this is just the tip of the iceberg, whether through violent crime, the impacts of alcohol on families and children, or the harms of alcohol in pregnancy, many more Stockport residents will fall victim to the harms caused by alcohol. Alcohol-related harm is one of the four priorities of the provider partnership.

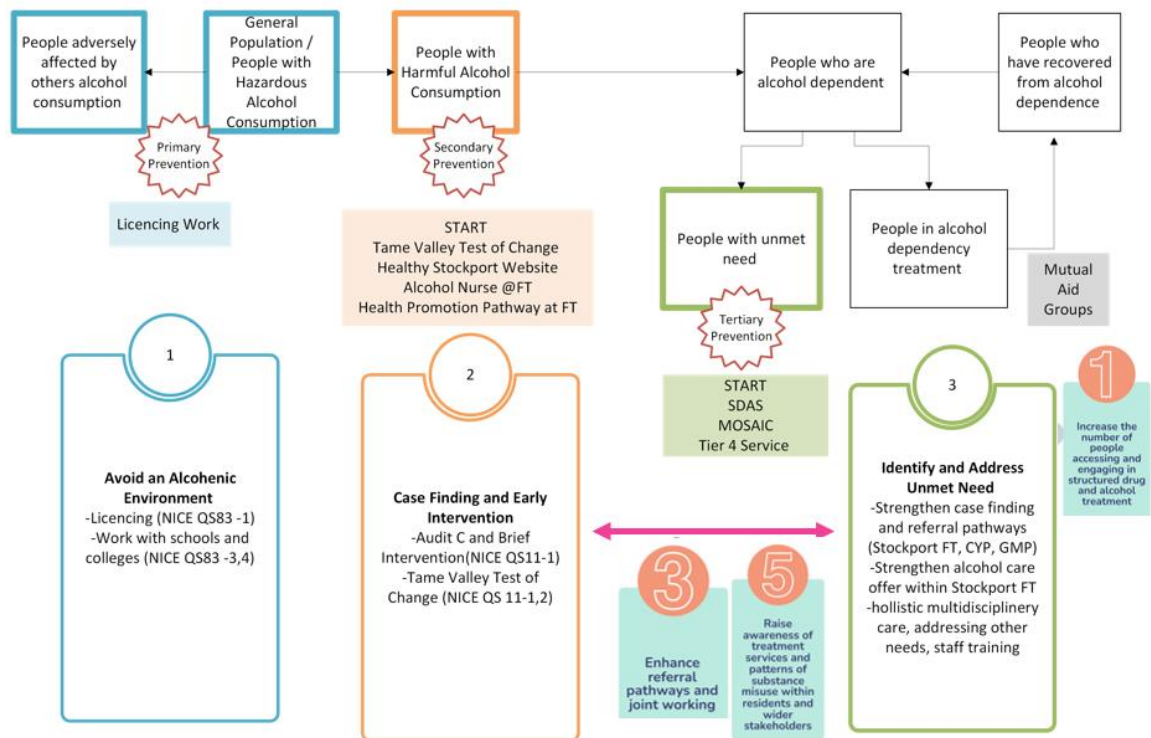
**Developing our approach**

- The Alcohol related harm (ARH) work programme is comprised of 3 preventative workstreams, that focus on primary, secondary and tertiary prevention.
- The approach has been informed by local need, national guidance and the evidence base.
- It intends to complement existing offers/services and utilise the assets available across the system.
- By mapping the groups of people who experience alcohol harm, and the existing services, we identified where the provider partnership could add the most value and devised a series of work streams accordingly.



- The interventions align with NICE guidance and the recommendations of Stockport's 2024 Drugs and Alcohol Needs Assessment (1,2, 5 -see figure 1 below)

Figure 1: mapping exercise of the population groups who experience alcohol related harm and existing services/assets



### Taking a system wide approach

Phase 1 of our approach is split into the following 3 workstreams:

- **Licencing:** support the revision of Stockport Council's licencing policy to improve the focus on harm reduction, within the scope of current legislation, and provide a public health lens to licencing applications and submit representations where appropriate.
- **Community Care:** support Brinnington Area Leadership Team's Alcohol related harm test of change and enable learning and expansion.
- **Stockport FT:** support Stockport NHS Foundation Trust to strengthen alcohol care pathways through case finding using Audit C, brief intervention and referrals to appropriate services.
- We also collaborate with Greater Manchester (GM) colleagues to influence and align with the GM alcohol related harm strategy

Alcohol related harm is a large and complex public health issue. We acknowledge that phase 1 is the start of a journey to address alcohol harm, and that there are many more opportunities.

## Health Inequalities

- Addressing health inequalities is central to our approach.
- Alcohol related harm is not felt equally across society; higher rates of deaths from alcohol and higher rates of alcohol-related hospital admissions have been reported in areas with higher levels of deprivation, despite similar or lower levels of alcohol consumption when compared to less deprived areas<sup>iii</sup>. Therefore, measures to reduce alcohol-related harm also tackle health inequalities.
- In addition, people who are alcohol dependent are an inclusion health group and can experience stigma, multiple disadvantage and poor physical and mental health. Therefore, we must take a holistic and tailored approach, to meet the needs of individuals and communities.

We are addressing health inequalities by:

- Using licensing to avoid an alcohol environment: limiting the physical availability of alcohol is one way to reduce alcohol harm and health inequalities.
- Supporting tailored, neighbourhood interventions in Tame Valley, one of Stockport's areas with significant health needs, and alcohol harm.
- Improving alcohol care in the acute Trust, recognising that people from more deprived neighbourhoods are more likely to utilise acute services, rather than elective care, and use their attendances as an opportunity to identify and address unmet need and prevent alcohol harm.

## Licensing

Local authorities have a role to play in controlling the availability of alcohol through the licensing act. Public health are a responsible authority meaning that they can:

- Submit a representation against an alcohol licence application
- Negotiate conditions of an alcohol licence e.g. opening times
- Support other responsible authorities by providing evidence of alcohol harm
- Support the development of the licencing policy to strengthen the approach to reducing alcohol harm

Progress to date:

- We are actively involved in reviewing licensing applications. Between January – November 2024, public health reviewed 48 licensing applications. Of these:
  - 12% (n=6) required public health involvement
  - 4% (n=2) required a representation to be submitted
  - 8% (n=4) of the licensing decisions were influenced by public health (directly or by supporting other responsible authorities).
- We have built good relationships with other responsible authorities, including the police and environmental health, to strengthen representations against alcohol licences where appropriate.
- We have reviewed the evidence, and identified examples of best practice, to inform the public health recommendations for the licensing policy.

- Public health intend to work closely with the licensing team in shaping the next licensing policy and to develop a multidisciplinary working group to support collaborative working on representations.

Next steps:

- Work with licensing to set up a multidisciplinary licensing review group, agreed to commence in January.
- Agree a work plan for the revision of the licensing policy
- Continue to be involved in licensing decisions, monitor public health activity and collate learning.
- Explore the opportunity to develop a data matrix to be used to help to inform representations.

### **Tame Valley Area Leadership Team: Alcohol Related Harm Test of Change**

Tame Valley's Area Leadership Team have identified alcohol related harm as the priority for their population health plan. Their community intervention to reduce alcohol related harm includes:

- The launch of 3 local peer support groups led by volunteers, with lived experience, and based in the community
- Staff Alcohol Related Harm (ARH) training including SMILE and Stockport Homes
- Developing a proactive referral pathway to alcohol services at Brinnington Surgery
- Social prescribing for people post treatment
- Hepatitis C Case Finding Trial Day
- Linking Team Around the Place (TAP) into the reception teams at GP surgeries to support signposting to services

The partnership are working to support:

- Working with district nurses to strengthen referral pathways to services, and upskill staff to feel confident to engage in Make every contact count (MECC) conversations (trailing in Brinnington with a view to expand across system and community services)
- Supporting the design of ARH workshop to increase engagement and progress the workplan, e.g. expansion across Tame Valley
- Exploring opportunities for evaluation and sharing learning

Next steps:

- Explore opportunities to expand the existing work, and replicate, in Heaton Norris and on Lancashire Hill
- Explore opportunities to evaluate the work
- Support the delivery of an ARH workshop
- Support and enable opportunities to engage and work with system partners

### **Stockport Foundation Trust: Case Finding, Brief Intervention and Addressing Unmet Need**

Stockport FT (SFT) has above average alcohol related admission. In 2021/22 there were 5662 alcohol related admissions and 2375 alcohol specific admissions. Despite this increase in demand for services, Stockport is an outlier within GM, with only 1 part-time alcohol nurse, working in ED, rather than the recommended 7-day alcohol care team.

In Stockport, unmet need is 70%, this equates to approximately 2000 individuals who would benefit from professional help for their alcohol dependence, but who are not currently known to services. When members of the community use acute services there is an opportunity to direct them to the help they need. However, referrals from SFT to community drugs and alcohol services have been declining since 2021.

Progress to date:

- A working group has been agreed and will be launched January 2025
- A gap analysis is underway to identify the gaps in existing provision, compared to NICE standards and the alcohol care team service specification, and inform next steps.
- A joint project with the Violence Reduction Unit has been launched to improve the quality of data captured in the emergency department, in relation to Audit C and Trauma and Injury Intelligence Group (TIIG) to improve patient safety, and support public health strategy and licensing decisions.
- There is a pilot underway to increase compliance with the health promotion pathway on the wards, and increase the number of referrals to community services, using a cascade training model and health and wellbeing champions.
- A grant proposal has been submitted for £75,000 to implement an alcohol-harm intervention on the gastroenterology ward (results pending).
- Conversations have been had to explore 'what good looks like' in terms of alcohol care teams across GM and explore what Stockport needs.
- A new alcohol withdrawal pathway has been developed with commitment for training to be mandatory.

Next steps:

- Launch the alcohol related harm working group to focus on: increasing Audit C completion and referrals to community care, contingency planning in the absence of service and improving data collection and quality
- Conversations with GM to discuss alcohol care teams/hospital provision.
- Completion of locality sustainability plan outlining the gaps in current alcohol care provision.
- Ensure prevention is embedded in the alcohol withdrawal pathway and associated training.

**Recommendation:**

- The Board is asked to **Note** progress and support the direction of travel and development of the provider Partnership workstreams.

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<sup>i</sup> Office for Health Improvement and Disparities. Public health profiles. 2024 <https://fingertips.phe.org.uk/> © Crown copyright 2024

<sup>ii</sup> Stockport Drugs and Alcohol Needs Assessment 2024

<sup>iii</sup> Probst C., Kilian C., Sanchez S., Lange S., Rehm J. The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review. *Lancet Public Health* 2020; 5(6): e324–e332. Available from [https://doi.org/10.1016/S2468-2667\(20\)30052-9](https://doi.org/10.1016/S2468-2667(20)30052-9).

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