

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	17 January 2018
Title:	Alcohol Nurse Service Grants
Report From:	Director of Public Health

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1. Recommendation(s)

- 1.1. To approve a grant up to a maximum of £70,000 to University Hospital Southampton NHS Foundation Trust (UHST) towards Alcohol Nurse Services for two years from 1 April 2018.
- 1.2. To approve a grant up to a maximum of £126,350 to Portsmouth Hospital Trust towards Alcohol Nurse Services for two years from 1 April 2018.
- 1.3. To delegate the final decision for specific funding amounts to the Director of Public Health, in consultation with the Executive Member. This will not exceed the maximum amounts stated in 1.1 and 1.2 and will be monitored and managed within the value of the confirmed annual budget approved by Full County Council in each of the years.

2. Executive Summary

- 2.1. The purpose of this paper is to request approval of grant funding (for two years from 1 April 2018) to continue to provide Alcohol Nurse Services to Hampshire residents accessing University Hospital Southampton NHS Foundation Trust (UHST) and Portsmouth Hospital Trust (PHT).
- 2.2. The aim of Alcohol Nurse Service in acute hospitals is to minimise alcohol related harm, identify and intervene with alcohol problems early and to reduce demand on acute hospital services
- 2.3. This paper seeks authority to award grants to University Hospital Southampton NHS Foundation Trust and Portsmouth Hospital Trust for the continuation of Alcohol Nurse Services from 1 April 2018 for two years until 31 March 2020. The maximum amount of grant funding to be made available for 2018-20 is £196,350

2.4. The funding for these grants is already included, on a recurring basis within the Public Health budget for 2018/19 and 2019/20 and represent maximum levels of funding over the two year period. It is expected that further reductions of between 5-10% will be made by year two as part of the anticipated savings to the Public Health Grant by 31 March 2020.

3. Contextual information

- 3.1. The aim of Alcohol Nurse Service in acute hospitals is to minimise alcohol related harm, identify and intervene with alcohol problems early and to reduce demand on acute hospital services. This service is evidence-based and delivers on a range of Public Health outcomes¹.
- 3.2. Hospitals serving the Hampshire population (University Hospital Southampton NHS Foundation Trust, Frimley Health NHS Foundation Trust, Portsmouth Hospital Trust and Hampshire Hospital Foundation Trust) were commissioned by Hampshire Primary Care Trust and latterly Hampshire County Council to provide Specialist Alcohol Nurse Services since 2009. Hampshire County Council inherited contracts for Specialist Alcohol Nurse Services at each of the hospitals providing emergency medical services for the residents of Hampshire as part of the transfer of public health responsibilities as of April 2013.
- 3.3. Each Alcohol Nurse Service in Hampshire assesses over 200 (Hampshire) patients a quarter.
- 3.4. This paper seeks grant approval for the County Council to contribute towards the established services in Southampton and Portsmouth and enable them to be maintained for the benefit of the residents of Hampshire who are the geographic responsibility of the County Council's public health team. Commissioning arrangements for Hampshire Hospitals and Frimley Park Hospital are being dealt with separately.
- 3.5. The public health team continue to work in partnership with Hospital Trusts, Local Authorities and Clinical Commissioning Groups (CCG).

4. Finance

- 4.1. The grant for Alcohol Nursing Services at University Hospital Southampton NHS Foundation Trust (UHST) is £35,000 per annum.
- 4.2. The grant for Alcohol Nursing Services at Portsmouth Hospital Trust (PHT) is £63,175 per annum.
- 4.3. The total grant allocation requested for 2018/19 and 2019/20 is up to a maximum of £196,350.

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf.

- 4.4. The funding for these grants is currently included at the above levels, on a recurring basis within the Public Health budget. Whilst a maximum funding level for the two years has been estimated for this approval the annual spend will need to be monitored and managed within the value of the confirmed annual budget approved by Full County Council in each of the years.
- 4.5. It is expected that further reductions of between 5-10% will be made in year two as part of the anticipated savings to the Public Health Grant by 31 March 2020.
- 4.6. The public health team continue to work in partnership with Hospital Trusts, Local Authorities and Clinical Commissioning Groups (CCG) to develop joint commissioning approaches to these services.

5. Performance

- 5.1. The provision of Alcohol Nurse Services delivers on Public Health Outcomes, including a reduction in alcohol-related harm. These include:

Preventing People from Dying Prematurely

Enhancing quality of life for people with long-term conditions

Helping people to recover from episodes of ill-health or following injury

Ensuring people have a positive experience of care

Treating and caring for people in safe environment and protecting them from avoidable harm

- 5.2. Locally defined outcomes:

To reduce alcohol-related admissions and re-admissions and ensure that patients have efficient access to comprehensive alcohol treatment services, which has adequate capacity to reduce waiting times and deliver a high quality outcomes for patients.

To reduce the health burden and cost of alcohol misuse in Hampshire.

Provide a prevention, early intervention and behaviour change approach to hospital health care through improving alcohol awareness and education across trust departments and clinical teams.

To encourage, educate and promote safe and sensible drinking within recommended levels to patients and staff.

6. Progress update

- 6.1. The public health team has continued to work with Clinical Commissioning Groups (CCG's) and Acute Trusts to further develop collaborative approaches to commissioning these services. The following progress has been made since last executive member report submitted in March 2017;

SE Hampshire and Fareham & Gosport CCG's agreed to contribute £65,000 towards the funding of the service at PHT for 2017-18. The Public Health team has recently supported the submission of a paper to the CCG requesting that this funding is continued for the next two years.

For 2018/19 Portsmouth Hospital Trust (PHT) has agreed to make a reduction in its overheads resulting in a 4.4% saving to HCC.

At FPH savings made by Hampshire PH were £41,000 in 2016/17. For 2017/18, West Berkshire CCG has agreed to fund an additional 1.0fte Band 6 nurse which will enable progression towards a 7 day a week service.

West Hampshire CCG is exploring the feasibility of investing in UHS and HHFT Alcohol Nurse Services and is supportive of strategic plans for alcohol prevention identified in the Sustainability & Transformation Partnerships. However initial priorities for 2017/18 are focused on primary care and early identification of Alcoholic Related Liver Disease.

- 6.2. The delivery of a 7 day a week Alcohol Nurse Services has been identified as a key outcome for the Alcohol Prevention work stream in Sustainability and Transformation Partnership across Hampshire and Isle of Wight. This will ensure parity of service delivery and contribute towards improved outcomes for alcohol-related harm.

7. Legal and Equalities

- 7.1. NHS Act 2006 Section 2B states that each local authority must take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken include providing grants or loans (on such terms as the local authority considers appropriate).
- 7.2. Refer to full Equality Statement in integral Appendix B.
- 7.3. If funding is continued there will be a neutral impact as the service is already in place and is already engaging with people who identifies as increasing/ high risk/ alcohol dependant.
- 7.4. If the grant is not approved a reduction in service availability will have an impact upon the identification, harm reduction advice, targeted interventions and onward referral to specialist services provided to the residents of Hampshire accessing Portsmouth and Southampton Hospitals. This could result in continued or increased levels of alcohol consumption amongst increasing / high risk /alcohol dependant drinkers with associated crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well as mental and physical ill health.
- 7.5. A reduced offer in hospitals is likely to lead to higher demand on health and social care services and may increase health inequalities. It could also impact key stakeholders such as police, probation, ambulance, Emergency Department services and the public.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	Yes
Maximising well-being:	Yes
Enhancing our quality of place:	Yes
OR	
This proposal does not link to the Corporate Strategy but, nevertheless, requires a decision because:	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

There is overwhelming evidence that addressing substance misuse issues can have a major impact on mortality and morbidity and thus reduce demand for health and care services. Unhealthy behaviours such as long term alcohol use are known to cluster in populations and are a key driver of health inequalities.

An estimated 26.5% (or 1 in 5) of Hampshire residents drink above the safe recommended levels for alcohol (over 14 units) each week. This represents about 283,000 people in Hampshire. Whilst all these people would not need access to support, high risk groups would benefit from a targeted intervention. Estimates suggest that around 9% adult men and 4% of adult women in the UK show signs of alcohol dependence, but only a minority of these people currently actually access alcohol treatment services.

If the grant is not approved a reduction in service availability will have an impact upon the identification, harm reduction advice, targeted interventions and onward referral to specialist services provided to the residents of Hampshire accessing Portsmouth and Southampton Hospitals. This could result in continued or increased levels of alcohol consumption amongst increasing / high risk /alcohol dependant drinkers with associated crime, anti-social behaviour, domestic abuse and violence, adult and children's

safeguarding issues, housing problems and homelessness, as well as mental and physical ill health.

A reduced offer in hospitals is likely to lead to higher demand on health and social care services and may increase health inequalities. It could also impact key stakeholders such as police, probation, ambulance, Emergency Department services and the public.

2. Impact on Crime and Disorder:

2.1. Contributing to the reduction in alcohol related harm in terms of anti-social behaviour and violent crime.

3. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

Very little impact on carbon footprint / energy consumption.

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Very little impact on climate change.