

Adult Services & Health Select Committee

A meeting of Adult Services & Health Select Committee was held on Monday, 17th September, 2007.

Present: Cllr Mrs Ann Cains (Chairman); Cllr Jim Beall, Cllr Aidan Cockerill, Cllr Mrs Eileen Craggs, Cllr Ken Dixon and Cllr Mohammed Javed

Officers: Ms R.Hill (CESC); G.Birtle, N.Hart (LD).

Also in attendance: S.Groves (A&E Manager), D Emmerton (A&E Clinical Director), F.Hammersley (A&E Sister) - University Hospital-North Tees; K.Luczakiewicz (Team Leader) - Primary Alcohol and Drug Services; K.Reay (Tees, Esk & Wear Valley NHS Trust).

Apologies: Cllrs Mrs Apedaile, Gardner and Mrs Nesbitt.

ASH 20/07

Declarations of Interest

Cllr Javed declared a personal, non-prejudicial interest in respect of his employment with an NHS Trust.

RESOLVED that the Declaration of Interest be recorded.

ASH 21/07

Minutes - 3rd September, 2007 - To Follow

The Chair advised that consultation on the content of the minutes of the meeting of the Committee held on 3rd September 2007 was still on-going with all parties present at the meeting so as to verify the accuracy of its content. Therefore, the minutes of this particular meeting would be forwarded to the next subsequent meeting of this Committee for consideration.

CONCLUDED that the minutes of the meeting held on 3rd September 2007 be forwarded to the next meeting for consideration.

ASH 22/07

Review of Alcohol Services

The Committee was invited to receive presentations from the invited Health Sector representatives regarding their experiences of the take up of alcohol services provided to the public; and the extent of demand for such services providing an indication of how prevalent alcohol related problems were within the local community.

The University Hospital North Tees representatives reported that alcohol related incidents (eg violent acts or accidents) were a major contributor to high numbers of A & E referrals at weekends and certain late evenings. Whilst there had been no evidential increase in the number of incidents following the introduction of new Liquor Licensing hours, it had become apparent that referrals to A & E were often now later on an evening than previously, with many people taking advantage of purchasing their own cheap alcohol and consuming it prior to visiting pubs and clubs later on an evening. The availability of cheap alcohol, whether from pubs or local shops, had seen a trend amongst people of trying to consume as much alcohol as possible, rather than sensible drinking. This problem was exacerbated by promotions such as 'Happy Hours' in pubs.

It was reported that it was often very difficult to statistically evidence the identity of people with alcohol problems via their interaction with A & E; and the ages of people involved, due to their condition at the time of admittance and the fact that often it was people who had not had any alcohol that suffered as a consequence of others who had. There were certain peak periods (schools breaking up, Proms events, school summer holidays etc) when the number of incidents increased. All under 18 related incidents were automatically referred to the Primary Alcohol & Drugs Service (PADS) and follow up visits arranged.

Ms Luczakiewicz (PADS) advised that problems could also be experienced by their service when considering the referral of patients due to a shortfall in available services/insufficient capacity. Accommodation was also often an issue for some patients; particularly if they found themselves in temporary accommodation surrounded by people who were also experiencing difficulties in drink or drug dependency. The implications of funding streams for PADS expiring in 2008 was also considered.

It was noted that educational advice was provided by the Primary Care Trust regarding the 'brief intervention service' targeted at harmful or hazardous drinkers. However, statistics were provided regarding the number of alcohol related deaths per month amongst the under 40 age group due to liver failure, which illustrated the difficulties in making an impact on our target audience.

Similarly, it was difficult to quantify the unmet demand for the work provided by the Tees, Esk and Wear Valley NHS Trust regarding the treatment of chronically dependent patients with alcohol problems. It was suggested that there needed to be an equivalent level of support provided to that offered for drug related dependency problems.

Key statistical data regarding the problems experienced by our region in comparison to other areas, were summarised, with particular reference made to problems experienced as a result of the availability of cheap wine/vodka; and the number of alcohol related violent acts experienced within town centres.

It was reported that service enhancements across the board; including public health promotion; services available for underlying issues such as abuse, loss etc; restrictions on availability of cheap alcohol, were all needed to help address the problem, as well as the 'de-glamorisation' of alcohol advertising aimed at young people.

CONCLUDED that the content of the presentations be noted; and appreciation be extended for the time and expertise provided by each of the health professionals present at the meeting.

**ASH
23/07**

Work Programme

The next meeting of the Select Committee would receive witnesses from the community and voluntary sectors.

It was noted that there were a number of social issues that lead on from this review; eg debt, housing issues, etc. that may require some further exploration beyond the scope this review.

Reference was made following a question at Council to the need to establish what the policies of the local NHS Trusts and G.P. Surgeries were in respect of the cost of contacting these organisations by telephone; as it was essential that the cost of doing so was not prohibitive. Clarification was also requested regarding the relationship between new build of the Eaglescliffe Medical Centre and the Pathways to Health initiative.

CONCLUDED that the work programme, and related issues be noted.