Update on

Reducing Alcohol-related harm in Stockton-on-Tees

Stockton-on-Tees, Health and Wellbeing Board

Alcohol Strategic Group

June 2022 Mandy MacKinnon Tanja Braun



Alcohol Harm in Stockton-on-Tees

Alcohol is the leading cause of ill health, disability and death in people aged 15-49 in England. Alcohol harm in Stockton-on-Tees is higher than the national average.

In 2020/21 there were 1192 (3688)* alcohol-related hospital admissions and 99 alcohol related deaths. It is estimated that 23.7% of adults in Stockton-on-Tees drink over 14 units of alcohol per week (22.8% for England)

Alcohol dependence rates:

- Stockton-on Tees are 15.9 per 1,000 population, (n=2,443)
- England 13.7 per 1,000 population

In 202/21 there were 326 people in specialist alcohol treatment (alcohol only); polysubstance increases to 431 This equates to an unmet need the same as the England average at 82%

*broader definition which includes alcohol related condition as secondary diagnosis



Alcohol harm reduction

Areas of delivery and opportunities

- 1. Alcohol Harm Reduction Action Plan
- 2. Additional funding for service developments
- 3. Strategic links with Integrated Care System (ICS)



1. Alcohol Harm Reduction Action Plan

This document was classified as: OFFICIAL

Alcohol Harm Reduction (AHR) in Stockton-on-Tees

HOW we are going to reduce Alcohol Related Harm in Stockton-on-Tees			
(September 2019 – March 2020)			
POPULATION OUTCOME: Helping residents to live healthier for longer (Healthy Life Expectancy)			
Agreed Priorities	Agreed Activities 2019/20	Leads	Progress
1. Increase understanding & capacity to maximise our impact across the system	(a) As a responsible Authority, Public Health and Licensing to support applications to review licences of problem premises. (b) Survey alcohol off-sale unit costs and map against alcohol-related harm indicators.	Licensing/ PH PH/Catalyst	(a) Continuing to strengthen partnership working and intelligence sharing with Responsible Authorities meetings and training. (b) Initial conversations with South Tees to learn from their approach.
2. Increase awareness & understanding of alcohol and its related harms within our communities and support our workforces to respond	(a) Develop a multi-agency communications plan with key messages across age groups and high-risk communities (b) Develop a workforce development offer	ALL	(a) Comprehensive comms plan developed. 20 partners engaged so far with a joint approach to Alcohol Awareness Week & Dry January campaigns. Meeting in Feb with partners to agree focus going forward. (b) Public health commissioned offer in development
3. Create environments which promote MECC, early identification of risky drinking and pathways to support in place	(a) Explore and propose options for the development of an Alcohol Care Team which links between hospital, the specialist service in the community, primary care and GPs (and Primary Care Networks)	North Tees Foundation Trust	(a) Good practice and evaluation of early ACTs explored within steering group. (b) Initial NHSE guidance published November 2019. Although likely to be funded through CCG Health Inequalities fund, no commissioning arrangements have been established to date. (c) Partner scoping workshop arranged for 24th January.
4. Implement prevention strategies and effective treatment/support for individuals and families	(a) Alcohol is less visible in schools. Benchmark school alcohol policies (internal and external school community impact) and promote best practice capitalising on opportunities via Better Health at Work and Healthy Schools programmes (b) Contribute to the development of an Integrated Substance Misuse Service and Family Carer Service.	Public Health	(a) Pilot school identified. Initial meetings have taken place. Working to develop a brief toolkit/guide to engage other schools. (b) New Integrated Substance Misuse Services commissioned and in place by April 2020.



2. Additional funding for service developments

Tees Valley Alcohol Inpatient Detoxification Service

- Provided by NTHFT
- Planned admission for medically managed detoxification
- Start in 2021/22 and funding extended into 2nd year.
- 16 referrals/ 9 treatment/ 7 planned/ 1 withdrawal in first quarter

Substance Misuse Treatment & Recovery Grant

- Funding following drug strategy, now in 2nd of 4 year funding
- Integrated substance misuse service development
 - Expanding workforce including young people's worker, safeguarding, alcohol nurse
 - Increase in residential rehabilitation for drugs and alcohol with clinical and psychosocial support
- Prevention and response to drug (and alcohol) related deaths incl bereavement service, peer support, naloxone

Alcohol Care Team in North Tees Hospital (unplanned alcohol detox)

- From April 2022
- Inpatient support
- Referral pathway to community alcohol service



3. Strategic links with Integrated Care System (ICS)

- Alcohol Multiagency Steering group, subgroup of ICS Population Health and Prevention Board
- Regional (NENC) Alcohol Health Care Needs Assessment and Alcohol Service audit
- Working with pilot Primary Care Networks to introduce alcohol brief advise
- Winning Hearts and Minds
 - Alcohol Lets talk campaign
 - Signposting and pathways into community based alcohol services
 - Workforce training programme for Health and Social care staff with HENE
 - Staff support and policies
- Alcohol campaigns
 - Alcohol and cancer
 - Superbabies
- Alcohol and mental health subgroup
 - Workforce training



