

## Lancashire County H&W Board Alcohol Liaison Intervention

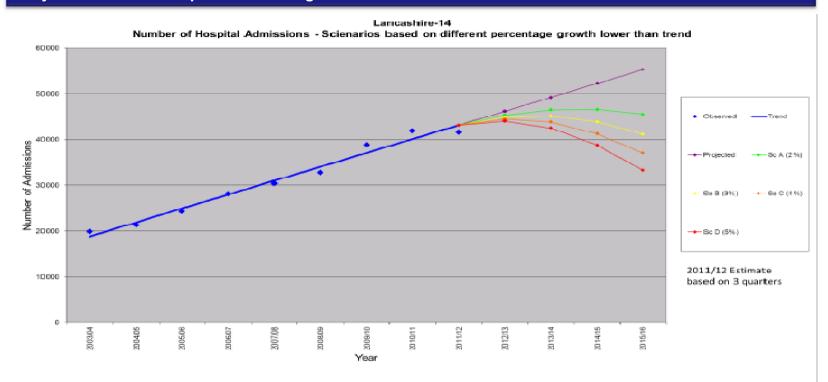
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Responsible Officer lead Steve Owen

Achieving more together

## **Proposed Outcomes**

Projected trend and impact of reducing alcohol related admissions from 2-5%



Identifiable Recurrent / non- recurrent savings by year	Range is between £577k yr 1 but £672k (based on 2% reduction) recurrently and £2,222k yr 1 but £2,317k recurrently (based on 5% reduction)
Benefits summary	Reduction in admissions in the range of 597 to 1493

## What is the current reality

- 3 distinct projects in Lancashire best fit model as resources allow
- Models based on local priorities ie reducing alcohol related admission rates and unscheduled care
- Good evidence base for interventions NICE
- Some evidence of emerging partnerships between hospital and community services

LOCALITY		COMMENTS	R A G
North	٢	PCT funding agreed for liaison staff– contract being negotiated with acute hospital trust and collaboratives with commissioners in Blackpool	
Central	0	Hospital screening and brief advice established as CQUIN initiative. Community substance misuse service hospital inreach established.	
East	0	3x liaison nurses in post. Embedded in community substance misuse service and acute provider contracts. Shared resource with BwD. Referral and clinical pathways established between hospital and community services.	
General themes: Issues/barriers common to all areas	8		

	Shifts required				
	ow must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively				
Imp	plemented?				
•	Partners must promote benefits of alcohol liaison as a harm reduction intervention to prevent ill				
	health and reduce demand for services.				
•	Partners must engage in the work programme for alcohol liaison as a priority objective. Partners				
	must communicate openly regarding barriers to achieving objectives.				
•	Partners must commit to pathways and joint working to delivering accessible services within				
	hospital and community settings to improve the experience of moving between primary, hospital				
	and social care.				
•	Partners must commit to training and raising awareness for frontline staff to facilitate identification				
	of alcohol harms, adopting screening tools for identification, delivering information and brief advice				
	and pathways for signposting.				
•	Influence of HWB/CCG's to promote planning priorities				
Who needs to be involved to develop, commission and deliver the intervention?					
•	Public Health Lancashire				
•	CCG's • Service users				
•	Acute Trust    Leverage from HWB				
•	Primary care services				
\ <b>\</b> /k	act are the 'milestance' for the Teel. Crown in the year sheed?				
vvr	nat are the 'milestones' for the Task Group in the year ahead?				
•	Develop locality implementation plans to implement alcohol liaison schemes using available				
	resources and explore potential for 'invest to save' and resource shift with providers.				
•	<ul> <li>Engage all key stakeholders in planning alcohol liaison services ie primary care, community</li> </ul>				

substance misuse and acute services.

What commitment is required from from HWB

- Continued leverage for alcohol liaison intervention.
- Funding is non recurrent and based on 'invest to save' will require consideration for possible shift of resources in future
- Continued support for alcohol harm reduction initiatives generally to ensure a reduction of the impacts from alcohol in Lancashire and implementation of National Alcohol Policy, NICE guidance and address the recommendations from the 2011/12 JSNA.

alcohol isn't just for christmas!