Community Planning Aberdeen

Progress Report	Project End Report: 12.5 Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023.
Lead Officer	Gale Beattie – Chair of ADP
Report Author	Fraser Hoggan
Date of Report	20th April 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 12.5 which sought to increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023. and seeks approval to end project.

Summary of Key Information

1 BACKGROUND

1.1 The UK Chief Medical Officer published recommendations on low-risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. According to the 2016 UK Chief Medical Officers' low risk drinking guidelines, in relation to cancer risk there is no safe level of alcohol consumption. The risks associated with cancer start from any level of regular drinking and rise with the amounts of alcohol being drunk. Further information on alcohol and Cancer can be found https://www.shaap.org.uk/images/Alcohol_and_Cancer_Guide.pdf.

1.2 Low risk consumption is no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units.

1.3 Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality. Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas.

1.4 There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality, and health

challenges. For the period 2016-19, the Scottish Health Survey suggests that Aberdeen City has approximately 25% drinking to hazardous/harmful levels (20% females and 31% males as shown below). There is therefore a need to target the whole population, with emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas and thus ensuring those requiring access to support to reduce alcohol consumption can do this easily.

1.5 As at March 2022 access to alcohol treatment is via self-referral to Aberdeen Alcohol and Drugs Action and referral to the Integrated Alcohol Service. Treatment for alcohol related problems can range from structured self-help, counselling through to clinical detoxification and prescribing support. Depending on other related issues treatment can be provided by support workers, general and community mental health nurses, social workers or medical staff, psychologist, and psychiatrists. This Charter aimed to test the robustness of referral pathways to increase the uptake of individuals into alcohol services 10% year on year.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, on March 2022 the CPA Board approved the project charter 12.5 for the initiation of an improvement project which aimed to increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023.

3 WHAT CHANGES DID WE MAKE?

3.1 Following engagement with staff, stakeholders and a range of individuals using alcohol services as we all as individuals not engaging and from the Locality Plans a number of change ideas were identified and tested:

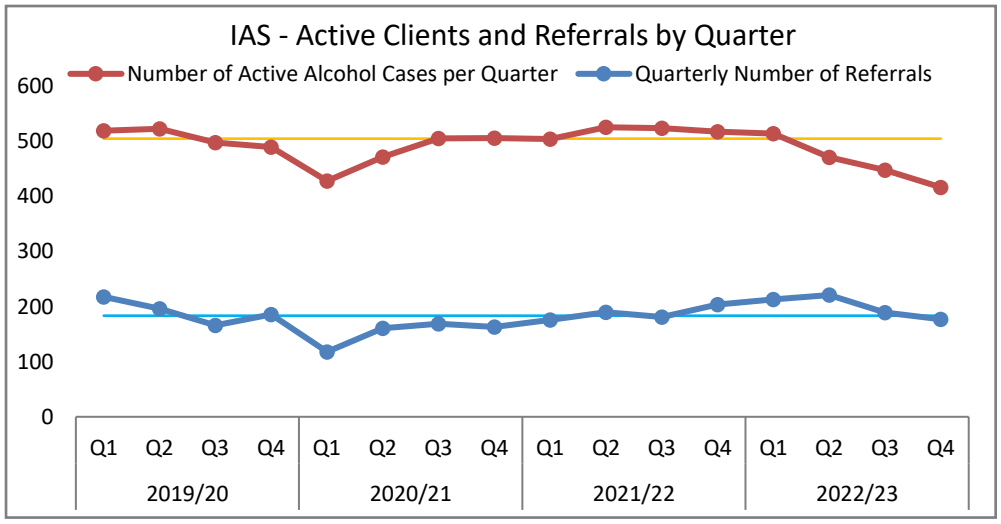
A. Social Media and Alcohol awareness information (North & Central Locality plans)
• Targeted messaging and provision of information linking in with both local and national campaigns and opportunities to highlight alcohol harms and how/where to access support
• Refresh and relaunch the website (Alcohol Aberdeen) and other materials.
• Target stigma by use of supportive message and input from Lived Experience Community

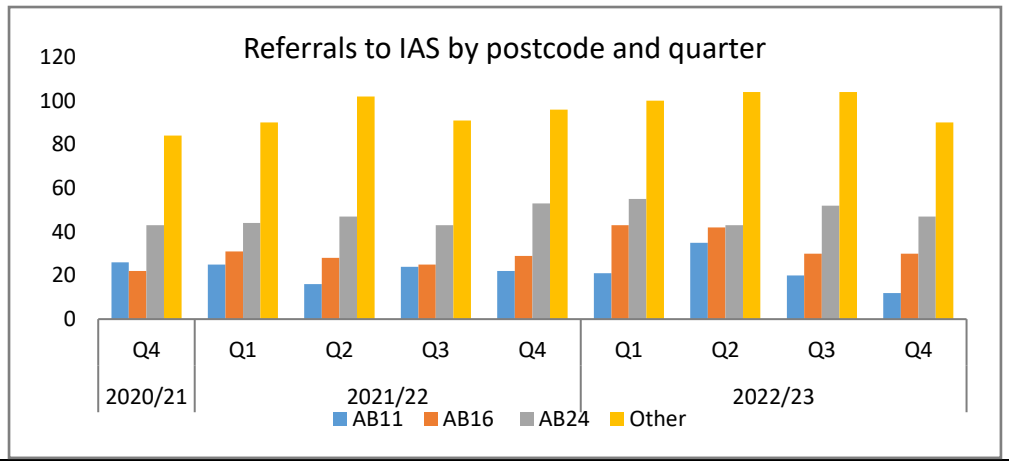
B. Increasing awareness and uptake of direct access referral into alcohol support from other services including self-referrals
• Develop tools within the Alcohol Aberdeen webpage to identify and segment on drinking profiles using the AUDIT screening tool – including engagement/feedback tools for alcohol brief interventions and referral. In addition, a change was made to Alcohol Aberdeen website (AUDIT tool) to allow follow up of individuals requiring further support.

• Identify locality-based staff groups and upskilling to increase confidence in identifying issues and increasing uptake of referral route. A fast-track referral process from Police Scotland to ADA was established, to increase in ease (and therefore numbers) of individuals accessing support. These changes would lead to an increase in referrals and uptake of treatment within the Integrated Alcohol Service (IAS).

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, a greater than 10% increase in engagement levels by priority neighbourhood with ADA has been achieved as described at paragraph 4.2 below. However, against the 3-year baseline 2019/20-21/22, a 10% increase in uptake of alcohol treatment at Integrated Alcohol Service (IAS) has not been achieved. There has been a slight rise in IAS referrals by quarter (particularly over Q1, Q2 and Q3 of 2022/23) although this has slightly decreased over the last quarter (Q4) of the reporting period 2022/23. See graphs and details below:





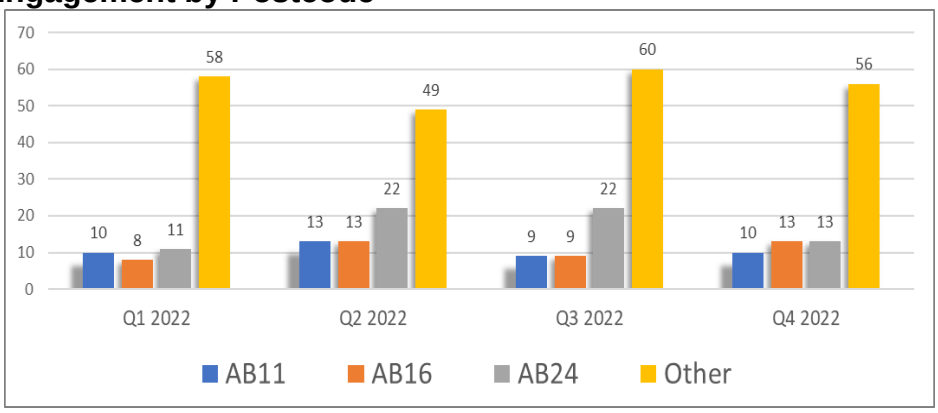
Notes
Active clients
> This data shows the total number of active cases each month, therefore each case will be counted once against each month in which they were open, i.e., if someone was open from 14th Jan - 22nd March they would be counted once in Jan, once in Feb and once in March
> Where a patient has been discharged and re referred within a month, they will be counted more than once.
This data counts the number of open case and not the number of individuals
Referrals
> Referrals data is based on all open cases as at 30th November 2022, and all referrals from April 2019 which have since been discharged
> All referrals recorded as "Waiting List", which have not yet been seen have been excluded and not counted here

4.2 The project also focused on increasing the number of active clients with ADA and as shown below there has been a significant increase in engagement (postcode breakdown) via ADA Duty Drop-in service in 2022/23 against the 3-year baseline for engagement: specifically,

- 35% increase in AB11(42), (baseline 31),
- 59% increase in AB16 (43), (baseline 27)
- 66% increase in AB24 (68), (baseline 41)
- 112% increase in OTHER (223) (baseline 105).

4.3 This far exceeds the intended 10% target, and in the case of wider (non-priority postcode) referrals we can see a more than 100% increase against baseline.

ADA Client Engagement by Postcode



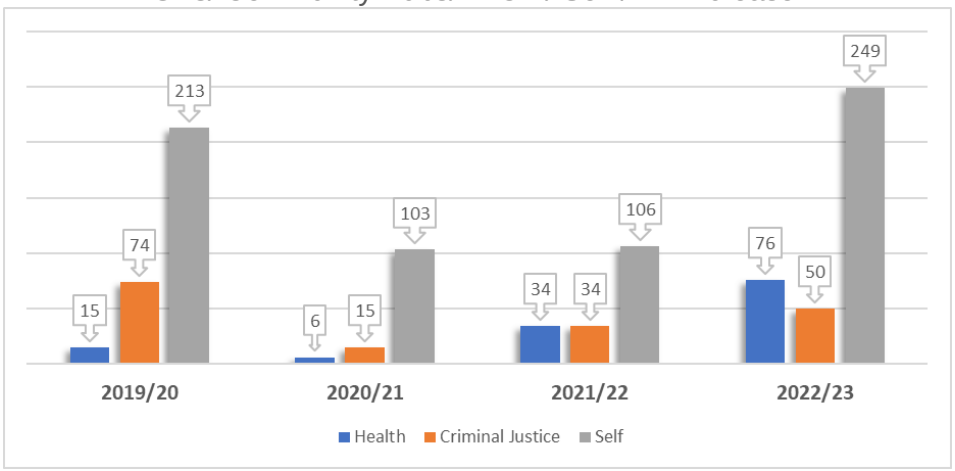
** Q1: Apr – June 2022, Q2: Jly – Sep 2022, Q3: Oct – Dec 2022 Q4: Jan – Mar 2023

4.4 As well as measuring the progress towards the overall aim, the project measured the impact of the changes tested as described below:

Referral Routes

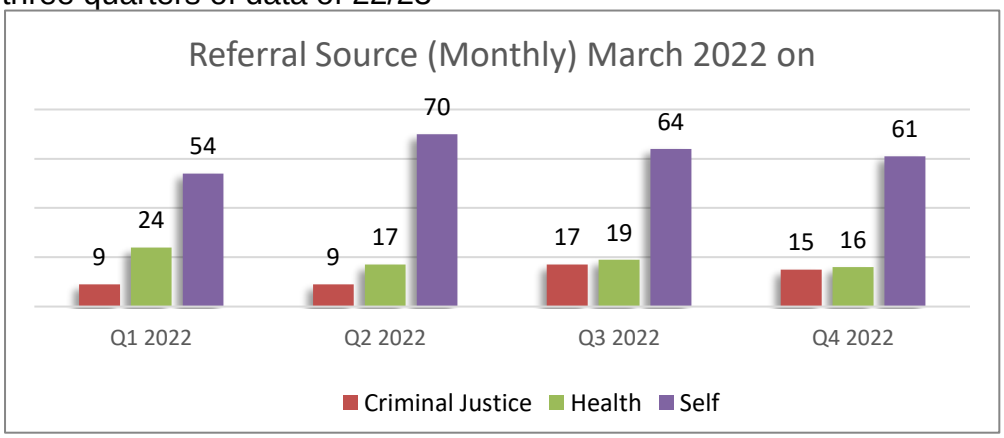
4.5 The project upskilled staff to increase confidence in identifying issues and increasing uptake of referral route through resources and information sessions and the impact of this has been evidenced through increased referral rates as shown below.

Referrals & uptake to alcohol services from community support e.g., housing support/ GPs/ Community Hubs/DACT / Self / KB increase.



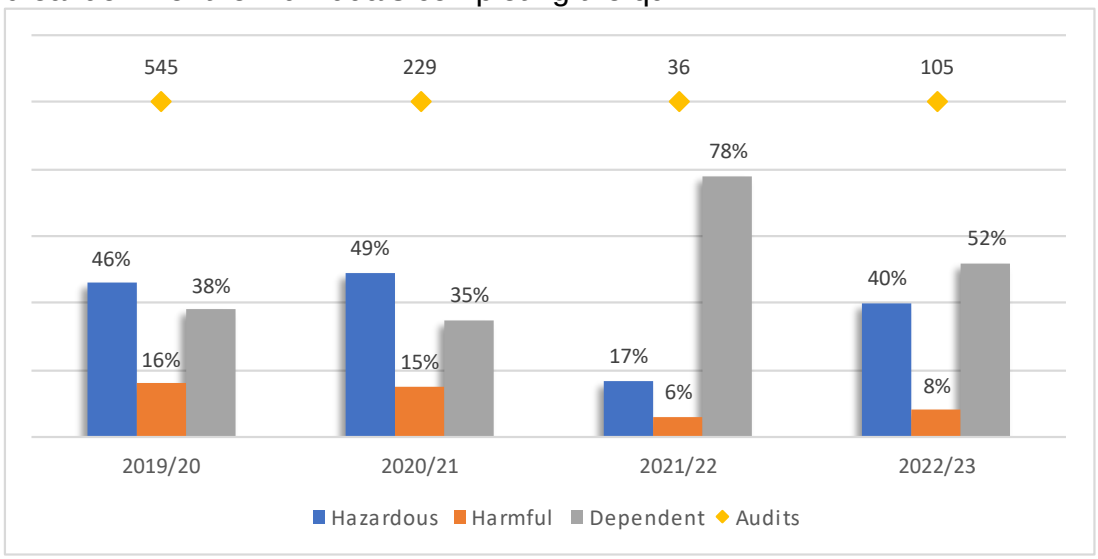
Baseline: Health (18). Criminal Justice (41). Self (141)

4.6 As shown below Increase in self-referrals has been steady across the last three quarters of data of 22/23

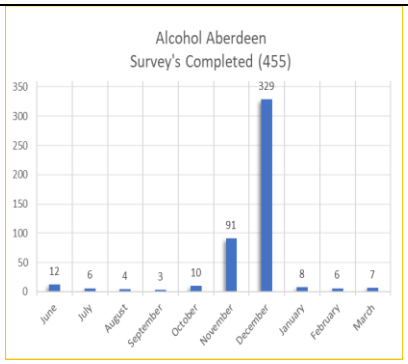


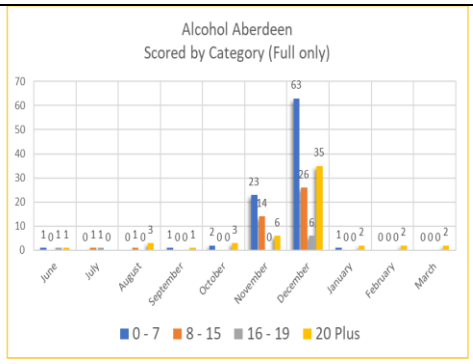
4.7 As well as the above referral routes, the new fast-track referral process from Police Scotland to ADA whilst in early stages has seen positive feedback.

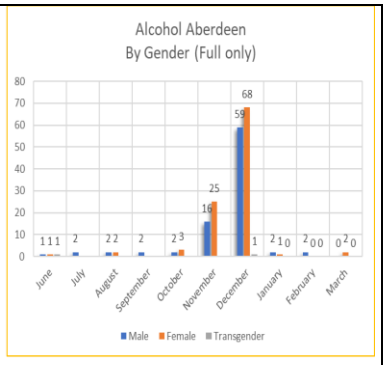
4.8 Through the social media campaign work and the new quiz, we have seen an increase in those engaging and completing the 'Alcohol Aberdeen' online 'quiz' (AUDIT tool). The chart below shows the monthly breakdown of Alcohol Aberdeen online 'quiz' (Audit tool) completion. Between June 2022 and March 2023, 455 people have completed the 'quiz', whilst lower than 2019/20 a full year for 2022/23 was not available and a 99% has been achieved compared to 2020/21. The charts below show the % of people using the AUDIT screening tool with a score indicating harm engaged in support (annually), as well as the breakdown of the individuals completing the quiz.



Baseline Annual: Hazardous (124). Harmful (41). Dependent (105)



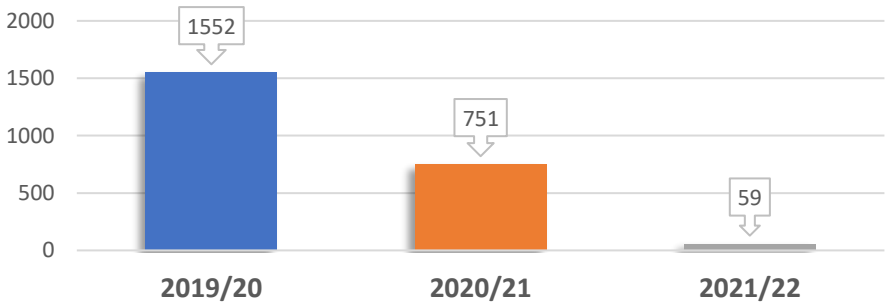




4.9 The large increase recorded over November and December 2022 was as direct result of the targeted social media campaign '*Foos Yer Booze*' engaging anyone consuming alcohol resident within Aberdeen City boundaries.

Most importantly, this has also **targeted a higher proportion of at-risk drinkers** with 126 (recorded as lower risk) against 47 (in higher risk categories). In terms of prevalence estimates, we would likely expect somewhere between 10 and 25% of higher risk drinkers engaged, so with 37% of actual overall engagement being within the highest risk category, the campaign work has proved most effective in reaching those in most need. Again, in terms of gender mix, a higher proportion of engagement has been female which is also significant as when compared with face-to-face 'traditional' engagement, we would expect this to be similar if not lower when compared to male.

4.10 As a result of the above the number of higher-risk drinkers attracted utilising the Alcohol Aberdeen website and accessing responsible drinking information is 20% higher than would be expected in other intervention approaches.



Baseline (Annual) of numbers of individual click through/landing on Website and accessing responsible drinking information: (787)

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 Future service commissioning processes will likely include an element of learning from the Project that can inform service provision around access/engagement improvements generally. At the current time, exploring how local services can engage with communities in a way that attracts those most in need of support and/or treatment shows that there are further possibilities to explore around online (structured) engagement.

5.2 The improvements tested have now been embedded and moved to business as usual. The processes and referral routes will be reviewed on an ongoing basis to ensure that it continues to achieve the outcomes provided to date. Any changes required will be actioned. The review will include feedback from individual services users and relevant staffing groups. Continue to review the number of referrals compared to uptake to ensure that demand on services is considered.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 With an already agreed and established monitoring process established through quarterly Service provision KPI reporting, from ADA (as the ADP commissioned alcohol & drugs service), along with NHSG monitoring (for IAS and other activity data), any improvements can be tracked and monitored going forward. This can obviously include comparisons made to data provided within this Project.

6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 There is opportunity to continue to increase options to engage with services, online and in-person, through use of social media and ensuring smoother transition of referral processes. It is become clear that post-COVID, and with the removal of restrictions, has resulted in more individuals presenting generally for support (which would of course be anticipated). However, it is unclear at this time as to how much of this has been exacerbated by COVID in the first place (e.g., increased home drinking patterns). More awareness raising can assist and it is clear from the reports and data that targeted, local/geographic campaigns, led by local services can greatly assist by increasing contact with higher risk drinkers. This has been spread to NESCOL where a new weekly drop in has been established to seek to increase engagement and raise awareness with this group. Opportunity moving forward would be to find ways to take that contact into provision of Alcohol Brief Interventions (ABI) and referral for treatment/support as appropriately assessed. Furthermore, taking advantage of online engagement could also increase potential for follow-up contact which could offer ABI and/or direct referral route for treatment and support.

7.2	Further opportunity moving forward would be to find ways to take any contact (as above) into the provision of Alcohol Brief Interventions (ABI) and referral for treatment/support as appropriately assessed. Furthermore, taking advantage of online engagement could also increase potential for follow-up contact which could offer ABI and/or direct referral route for treatment and support.

Recommendations for Action

It is recommended that the CPA Board:

i) Agree that testing is concluded and that this Improvement Project is ended on the basis that whilst the 10% increase in Integrated Alcohol Service uptake has not increased by the 10%, the engagement with ADA has surpassed the 10% increase with a particular focus on priority neighbourhoods and the changes have been embedded as business as usual

ii) Note the opportunities for scale up and spread, specifically to continues to explore opportunities for social (media) and online marketing strategies to attract higher risk drinkers to information, advice, and support/treatment, with a new weekly drop-in service now established at NESCOL.

iii) Note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP; and

iv) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.

Opportunities and Risks

Include a summary of the key opportunities and risks highlighted by this report.

1. Opportunity to be creative and provide further reach of service and increase engagement.

2. Risk of not sustaining opportunities through insufficient funding or capacity to design and implement work.

Consultation

ADP
CPA Management Group

Background Papers

Quarterly service data from Alcohol & Drugs Action (Direct Access and Web based services) and Integrated Alcohol Service data.

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