

Subject: Alcohol-Related Hospital Admissions
Date of Meeting: 14 April 2010
Report of: The Director of Strategy and Governance
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Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 It has long been recognised that excessive drinking has a major impact on Brighton & Hove residents and visitors and on key city services. This impact is felt in many ways across the city, but a particularly important issue concerns the number of people requiring hospital treatment for alcohol-related problems.
- 1.2 Reducing the rate of alcohol-related hospital admissions is a priority for the Local Strategic Partnership (LSP), and forms one of the targets in the Local Area Agreement (LAA). Progress on meeting this LAA target has been disappointing: the LAA indicator is currently 'red'.
- 1.3 The Overview & Scrutiny Commission (OSC) is committed to working with city partners to help improve LAA performance, particularly in terms of scrutinising red LAA indicators.
- 1.4 Health Overview & Scrutiny Committee (HOSC) members had previously expressed an interest in examining the issue of alcohol-related hospital admissions in some detail, perhaps via an ad hoc panel.
- 1.5 The Director of Public Health has supplied additional information on this topic (see **Appendix 1** to this report).

2. RECOMMENDATIONS:

2.1 That members:

- (1) note the information contained in this report and in the additional information supplied by the Director of Public Health (**Appendix 1**);
- (2) determine whether to set up an ad hoc panel to investigate aspects of the issue in greater depth;

and if an ad hoc panel is established:

- (3) appoint panel members; consider the panel's remit/Terms of Reference; consider when the panel should aim to report back to HOSC.

3. BACKGROUND INFORMATION

- 3.1 The excessive consumption of alcohol is a growing problem, both nationally and locally. An important aspect of this issue is the impact problematic drinking has on NHS services, in relation to both the long-term treatment and care of people with alcohol-related conditions (e.g. liver damage, heart disease etc.); and the short-term effect that mass drinking (particularly at the weekend) has on NHS capacity - i.e. A&E services. More detailed information on this subject has been supplied by the Director of Public Health (**Appendix 1**).
- 3.2 This is obviously an important issue, and one which might merit the attention of Overview & Scrutiny via an ad hoc panel. However, in deciding whether to set up an ad hoc panel, HOSC members should also consider whether there is 'value' to be added by so doing – i.e. whether there is a realistic opportunity for an ad hoc panel to make recommendations which might improve things at a local level.
- 3.3 If members do choose to establish an ad hoc panel, they may also wish to determine/restrict the panel's remit at this stage, as the subject is potentially very wide-reaching. Members may also want to consider when it would be desirable for a panel to present its findings to the HOSC – i.e. effectively to determine the duration of the panel. Clearly the breadth of any panel's remit and the amount of time it has to do its work are closely linked.

4. CONSULTATION

4.1 No formal consultation has been undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None in general to this report for information. Any resource implications of establishing an ad hoc panel will be managed within the current scrutiny team budget.

Legal Implications:

5.2 None directly as the report is for noting. HOSC is entitled to appoint an ad hoc scrutiny panel to carry out scrutiny work relevant to the committee's functions.

Lawyer Consulted: Oliver Dixon; Date: 01/03/10

Equalities Implications:

5.3 None directly. If an ad hoc panel is established, then equalities issues will inform the panel's work-planning process.

Sustainability Implications:

5.4 None directly.

Crime & Disorder Implications:

5.5 Alcohol is a key factor in much crime and disorder, and, should an ad hoc panel be established, it is likely that members would wish to canvass the views of the police, the Licensing Authority etc.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 Reducing the rate of alcohol-related hospital admissions is an LSP priority, and is one of the targets in the LAA.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by the Director of Public Health

Documents in Members' Rooms:

None

Background Documents:

None