

## HEALTH AND WELLBEING BOARD

5 July 2017

<b>Title:</b>	<b>Liver Disease Prevention Strategy</b>
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: All</b>	<b>Key Decision: No</b>
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<b>Sponsor:</b> Matthew Cole, Director of Public Health	
<b>Summary:</b> <p>This paper is to inform the Board about the current situation with liver disease in Barking and Dagenham, particularly as many cases are preventable. The paper cites the sharply increasing prevalence of alcohol related issues, particularly liver disease in the borough. The paper highlights the associated demand on services and costs, both financial because of hospital admissions, but also the human costs, in terms of social disturbance, crime, and domestic violence.</p> <p>Liver disease is the 6<sup>th</sup> largest cause of death in Barking and Dagenham for men, and the numbers of women suffering from liver disease are increasing. Sufferers of liver disease often die at a very young age; average age of death is 59 years old.</p> <p>Liver disease is preventable in most cases, and effective prevention approaches are available for the three main causes; alcohol, obesity, and infection with viral hepatitis, particularly Hepatitis B and C. These decrease the risk of developing cirrhosis and liver cancer.</p> <p>In Barking and Dagenham there are many social costs of alcohol, including domestic violence and social disturbance. On-going effective interventions and support for residents reduces this burden.</p> <p>The Board are asked to support Barking and Dagenham partnership engagement in the development of a tri-borough strategy to address liver disease prevention.</p>	
<b>Recommendation(s)</b> <p>The Health and Wellbeing Board is recommended to support Barking and Dagenham partnership engagement in the development of a tri-borough liver disease prevention approach.</p>	

**Reason(s)**

This supports partnership working across Barking and Dagenham, Havering, and Redbridge; and is reflective of the Accountable Care Partnership approach to care delivery.

**1. Introduction and Background**

- 1.1 This paper is presented with Dr. Paul Kooner, Liver Consultant, Barking Havering Redbridge University Hospitals NHS Trust (BHRUT).
- 1.2 Areas of East London, including Barking and Dagenham are amongst those that have the highest prevalence for liver disease.
- 1.3 One in six early deaths from liver disease in Barking and Dagenham can be prevented, and the Five Year Forward View calls for a radical prevention approach. Alcohol is one focus of the North-East London STP prevention approach.
- 1.4 The most common causes of liver disease are:
  - alcohol abuse and dependency – the largest single cause locally
  - viral infection i.e. Hepatitis B & C
  - obesity, leading to a build-up of fat deposits around the liver

Advanced liver disease results in liver damage that presents as cirrhosis, the liver is not able to function properly and the person with liver disease becomes very unwell.

- 1.5 Liver disease is largely preventable and liver disease prevention is a public health issue, benefits to the borough's economy are also important for residents.
- 1.6 In this paper, we focus on the major cause of liver disease in the borough, alcohol abuse.

**2 Proposal and Issues**

- 2.1 In 2016 Barking and Dagenham approved a substance misuse strategy<sup>1</sup> which addresses education to prevent misuse, treatment and social responsibility linked to alcohol related disorder; the borough does not currently have an approach to prevent or detect liver disease at an early stage. This paper proposes an approach to address this.
- 2.2 The Barking and Dagenham community alcohol and substance misuse service is currently being re-commissioned and is the subject of a separate paper.
- 2.3 Demand for treatment services for those dependent upon alcohol is putting increased pressure on available borough wide services. Alcohol abuse also has far reaching effects on wider society, such as crime, community disturbance and domestic violence, as well as accounting for hospital admissions. It's impact on children and families can be particularly distressing.

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<sup>1</sup> Barking and Dagenham Substance Misuse Strategy (2016) available at [http://barking-dagenham.limehouse.co.uk/portal/substance\\_misuse\\_strategy\\_2016-2020?tab=files](http://barking-dagenham.limehouse.co.uk/portal/substance_misuse_strategy_2016-2020?tab=files)

## The cost of alcohol misuse

- 2.4 Alcohol abuse has a high cost. According to the Government's Alcohol Strategy of 2012, **alcohol related harm is estimated to cost UK society £21 billion annually**. The estimated cost of alcohol misuse to the NHS in 2011/12 was £3.5 billion.
- 2.5 Data on alcohol related crimes per 1,000 population, as produced by Local Alcohol Profiles England, was for the 2012/13 period. Barking and Dagenham had the 10th highest rate of alcohol related crime and violent crime in the country and the 9th highest in London per 1,000 population in 2012/13.
- 2.6 Alcohol-related disorder has been identified as a concern by residents of Barking and Dagenham through local and national surveys. Such disorder has the potential to generate violent crime, affecting residents' feelings of safety, and in addition has an adverse effect on the local environment through the careless disposal of cans and bottles.
- 2.7 Community safety services, social care and primary care are important as the providers where alcohol related issues are first highlighted, diagnosed and treated, and the alcohol liaison service is vital as the link between primary care, social care, and secondary care.
- 2.8 Progressive liver disease caused by alcohol abuse is a debilitating condition which, as it advances, often requires emergency admission to hospital in order that the symptoms, such as profuse bleeding can be brought under control. It is costly, both in financial terms and the distress that patients experience during these episodes.
- 2.9 Analysis of figures show that Barking and Dagenham is doing better than the national average for hospital admissions and mortality where alcohol was identified as the primary cause.
- 2.10 However, when alcohol is considered a contributory or related factor, Barking and Dagenham is much worse than the national average. One of the probable explanations for this are the Borough's overall poor health outcome rates which are compounded by a higher than average obesity prevalence.
- 2.11 In Barking and Dagenham for 2014/15 the rate of **alcohol specific** hospital admissions for females increased from the 2012/13 rate of 153.8 to 168 (per 100,000 residents), though the male rate of admission decreased from 473 to 463 (per 100,000 residents). Both remained below the London and England rates. In a similar pattern, latest release of figures for **alcohol related** admissions show the rate to have increased by 13% for females and by 5% for males.
- 2.12 A liver disease prevention approach will enable:
- 2.12.1 **Assessment of local need.**
- 2.12.2 **Effective interventions**, and evidence to be provided to commissioners, in a tri-borough strategy, if approval is given, will include an integrated care pathway, alcohol liaison, screening, and brief intervention.

- 2.12.3 **Integrated care pathway development:** it is essential that an integrated care pathway takes a whole system approach to liver disease prevention and is inclusive of community safety partnerships, drug and alcohol services, social care, primary health care and secondary health care.
- 2.12.4 **Benchmarking:** Alcohol liaison services standards are recommended through National Institute for Health and Clinical Excellence (NICE) guidelines. A current tri-borough service is in place, and is under review.
- 2.13 **Early detection:** Periodic opportunistic screening would highlight the issue and help detection of liver disease in the population. A pilot screening session was conducted in November 2016 at Dagenham library that offered residents a free liver scan to detect fibrosis. Thirty-seven people were scanned and of these sixteen were found to have abnormalities i.e. some degree of liver fibrosis and three were found to have liver cirrhosis (advanced fibrosis).
- 2.14 NICE guidelines (2010: 'Alcohol-use disorders: preventing the development of hazardous and harmful drinking') recommend brief advice as an effective initial intervention for those over 18 who show signs of excess alcohol consumption. The 'AUDIT' and 'AUDIT C' are the screening checks that have been in use for several years and have been incorporated into the NHS health check and other lifestyle assessments.
- 2.15 A tri-borough liver disease prevention strategy will assess need, review best evidence, and provide recommendations that are then available to commissioning partners and the Integrated Care Partnership.
- 2.16 The board are asked to support Barking and Dagenham partnership engagement in the development of a tri-borough liver disease prevention strategy.

### **3. Mandatory Implications**

#### **3.1 Joint Strategic Needs Assessment**

- 3.1.1 It is clear from the Joint Strategic Needs Assessment that healthy and safe communities and prevention of liver disease are important areas of focus for Barking and Dagenham.

#### **3.2 Health and Wellbeing Strategy**

- 3.2.1 The liver disease prevention strategy is one action that contributes to the agreed health and wellbeing strategy vision of improving the health and wellbeing of residents and reducing inequalities.

#### **3.3 Integration**

- 3.3.1 The proposed strategy clearly sets out to work to the Health and Wellbeing Board and to contribute to the work of the Accountable Care Partnership. There is a specific focus on a whole system approach to liver disease prevention.

### 3.4 **Financial Implications**

Implications completed by: Katherine Heffernan, Group Manager - Finance

- 3.4.1 There are currently no financial implications directly arising from this report. Should a prevention programme be recommended at a later date, funding for this may be available from the Public Health budget, which is funded through the Public Health Grant.

### 4.5 **Legal Implications**

Implications completed by: Dr. Paul Feild Senior Governance Lawyer

- 4.5.1 The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. The evidence is that Liver disease morbidity and mortality is preventable but it relies on early diagnosis and treatment. Furthermore, the evidence demonstrates that liver disease is a prevalent health issue for the borough. Effective prevention strategies or treatments are available for the three main causes of liver disease that is; alcohol, viral hepatitis and obesity. Intervention to reduce instances of liver disease is likely to decrease the risk of early mortality. A liver disease prevention approach as set out in this report is therefore a key component of the Council's legal responsibility to work to improve the health of its community.
- 4.5.2 The Health and Well-Being Board terms of reference establish its function to ensure that the provision of health and social care services work in their deliver in an integrated matter. These proposals are in keeping with this committee's function.

**Public Background Papers Used in the Preparation of the Report: None**

#### **List of Appendices:**

- Appendix A -** Presentation to Health and Wellbeing Board.  
Barking and Dagenham – liver disease prevention.