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Date: **3 January 2017**
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THANET HEALTH AND WELLBEING BOARD

12 JANUARY 2017

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 12 January 2017** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Dr Tony Martin (Chairman); Hazel Carpenter, Councillor L Fairbrass, Councillor Gibbens, Clive Hart, Madeline Homer, Mark Lobban, Sharon McLaughlin, Colin Thompson and Councillor Wells.

A G E N D A

Item No

1. **APOLOGIES FOR ABSENCE**

2. **DECLARATION OF INTERESTS**

3. **MINUTES OF THE PREVIOUS MEETING** (Pages 1 - 2)

   To approve the minutes of the meeting held on 10 November 2016.

4. **THE KENT DRUG AND ALCOHOL STRATEGY** (Pages 3 - 32)

5. **SUICIDE PREVENTION** (Pages 33 - 38)

6. **EAST KENT DELIVERY BOARD UPDATE**

   Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 10 November 2016 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Hazel Carpenter (Thanet Clinical Commissioning Group), Councillor L Fairbrass (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group), Mark Lobban (Kent County Council), Sharon McLaughlin (Thanet Children's Committee) and Linda Smith (Kent County Council)

In Attendance: Kallie Hayburn (Thanet Clinical Commissioning Group), Maria Howden (Thanet Clinical Commissioning Group), Steve Inett (Healthwatch).

1. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Councillor Gibbens.
Madeline Homer.
Colin Thompson for whom Linda Smith was a substitute.
Councillor Wells.

2. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

It was noted that Kallie Hayburn and Ailsa Ogilvie should be recorded as in attendance of the meeting. Subject to this amendment, the minutes of the meeting held on 8 September 2016 were agreed as a correct record.

4. THANET LEADERSHIP GROUP - FOUR THEMATIC QUESTIONS

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group, provided a presentation using the attached slides.

During consideration of the item it was noted that:

- The Thanet Leadership Group (TLG) met monthly and was designed to knit together a number of different agencies and bodies.
- The presentation had also been given to the Community Safety Partnership Working Party and Invest Thanet.
- Some of the work of the TLG included strategic overview of the Margate Task Force; and working with other local governments to try and manage the placement of children and other vulnerable people within Thanet from areas such as London.
- It was suggested that addressing inequalities (such as the disparity in life expectancy between wards) within Thanet could be included in the main aspirations and outcomes of the TLG.
- Moving forward it was important to identify and include any missing agencies/bodies from the governance structure. Then the TLG needed ensure that these agencies/bodies had programmes of work that incorporated the key aspirations and outcomes identified by the TLG.

Sharon McLaughlin, Independent Chair of the Thanet Children's Partnership Group, provided the Board with an update advising that:

- The Children's Partnership Group had invited tenders for the early intervention grant.
- Thanet had received £400,000.00 of funding for health and justice for young people, which looked at the key indicators that put young people at risk.

5. HEALTH RESPONSE TO HOUSING DEVELOPMENT IN THANET

Maria Howden, Head of Membership Development, Thanet CCG provided a presentation using the attached slides.

During consideration of the item it was noted that:

- Thanet CCG had recently won 'Healthcare Provider of the Year' at the National Association of Primary Care's annual awards. Efforts were being made to capitalise on Thanet's raised profile to encourage health care professionals to come and work in Thanet.
- Cross working with Thanet District Council was taking place as it would be essential to ensure health infrastructure development was timed and located to match housing development in the district.
- KCC was currently undergoing a review of the work undertaken by social workers, which could feed into how the primary care home would work.
- To maximise efficiency, there was need to ensure that people were working to the limit of their licence/training across the health care sector.
- Workforce planning needed to be clear on the need, realistic and deliverable. It was recognised that there was currently a lack of health care professionals in the district, which was likely to become more acute in the future. Steps would need to be taken to address this shortage.
- Consideration of how the transformation would fit in to wider East Kent, Kent, and Kent and Medway level service structures was needed.

6. EAST KENT STRATEGY BOARD BRIEFING/UPDATE

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group introduced the item for discussion.

It was noted that:

- The East Kent Strategy Board began in September 2015 with the intention to reach public consultation stage in early 2017. However it was now expected that this consultation would take place in June 2017, after the local government elections.
- The Strategy Board included representatives from all health providers, Kent County Council and the four East Kent CCG's.
- Work was due to start on the Sustainability and Transformation Plan for the Kent and Medway area, as required by NHS England. The work of the Strategy Board would feed into this process.

Meeting concluded: 11.00 am

From: Colin Thompson, Public Health Specialist, KCC

To: Thanet Health and Wellbeing Board

Date: January 2017

Subject: Kent Drug and Alcohol Strategy 2017-2022

Classification: Unrestricted

Summary:

The current Kent Alcohol Strategy ended in December 2016. A five-year combined drug and alcohol strategy will replace this from 2017-22, jointly produced by Kent Police and Public Health on behalf of the Kent Drug and Alcohol Partnership.

This paper outlines the themes of the new strategy, which are: Resilience, Identification, Early Help & Harm Reduction, Recovery and Supply. A new strategy has been drafted and is currently out for public consultation. A final version will be developed after the consultation has ended and will be launched in April 2017

1. Introduction

This report presents an overview of the draft Kent drug and alcohol strategy (2017-2022). This strategy is a joined strategy led by Kent Police and Public Health on behalf of the Kent Drug and Alcohol Partnership, allied community groups and the public. The final strategy will be developed throughout 2016-17 following consultation and feedback from partners and the public. It will be launched in April 2017**.**

2. Rationale

2.1 Until recent years there was a clear picture of the types of drugs being misused and their associated harms. This is no longer the case. There are newer harms resulting from a range of drugs previously not seen by services, including steroids, psychoactive substances and prescription drugs – both legal and illicit.

2.2 This challenging landscape requires an integrated and coordinated approach by all partners. We require all agencies to be active participants in prevention

in order to facilitate cultural and behaviour change towards alcohol and drug misuse.

2.3 There are early indications that young people have responded to preventative messages. There are now higher reported national rates of alcohol abstinence and fewer alcohol-related hospital admissions in Kent. The new strategic challenge is to see a change in the adult population. The combination of public sector austerity and increasingly complex drug and alcohol challenges mean that a new approach is needed that is shared with all partners – including the NHS.

2.4 All partners need to be part of tackling the growing complexities in drug and alcohol misuse e.g. housing and employment are crucial to maintaining recovery. The NHS are needed to play their part in helping individuals manage their drug and alcohol issues as long-term conditions – just as diabetes and high blood pressure are managed.

2.5 There have been notable successes of alcohol strategy that we are keen to maintain. Each district in Kent has a collaborative local alcohol action plan.

2.6 The new Drug and Alcohol Strategy builds on this and also ensures that treatment services are more focused on those with complex drug and alcohol issues. The recommissioning of the current treatment service in East Kent began in autumn 2016.

2.7 The new strategy tackles health inequalities and inequities. The recent needs assessments for drugs and alcohol have shown that there are higher alcohol related harm rates in East Kent, particularly Canterbury, Swale and Thanet. There are also higher rates of drug related deaths in Swale, Canterbury and Maidstone. The needs assessment highlights issues of the offender population, homeless and leaving care population as the most vulnerable. The strategic themes in the strategy will tackle these issues in partnership.

3. Governance

3.1 The current Kent Alcohol strategy reports to the Kent Drug and Alcohol Partnership group. The new Kent Drug and Alcohol Strategy will report to the Kent Drug and Alcohol Partnership and also to the a/ Health and Wellbeing Board and b/ Crime Partnership Board.

4. Themes

4.1 The priority areas and key themes forming the basis of the strategy are displayed in Table 1. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Table 1 Drug and alcohol strategy themes

Theme	**Main tasks – *example activity***
Resilience	• Maintain focus upon building resilience in individuals

Identification	• Increase workforce training and screening capacity in both statutory and non-statutory organisations • Public information and education
Early Help & Harm Reduction	• Drug and alcohol pathways • Increasing and earlier referrals to treatment services especially for at-risk groups • Reduce preventable mortality and morbidity
Recovery	• Move from an acute (episodic) model of care to a sustained recovery model. • Improve support for sustained recovery
Supply	• Disrupt related criminal activities • Public health data contributing to the licensing process

4.2 There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care economy.

5. Next steps

The public consultation is currently taking place. An Analysis and update (including Consultation Report) will be undertaken from mid-February. The strategy will be taken to KCC Adult Health and Social Care Cabinet in March February. A working group drawn from partner organisations will facilitate and implement the stratgey.

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Kent Drug and Alcohol Strategy

2017-2022

FOREWORD

A Safe and Sociable Kent

This strategy has been developed due to the changing and complex drug and alcohol-taking landscape.

The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in Alcohol Identification and Brief Advice (IBA) and, Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

The pattern of drug and alcohol use is changing so now is the ideal time to create a new and joint Drugs and Alcohol Strategy with all partners.

The vast majority of people in Kent enjoy alcohol sensibly, drink within recommended guidelines and do not come into contact with illegal substances. Kent is generally a safe place to go out socialising and many towns have a vibrant night time economy. However some indicators relating to alcohol and drug harm have worsened.

It is important that we reverse the trend in these instances because drug and alcohol-related harm is largely preventable and addictions can lead to criminal behaviour, particularly in areas of greatest economic deprivation. The picture is complex. The social, economic and health impacts of drugs and are often identified with disadvantaged communities, but this can overlook the fact that the physical and emotional impact of alcohol and drug harm affects all aspects of our population regardless of age, income, gender or ethnicity.

A Healthy Challenge

This is an ideal time to make progress on tackling drug and alcohol-related harm. This is because the continuing structural changes in the statutory sector offer opportunities to improve commissioning.

These changes include the local authority taking a lead in public health, and the National Treatment Agency (NTA) becoming a part of Public Health England (a new organisation responsible for the guidance of public health services including drug and alcohol prevention and treatment). Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards have become better established and have a key role in improving mental health services. The issue of how best to serve the health of people with an alcohol/drug and mental health problem (dual diagnosis) remains. Therefore it is essential to focus on building close commissioning partnerships to make sure there is effective identification of people at risk and closer integration of the treatment process as well as ensuring those people's mental and physical health is improved.

A Focus on Outcomes

We want good public health outcomes as a result of this strategy. The Public Health Outcomes Framework has been in operation since April 2013 and focuses on the performance of high-level outcomes to be achieved by local authorities across the public health system. The framework includes a number of outcomes that relate to substance misuse, either directly or indirectly: these include

- reducing the under-75 mortality rate from preventable liver disease,
- reducing the under-18 conception rate,
- increasing the successful completion rate of drug treatment
- reducing the violent crime rate.

This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with addressing the effects of alcohol across the county, including Kent County Council Public Health, Kent Police and Trading Standards. We hope that you find this strategy informative and focused on the right priorities to deliver results, and we look forward to working with you to reduce the impact of drugs and alcohol harm in Kent.

Andrew Scott-Clark, Director of Public Health, Kent County Council

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, Kent County Council, Chair of KDAP

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council

Assistant Chief Constable Tony Blaker, Kent Police

ACKNOWLEDGEMENTS

This strategy has been prepared by Colin Thompson, Public Health Specialist at Kent County Council colin.thompson@kent.gov.uk, Linda Smith, Public Health Specialist at Kent County Council linda.smith@kent.gov.uk , Jessica Mookherjee, Consultant in Public Health at Kent County Council Jessica.mookherjee@kent.gov.uk and Susannah Adams, Public Health Programme Manager at Kent County Council susannah.adams@kent.gov.uk

The following people are acknowledged for their valuable input:

Akua Agyepong	**Corporate Lead for Equality and Diversity, Kent County Council**
Alison Broom	Chief Executive, Maidstone Borough Council
Joel Cook	Scrutiny Research Officer, Democratic Services, Kent County Council
Chief Inspector Tim Cook	Deputy Head of Partnerships & Communities, Kent Police
Lesley Clay	Joint Planning Manager, Kent Joint Policy

	and Planning Board (Housing)
Gillian Montgomery	Senior Administration Assistant, Kent County Council
Inspector Terry Newman	Kent Police
James Whiddett	Operations Manager, Kent Trading Standards
Claire Winslade	Public Health registrar, Kent County Council
Tim Woodhouse	Public Health Programme Manager

1. Introduction

The misuse of alcohol and drugs is causing significant harm to families and communities in Kent

Most people drink alcohol within recommended guidelines and do not use illegal drugs. Consequently they, their families and friends, do not experience any significant direct personal harm as a result.

However, both alcohol and drugs cause harm to families and communities in Kent and the illegal nature of many drugs and the widespread use of alcohol mean that any strategy to tackle misuse must be practical and related to the substance in question.

Alcohol

In early 2016 the Chief Medical Officer in UK announced new tougher guidelines on alcohol consumption to reflect the research evidence on the harms associated with alcohol use. Using the evidence available from the body of research best available data, she announced that there was
"No Safe Limit for Alcohol Consumption."[1]

The reason she says there is no safe limit is because the effects of alcohol are unpredictable and can change depending on someone's physiology, mood and environment. Her new advice was that men and women who drink regularly should consume no more than 14 units a week - equivalent to six pints of beer or seven glasses of wine, and to have a number of days without drinking during the course of the week. Her advice is that pregnant women should not drink at all.

There are a number of main areas of concern regarding **alcohol** consumption:

- The first is those people who drink more than the recommended safe limit may not realise how much harm they may be doing to their health because the harm may not be readily apparent, or that the harm may be tolerated to experience the pleasurable effects of drinking.
- The second main area for concern is with people who are drinking too much with visible harm to themselves and others, both physically and psychologically, and are motivated to seek help, and how that help can be best organised.
- Those individuals who present regularly to multiple agencies, usually in crisis, but have difficulties in engaging with effective substance misuse treatment to help address their alcohol use, and who also have a number of complex health and social needs not able to be met through one sole service.
- Lastly many people who have problems with alcohol (and in many cases drugs) also have mental health problems. These factors can interact with disastrous consequences. There are interactions between the severity of both the alcohol

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

and mental health problems and unfortunately confusion and myths surrounding how people should be treated.

Drugs

The drug-taking landscape is far more complex than it was 10 years ago. Notable challenges include:

- an ageing cannabis, opiate and crack drug-taking population with multiple needs
- new unregulated drugs such as novel psychoactive substances (NPS)
- a sizeable number of opiate dependent individuals who have been in treatment services for a number of years, and although many have made significant improvements to their health and wellbeing, they still remain dependent on prescribed opioid substitute medication to maintain that progress (without recovering).
- an increasing number of people presenting with a dependence on prescribed or pharmacy bought medication, and who do not feel able to access traditional drug treatment services.

This changing drug and alcohol landscape is a reason for developing this strategy.

This strategy has been developed with a range of partners, service users and their families on behalf of the Kent Drug and Alcohol Partnership Board in Kent (KDAP), including Kent Police and the NHS.

A New Strategy for Kent 2017-2022

There has been both a Kent Alcohol Strategy and a Kent Police Drug and Alcohol Strategy in operation which will end in late 2016 and early 2017 respectively. A new strategy will be beneficial for the Kent population because it can impact on reducing health inequalities, problems of crime, anti-social behaviour and poverty.

The new strategy will build upon the successes of the Kent Alcohol strategy and the Kent Police Drug and Alcohol Strategy. There has been good progress in treatment services, Community Safety Partnerships (CSPs), district partnerships and allied interest groups across Kent. We will retain much of what is working well and improve other areas in order to further build and strengthen them.

This strategy is driven by Kent Drug and Alcohol Needs Assessments. The assessments include the views of individuals and their families using treatment services, taking account of national guidance and reflecting the evidence base.

In the face of increasing challenges and reducing resources, all partners need to take a comprehensive and integrated whole-systems approach to developing and

implementing the strategy. This in turn will drive commissioning decisions and identify ways to work better together.

This may involve making difficult choices and hard decisions but will also give opportunities to generate improvements by making the most of the resources available. It is vital to ensure that there is consistency in the core offer being in place for both adults and young people requiring support around drug and alcohol issues across the County.

It may mean more agencies and partners need to play a role in preventing and raising awareness of drug and alcohol issues. There is a great deal of evidence that short, focused interventions such as 'identification and brief advice' can significantly reduce harm from drugs and alcohol.

The heart of this strategy is to empower, encourage and support individuals and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Kent.

Costs to Society

It is difficult to put an exact figure on how much drug and alcohol harm costs the population of Kent because it has such wide-ranging effects and impacts over many years but we do know it is considerable.

Figure 1 Annual cost of drug addiction (PHE, 2014)

Every year drug addiction costs society
£15.4bn

Examples of some of the costs and how they are spent:

£26,074	• Crime by heroin/crack user not in treatment per year
£42m	• Looked after children (parental drug misuse) per year
£448m	• NHS costs

The cost of alcohol misuse are many and varied. Apart from the misery it causes to individuals and families, it has an economic impact on the public purse.

Figure 2 Annual cost of alcohol related harm (PHE, 2014[2])

Every year alcohol related harm costs society

£21.bn

Examples of some of the costs and how they are spent:

£3.5bn	• NHS England
£71.2m	• ***NHS Kent (£59 per person)***
£7bn	• Lost productivity UK
£11bn	• Crime in England

2. Key Issues outlined from health needs assessments

Detailed health needs assessments have been completed for:

- children and young people (drugs and alcohol),
- adult alcohol
- adult drugs

Key findings are included for drugs and alcohol from the three needs assessments.

For more detailed information see the Kent Needs Assessments: Drugs and Alcohol

http://www.kpho.org.uk/health-intelligence/lifestyle/drugs-and-substance-misuse#tab1

http://www.kpho.org.uk/health-intelligence/lifestyle/alcohol#tab1

2.1 Drugs, Needs, Prevalence and Service Use

Young People

Levels of drug–taking and alcohol consumption are in decline for 11-15 year olds. However, the needs assessments illustrate that in previous years, drug taking amongst young people increases with age. Girls and boys and were equally likely to have taken drugs with cannabis being the most widely used substance (61%) with 7% of young people reporting having taken it in the last year.

Estimates from national studies show the number of children in 'at risk' in Kent is 9,034. Estimates also show that dual diagnosis and wider vulnerabilities were more prevalent in Kent than in the national treatment population.

[2] http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf

Waiting times for young people's services are better than the national average at 100% being seen within three weeks. Treatment outcomes appear successful; 93% left services in a planned way and only 7% of young people leaving treatment successfully in 2014 re-presented to young people's or adult specialist services within six months.

Of all the young people who accessed specialist services in Kent, 89% of them used more than one drug (poly-drug use); 92% had started using their main problem substance under the age of 15 and 7% entered services aged 13 or younger.

Adults

For most adults there has been a long-term decline in the use of drugs and drug use is now at its lowest figure for ten years. However, those aged 16-24 years are most likely to use drugs.

Older adults who use drugs (over 45 years old) are the group most likely to die as a result of persistent drug use. It would be reasonable to say this may be because of age-related co-existing and developing medical conditions. This group of people often die because they don't get the help for their physical conditions early enough (i.e. in primary care).

Drugs Supply

The drugs market has evolved and the emergence of internet-based access and supply is proving challenging to authorities with seizures in Europe steadily on the rise since 2006. Outside of London, the South East has the highest number of drug seizures in England.

Issues of Concern

The evolving complexity and fast-changing nature of the drug and alcohol use market has exposed several areas of concern to address. They include:

1. The ageing population of those with drug and alcohol misuse issues who are more prone to co-existing poor health and premature death, with a hesitation to seek medical help for their developing health conditions, and then presenting to treatment at much later stages of illness with a corresponding poorer prognosis.
2. The spread of infections amongst people who inject drugs.
3. Those who use new psychoactive substances (NPS), rarely seeking help from substance misuse services but often presenting to A&E departments with complicated and unclear symptoms as a consequence of their drug use.
4. Individuals with both mental health and drug and alcohol misuse issues.
5. Drug use in prisons and the criminal justice system.

Housing and Poverty

A secure and safe housing environment facilitates and sustains recovery. Individuals who have both addiction problems and homelessness or the risk of homelessness are more likely to have a wider range of needs across health, social care, drug and alcohol misuse and criminal justice. Government welfare reforms represent a significant and challenging development within the area of drug and alcohol misuse field with the large number of problem drug users in need of housing and employment support.

High Risk Activities

Routine screening would benefit those individuals who partake in high risk activities such as 'chem sex'. There is some evidence to suggest that whilst this group of people engage well with some services such as sexual health, they are less likely to engage with drug and alcohol misuse services, and are less likely to view their substance use as harmful in itself, despite the evidence suggesting that sexual risk taking behaviour increases with drug and alcohol use. As well as improving health outcomes for this group, routine sexual health screening is important to address the spread of infections such as hepatitis, chlamydia, syphilis, and HIV.

Drug Treatment

Treatment services in Kent perform well overall and often exceed national performance benchmarks. As the profile of drugs of misuse and the drug using population is changing, services must be flexible to meet the needs and be attractive to different sections of the community, which includes an increasing number of presentations to drug and alcohol treatment centres where English is not the patient's first language.

Treatment services should ensure that they are attracting and meeting needs of individuals throughout the treatment journey. For example, service performance indicators for some sub-sets of substances such as amphetamine misuse are not as good as national comparators. Kent has more women in treatment services than the national average which should be borne in mind when considering and meeting women's needs in treatment services.

More follow-up information over time would be beneficial to identify areas for intervention and improvement e.g. links to holistic community and Mutual Aid organisations and meeting the needs of those with multiple / complex need as well as housing and employment requirements to maintain recovery.

2.2 Alcohol, Needs, Prevalence and Service Use

Young People

In Kent, there were 39% of children in years 7 to 11 who reported drinking alcohol at least once. This pattern of reported drinking alcohol is the lowest rate since records began in 1988. This trend is also reflected in the reduction of alcohol – related hospital admissions in those aged below 18 years nationally and in Kent. One-in-four deaths amongst 16 - 24 year olds are related to alcohol. Children who drink are at a greater risk of brain damage. They are also at greater risk of developing problems with alcohol in later life including dependency. Young people also have a higher risk of being involved in road traffic accidents.

Young people who live in deprived areas are more likely to drink alcohol, drink at an earlier age and drink to excess. This relationship was stronger for young women than young men. The effects of higher alcohol consumption in areas of deprivation are likely to be compounded by inequalities which affect nutrition, exercise and emotional wellbeing.

Adults

In 2014, local estimates identified **about 68,000 people** in Kent will have some degree of alcohol dependency. National calculations based on a tool by NICE (2014) estimated that in Kent nearly **264,000** people are drinking at increasing and high risk levels (23% of the population over 18 years old). High risk levels means that some physical damage is likely to result from the level of alcohol consumed.

There are an estimated **53,000** alcohol-dependent individuals in Kent who require treatment services. Of these people, only around half (50%) were in treatment services in 2014/15. Moreover, treatment services report that some individuals are often referred to them 'too late' for traditional treatment intervention, and that effective intervention with **treatment restive drinkers** may require multi-agency involvement with a differing focus on outcomes (Alcohol Concern Blue Light Project: Working with Change Resistant Drinkers 2014).

Deprivation

There is a strong relationship between deprivation and alcohol misuse. Although Kent is one of the least deprived counties in England, it has areas of significant deprivation. Generally, those living in deprived conditions are among the least likely to seek help for health-related issues although it should be remembered that fearing stigmatisation, those living in more affluent communities will also require help.

Culture of Drinking

Those working in managerial positions, offices and high-earners have emerged, along with those living in deprived areas, as drinking at harmful levels. There is also an increasing trend for older people 50+ to drink more often. Given the ageing population profile, this is an area of concern.

Men

In Kent, the rates of moderate to severely dependent drinkers are higher in males. It is estimated that men comprise 89% of the moderate to severely dependent drinkers. However they only made up 64% of the structured treatment population in 2013/14.

Alcohol treatment has an older treatment demographic with 68% of clients in treatment being 40 years and over and 11% 60 years and over. In common with the national picture, the lesbian, gay, bi-sexual and transgender (LGBT) community is underrepresented in treatment services.

Variations Across Kent: Access to Services

There appears to be a large variation in service access by district. Gravesham and Thanet recruit a large proportion of higher risk drinkers into treatment. Sevenoaks and Dartford have rates of recruitment that are the lowest in comparison to their expected rates, which may be partly due to their geographical distance from treatment centres, with higher numbers of people entering treatment if services are able to be accessed

quickly and locally. Maidstone has relatively poor health outcomes and a lower than average number of those expected to be treatment services.

Thanet, Canterbury and Swale have the greatest proportions of individuals in services. Data suggests those areas most in need of services are Thanet, Canterbury and Maidstone as measured by alcohol specific mortality and morbidity, although in order to be effective, it appears clear that alcohol treatment should not be lost within integrated drug and alcohol services where the immediate focus may historically have been on traditional drug treatment.

Signposting to Services

More people in Kent self-refer to services (54%) much higher than the national rate; referrals by NHS professionals in Kent are much lower than could be expected and lower than the national benchmark. This may be explained in part by the persisting, and erroneous, notion that self-referral is seen an indicator of an individual`s motivation rather than referring directly to treatment services on their behalf as would occur with most other health related conditions.

Mental Health & Dual Diagnosis

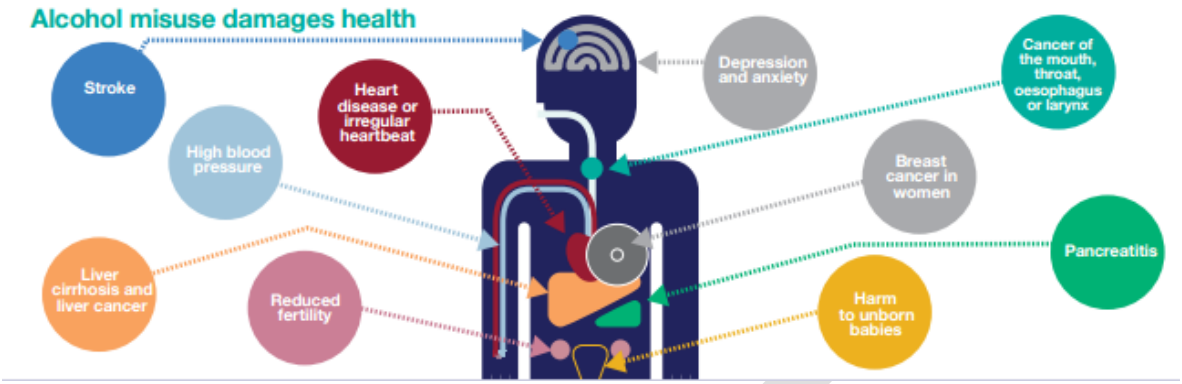
Around a quarter of those in treatment in Kent also have a mental health condition which is higher than nationally, however these figures can be influenced by recording which doesn`t readily differentiate between stable primary care diagnosed and treated mental health, and those individuals who would meet the criteria for secondary care mental health services, with more acute and unstable mental health symptoms.

Partnerships and sharing staff and resources has been shown to increase the effectiveness and delivery of dual diagnosis provision, and improve the transparency of dual diagnosis prevalence.

Drug and Alcohol Treatment

Typically clients have a treatment course of six months and about 10% remain for 12 months. Longer stays may indicate clients are failing to move through the regime effectively; although they may also be an indicator of the increasing complexity of some individuals presenting to treatment, and the ability of treatment services to provide a holding safety net with clients who find difficulty in engaging with recovery services.

Figure 3 alcohol misuse damages health



England	
9m	risky drinking
1.6m	dependence
326,000	hospital admissions*
10,000	liver disease deaths

Kent	
245,287	risky drinking est. 2012/13
82,236	dependence est. 2012/13
23,288	hospital admissions*
632	liver disease deaths**

* 2012/13; Kent increase 29% since 2008/09; ** 2012/14

3. What has been achieved so far in Kent?

The current Alcohol Strategy for Kent has 6 Strategic Pledges.

Pledge 1: increase information and advice to identify and prevent alcohol harm in individuals

> The research evidence shows that the ratio of people 'numbers needed to treat' (NNT) i.e. we offer screening and brief interventions to, is eight to one. This means that for every eight people 'treated' or offered screening, one will change their behaviour (Moyers et al. 2002). This is called **alcohol Identification and Brief Advice**: or '*IBA'*.

Our Aim: to deliver 72,944 IBAs to the Kent population during 2014/16.

We achieved: **so far over 119,000 IBA have been undertaken** with the final figure likely to be much higher.

We launched the self-assessment test 'Know Your Score' in November 2015. In the first six months over 6,000 people used this to check on their alcohol consumption and get advice.

Public health continues to work with partners to improve the type and amount of data available to inform service developments and improvements. For example the use of NHS and public health data in licensing applications, the areas of high drug or alcohol deaths, illness or hospital admissions. Alcohol IBA and workforce training is now an integral part of many public health and NHS commissioned contracts e.g. sexual health, health checks.

Pledge 2: Improve the quality of treatment
We initiated an **alcohol care pathway** which provides practitioners with information about what they should do to ensure that people are given the right help and treatment for alcohol related issues. This is in the process of being adopted across Kent.

Kent drug and alcohol **treatment services** perform well overall, often exceeding national quality benchmarks. We have seen a rise in alcohol clients accessing treatment services.

Pledge 3: Co-ordinate enforcement and responsibility
We have supported Community Alcohol Partnerships (CAPS). These form a key strategic link between police and trading standards which aim to change attitudes to drinking by informing and advising young people on sensible drinking, supporting retailers to reduce sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. A **dedicated coordinator has been appointed to support communities** in this work across Kent.

Kent County Council's Trading Standards Service carried out intelligence **led test purchasing operations** where there are continuing problems of young people having access to alcohol. They also worked proactively with businesses to prevent under-age sales.

Kent Police led on **enforcement**. This involves work on preventing, reducing and detecting crime and disorder. They have led work that targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

Pledge 4: Tailor plans to the local community needs
We have a **local partnership 'alcohol plan'** to deliver action on the six pledge areas of the last strategy in each district in Kent. Each has a strong focus on local issues including crime and disorder via the Community Safety Partnerships, licensing, vulnerable and at risk groups, children and young people and quality of treatment.

Pledge 5: Target vulnerable groups and tackle health inequalities
We have taken dual diagnosis as a quality and safety issue and have **reviewed partnership working arrangements** to ensure that individuals of all ages with a dual diagnosis receive timely and appropriate care. This work is complex and ongoing.

Pledge 6: Protecting children and young people from alcohol harm
We can show that hospital admissions for children and young people have declined across Kent and for the first time are better than the South East regional rate and similar to the national one.

We commissioned **Kent 'RisKit'** programme which has gained national recognition for its work with children and young people in Kent for drugs and alcohol.

The **Kent Police Drug and Alcohol Strategy 2015-2017** has recognised that working in partnership with key stakeholders was the most effective way to achieve the strategy objectives of '**Reducing Demand', 'Restricting Supply' and 'Building Recovery'**.

Kent Police has a responsibility to reduce crime and anti-social behaviour generated by illegal drug use and alcohol misuse, which also blights the lives of many individuals and their families. Kent Police also has a responsibility to work with and support partnerships that seek to reduce the harm caused by the consumption of drugs and alcohol, and which can also lead to risky and dangerous behaviour. In seeking to reduce the demand and related criminality, **Kent Police supported those at the greatest risk** and identified appropriate interventions **through Community Alcohol Partnerships, 'Is it worth it' school roadshows and diversion schemes**.

Kent Police understand how the activities of organised crime groups can cause serious harm to individuals and communities. The Kent and Essex Serious Crime Directorate, a joint unit with Essex Police, aimed to reduce the harm caused by disrupting and dismantling drug networks across the county. **Relentlessly targeting organised crime groups, undertaking multi agency night time economy enforcement, coupled with the effective use of the drug liaison expert witness process**, where 94% of criminal justice drug offenders submit an early guilty plea, supported the priority to restrict the supply.

Kent Police worked with Criminal Justice agencies, the Kent Drug and Alcohol Partnership and the drug and alcohol providers to support the Government's aim to rebuild the lives and aid recovery of those who are addicted to drugs and alcohol. Drug **Testing on Arrest** have identified and guided substance misusers to treatment services.

The Kent Drug and Alcohol Partnership is very active in Kent and help to provide a focal point where the work of allied partnership groups can be integrated providing an overview of alcohol and drug related issues and partnership work across Kent. For example, the annual conference for the Kent Community Safety Partnership in 2016 had a focus on alcohol and drugs.

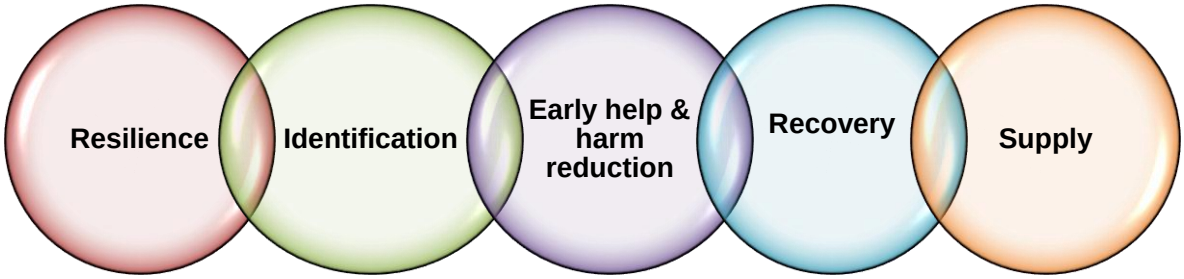
The New Drug and Alcohol Strategy for Kent

The Vision and key themes for the strategy for 2017-2022

In Kent, we will continue to support children, young people, adults and their families to make positive choices to reduce harm and the negative impact of drugs and alcohol on their lives. We aim for everyone living in Kent to have a sensible attitude to drugs and alcohol. We will achieve this vision by working on these key strategic themes for both drugs and alcohol.

The key themes are highlighted in Figure4. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Figure 4 Strategic themes



1. Resilience

Resilience is the process of recovering or adapting well to trauma, tragedy or extreme stress factors such as divorce, bereavement and job loss. Many people will misuse drugs and/or alcohol at one point in their life, but some people are more susceptible to continued or long-term misuse. This is particularly apparent in some vulnerable populations such as those with mental health conditions, offenders, homeless people, children and young people who may be susceptible to risky behaviours and children and young people who have parents who misuse drugs or alcohol. Universal prevention activities are of little relevance for vulnerable populations at risk or where drug or alcohol use has already become problematic. Building resilience for vulnerable individuals is a key priority to reduce the harms and consequences of drug and alcohol misuse. This can have a positive impact for the whole population because if resilience is built in, the result can be a reduction in crime, inequality and anti-social behaviour.

Many of the partners involved in the delivery of this Drug and Alcohol Strategy are also represented on the Crisis Care Concordat which is working to improve the quality of care for individuals experiencing a mental health crisis. Given that many people have both substance misuse and mental health issues, this will help to ensure that dual diagnosis services are improved.

Drug misuse features significantly in child sex exploitation (CSE) and where there are issues regarding the safeguarding of children and vulnerable adults, including incidents of domestic abuse. National data suggest that parental drug use is a factor in 29% of all serious case reviews and alcohol is involved in half of violent assaults.

Building resilience in families is vital to help them cope with specific challenges they may face such as dealing with having a child with a disability, mental health or behavioural issue. The term **'Toxic Trio'** has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

What will we do to improve resilience?

- We will support the implementation of the protocol to better meet the needs of dual diagnosis clients and up-skill the substance misuse and mental health workforce in Kent. This will improve quality of care provided to dual diagnosis, increase successful treatment completions for dual diagnosis clients and increase the number of joint care plans between substance misuse and mental health providers.
- We will ensure there is support for people with lower level mental health needs and those who would not meet the criteria for dual diagnosis support such as those with a personality disorder.
- We will address hidden harm and safeguarding children and vulnerable adults through effective practices and integrated approaches to address the welfare of children of drug or alcohol misusing parents and vulnerable adults.
- We will work across our partnership to develop services that address the wider social determinants of health and wellbeing in vulnerable populations, such as access to housing, employment support, economic wellbeing and educational achievement.
- We will ensure there is support for drug and/or alcohol misusing offenders to receive a holistic package aimed at stopping offending and drug or alcohol dependence.
- We will continue to offer the 'RisKit' programme in schools to help identify children vulnerable to risk behaviours and offer them support to increase their resilience.
- We will ensure that effective pathways of treatment and evidence-based therapies are available to those adults and young people adversely affected (issues such as CSE or domestic abuse) by substance misuse.
- We will support families who have specific challenges to be resilient thus reducing their risk of misusing drugs or alcohol.
- We will work with the prison service to raise awareness of drug and alcohol related harm to offenders and ensure they can access appropriate support.
- We will increase our understanding of the toxic trio and ensure we support people who are affected.

How will we know we have been successful in tackling resilience?

There will be improvement across these National Public Health Framework indicators:

- Reduction in re-offending levels

There will also be improvement across these Kent Indicators:

- Reduction in the number of homeless people.
- Reduction in the number of people at risk of homelessness.
- Reduction in drug and alcohol-related crime.
- Reduction in number of people entering prison with substance dependence issues who are previously not known to community treatment.
- An increase in the number of dual diagnosis clients being supported.
- A reduction in the number of schools exclusions related to alcohol and/or drug use.

2. Identification

Improving public awareness about the risks of harmful drinking and drug use plays an important role in alerting people to harms they might not be aware of, as well as helping them to change their behaviour.

There are tools that can be used to help identify drug and alcohol misuse. Identification and Brief Advice (IBA) is an intervention which typically involves: Identification: using a validated screening tool to identify 'risky' drinking. The Drug Use Screening Tool (DUST) is used as both a screening device for substance misuse and a referral form into Young Person's Drug and Alcohol Services. The training is focused on enabling professionals to feel more confident and competent in identifying substance misuse among vulnerable young people and how to respond appropriately.

<u>What will be done to improve identification?</u>

- We will support people to make healthy lifestyle choices by providing targeted communication via campaigns and education including information about the potential harms people can expose themselves to, the support services available and targeted support for those who are at risk.
- We will continue to ensure IBAs and, where appropriate, referral on to other agencies is routinely given to people attending key frontline services.
- We will work in partnership with schools to provide good quality drug and alcohol education, particularly around New Psychoactive Substances (NPS) and support schools to develop policies.
- Continue to ensure that appropriate professionals are offered DUST training
- Increase workforce training and screening capacity in both statutory and non-statutory organisations. This will include the development of a web-based alcohol and drug e-learning package to help workforces undertake IBA as part of

their routine work. This will be available to all partner and allied organisations in Kent.
- Improved integration with Clinical Commissioning Groups across the county in relation to the whole system process including alcohol screening, brief advice and referral for treatment.
- We will enter into partnerships to deliver effective health improvement activity that can prevent risky or harmful drinking in the population in the future.

How will we know we have been successful in improving identification?

There will be improvement across these Kent Indicators:

- Increase in the number IBAs undertaken in primary care and referrals from primary care to substance misuse services
- Number of IBAs undertaken and analysis of referral points
- Number of young people screened via DUST.
- Number of professionals trained for IBA and/or DUST.

3. Early Help and Harm Reduction

Increasing awareness of accessing treatment services is important as is ensuring that treatment is available across the lifecycle to minimise harm and reduce the risk of mortality. Increasing the volume and earlier referrals to treatment services is a key element, especially for population groups with an increased risk. If early help and harm reduction can be effective, the result for the population can result in preventable deaths and poor health.

Education has an important role to minimise harm reduction. This includes work undertaken in schools and police working with partners to educate people about the harms caused by drug and alcohol misuse.

Kent Police have worked successfully with drug and alcohol treatment providers to offer a diversion scheme for those arrested for being drunk or in possession of cannabis. It involves a reduction in a Penalty Notice for Disorder (PND). If an individual attends a 'health and law' input session which aims at reducing future harms, there is a 50% reduction in the PND.

Kent Youth Drug Intervention Scheme (KYDIS) is an 'Intervention and Brief Advice' for young people found in possession of a Class B/C drug under the Misuse of Drugs Act 1971 in Kent. The scheme aims to divert qualifying young people from the criminal justice process at an early stage and provides guidance relating to the Misuse of Drugs Act and harm minimisation advice by specialist service providers dealing with young people and substance misuse. The scheme provides a pathway into specialist substance misuse services for young people.

Community Safety Partnerships (CSPs) bring together all relevant agencies in the local authority area who can have an impact on crime, anti-social behaviour, substance misuse etc. The key community safety priorities identified for each area are outlined in the local community safety plan and addressed through a variety of associated initiatives. Much can be done to prevent problems before they arise and a great deal of

effort is devoted to tackling issues of drug and alcohol abuse, supporting vulnerable people and their families to create sustainable and lasting improvements. There have been a range of initiatives that CSPs have been involved with to reduce harms around drug and alcohol misuse. These include street pastors and the Urban Blue Bus which operates in Maidstone. The bus is an identifiable resource in the town centre at night as a safe haven providing support for injury, counselling and pastoral care.

What will be done to improve work around early help and harm reduction?

- We will develop a multi-agency communications plan for young people and adults with a focus on harm reduction, safe drinking levels and targeting communities with high level of drug and alcohol related harm.
- We will ensure that our drug and alcohol information and prevention activity is integrated within our broader health promotion and prevention programmes, to ensure that we offer helpful and accessible information consistently across agencies, and that front-line staff in all relevant settings have the right skills and knowledge to provide information and support, including mental health and wellbeing.
- We will ensure that family based interventions are integral to treatment provision with the aim of increasing earlier referrals to treatment services.
- We will ensure that treatment services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood and adulthood to end of life care via appropriate pathways to increase earlier referrals.
- We will continue to provide opportunities for individuals to engage with alcohol and possession of cannabis diversion schemes for both adults and young people.
- To work with young people's services and early help to help embed social preventative services across a range of services.

How will we know we have been successful in improving work around early help and harm reduction?

There will be improvement across these National Public Health Framework indicators:

- Under 75 mortality rate from liver disease considered preventable
- Emergency hospital admissions for self-harm

There will also be improvement across these Kent Indicators:

- Increased earlier referrals to specialist community-based treatment services – including from multi-agency/ voluntary sector partners; including older adults and children and young people (CYP)
- Admission episodes for alcohol related conditions
- Hospital Admissions for mental and behavioural disorders due to psychoactive substance use
- A reduction in the overall alcohol specific hospital admissions for under-18 year olds from 2017.

- Young people and adults have a better understanding of the risks of using alcohol and other drugs.
- An increase in the estimated number of young people abstaining from consuming alcohol and using drugs.
- Number of education sessions undertaken to educate young people about the harm caused by drugs and alcohol.
- Number of individuals that opt to undertake a diversion scheme for alcohol or possession of cannabis.

4. Recovery

An effective recovery system will have effective access to treatment options for people who are dependent on, or who have problems with, alcohol or drugs. It should aim to provide a recovery focused integrated drug and alcohol response to people's different needs. The treatment system should have strong service user involvement and peer led recovery outcomes. There is a need to move from an acute (episodic) model of care to a sustained recovery model. However, it should be acknowledged the treatment services have faced challenges, with treatment budgets undergoing significant reductions. This has resulted in treatment services having a necessary focus on specific groups, with the prioritisation given to those individuals likely to be at greater risk of harm to themselves and their wider community through their substance use.

People accessing treatment will generally "go through the cycle of change" and can move through this cycle many times before maintaining goals.

Treatment services should have an increased emphasis to cater for those who are dependent as lower end users can access support via health improvement.

The Drug Intervention Programme (DIP) provides an opportunity for people being taken into custody suffering from drug misuse to access treatment and can help reduce barriers for some vulnerable people to access treatment services.

Drug testing on Arrest (DTOA) increases the contact being made with substance misusers via the conduit of the criminal justice system. A greater proportion of those deemed to require some form of engagement with substance misuse treatment services will now receive relevant interventions and support. For those who continue to commit crime, their offending is better restricted through the increased use of deterrent sentences.

<u>What will be done to improve recovery?</u>

- We will focus treatment services to cater for people with a high level of need.
- Improve treatment outcomes for those involved with drug and alcohol treatment services, particularly amongst those who have been engaged for two or more years, whilst being able to differentiate between real treatment progress for the most disadvantaged who appear to remain in treatment without a visible traditional recovery, and those who may make the transition to a full recovery with further support.

- Improve support for sustained recovery and to take account of holistic factors that include education, skills training, employment support, housing and mental health support.
- Ensure people are able to access appropriate treatment interventions at times and places appropriate for their age and needs and taking account that they may have a relatively high risk of relapse.
- We will strengthen our approach to actively encourage 'hard to reach' and difficult to engage people, such as street drinkers and drug and/or alcohol misusing offenders, in order to motivate them towards engaging in treatment and progress towards recovery
- Prevent drug deaths by sharing intelligence leading to improvements in quality services.
- Improve emergency and acute services for treatment and resistant drinkers and drug misusers by ensuring there is strong partnership working with acute trusts and the South East Coast Ambulance Service (SECAMB).
- We will continue to promote the DIP and DTOA care pathway for people misusing alcohol into effective treatment.

How will we know we have been successful in improving work around recovery?

There will be improvement across these National Public Health Framework indicators:

- Successful completion of drug treatment (non-opiate and opiate users)

There will also be improvement across these Kent Indicators:

- Increase proportion of alcohol users that exit treatment successfully
- Increase proportion of drug users that exit treatment successfully
- Reduction in repeat re-presentations to treatment services
- A reduction in the barriers for people accessing treatment services which we will assess by talking to service users and assessing uptake.

5. Supply

The illicit drug market has considerable financial value. To reduce the crime and disorder via the disruption of related criminal activities sometimes associated with substance misuse, for example through policing interventions and licensing policies can have a considerable impact.

There is a need to ensure that activity is coordinated to ensure that enforcement actions are effective in reducing substance misuse and related crime and disorder and maximise community safety, while ensuring there is an optimal night time economy.

Community Alcohol Partnerships aim to deliver a co-ordinated, localised response within local communities to the problems of underage drinking and associated anti-social behaviour through co-operation between alcohol retailers/licensees and local stakeholders. Community Alcohol Partnerships (CAPs) are now established in a number of geographical locations across the county. Kent Police, together with Kent

Trading Standards and other organisations connected to CAP, have been working with Drinkaware (an independent UK charity) in the delivery of school based training designed to deliver stimulating learning inputs on alcohol and associated harms.

Integrated Offender Management Units (IOMUs) were set up to deliver against the joint Ministry of Justice and Home Office policy of IOM, which is focused on agencies pooling resources and expertise to manage those offenders causing the greatest harm to the community through their criminality.

Drug Liaison Officers (DLOs) help to co-ordinate local drug enforcement activity by providing expert advice and guidance at scenes and expert statements. DLOs are able to assist with the Crown Courts' background knowledge in serious cases. This results in appropriate sentencing and reduces and disrupts the supply of drugs in Kent for a more substantial period of time. DLOs also retain a close working relationship with Drug Intervention Programme (DIP) workers who support individuals seeking treatment.

The safe management of over the counter medication, prescription medicines, and controlled drugs in Kent is to reduce the harm caused to people using drugs that haven't been prescribed and their illegal supply.

What will be done to improve work in tackling supply?

- We will continue to disrupt the supply of drugs through effective enforcement.
- We will continue to improve the management and planning of the night time economy through strengthening the role of local residents and use of intelligence in regulating the environments via utilisation of licensing, planning and other regulatory powers.
- We will actively enforce an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing, and promotion of the available treatment services.
- Kent Trading Standards to lead a continued emphasis on the illicit sales of drugs and alcohol. There will be joint working with agencies and effective publicity and education
- We will establish and maintain the coordination of Kent Alcohol Community Partnerships, with the involvement of agencies within and outside KCC
- We will review and develop the IOM programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence
- Kent Police will continue to invest at a divisional level in Drug Liaison Officers (DLOs).
- Kent Police will continue to work in partnership with 'Controlled Drugs, Local Intelligence Networks' and the Medicines Management Units in Kent and Medway

How will we know we have been successful in tackling supply?

There will be improvement across these Kent Indicators:

- Analysis of licensing reviews called in response to alcohol related concerns
- Reductions in drug and alcohol related crime and disorder and anti-social behaviour
- Case studies of health impacting on licensing process

How will we implement this Strategy?

Each Kent district has a local alcohol action plan which encourages a range of partnership collaboration. This is an excellent resource for future drug and alcohol strategy implementation, resource sharing and shared learning. It is anticipated that these could be used to implement the combined Kent Drug and Alcohol Strategy. These groups already link to associated networks and partnership groups e.g. Kent Community Safety Partnerships and mental health networks.

Existing reporting and governance structures for the Kent alcohol strategy will be used to cover both drugs and alcohol and the Kent Drug and Alcohol Partnership will continue to provide oversight alongside local Health and Wellbeing Boards.

A specific strategy implementation group will be formed to oversee the implementation of the strategy. This group will give a regular update of progress to the Kent Drug and Alcohol Partnership.

An action plan will be developed and it will include the details as to how the objectives for each theme will be delivered along with specific indicator targets. The indicator targets will be a mixture of those set nationally via the Public Health Outcomes Framework and locally developed ones.

References

1. Moyer A, Finney J, Swearingen C, Vergun P (2002) Brief interventions for alcohol problems: a metanalytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. Addiction 97:279-292.

2. Public health England (2015). The international evidence on the prevention of drug and alcohol use Summary and examples of implementation in England. Available at: http://ranzetta.typepad.com/files/the-international-evidence-on-the-prevention-of-drug-and-alcohol-use-summary-and-examples-of-implementation-in-england.pdf

Glossary

Clinical Commissioning Groups (CCGs) - Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013.

Community Alcohol Partnerships (CAPS) – Community Alcohol Partnerships is a Community Interest Company with an independent Chair, Derek Lewis, and an expert Advisory Board including retailers and members from the voluntary and charity sectors, the police and trading standards.

Community Safety Partnerships (CSPs) are made up of representatives from the police, local council, fire service, health service, probation as well as many others. Their purpose is to make the community safer, reduce crime and the fear of crime, reduce anti-social behaviour and work with business and residents on the issues of most concern.

Health and Wellbeing Boards - The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Identification and Brief Advice (IBA) - An alcohol brief intervention which typically involves: Identification: using a validated screening tool to identify 'risky' drinking and Brief Advice: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

Improving Access to Psychological Therapies (IAPT) - a National Health Service (England) initiative to provide more psychotherapy to the general population.

Kent Drug and Alcohol Needs Assessments - The aim of these needs assessments updates are to describe the pattern of drug and alcohol misuse in Kent and review current service provision in relation to need and make recommendations for service commissioning.

Kent Drug and Alcohol Partnership Board in Kent (KDAP) - The Kent Drug and Alcohol Partnership aim to reduce the harm of drug and alcohol misuse, on individuals, families and communities.

Lesbian, Gay, Bisexual and Transgender (LGBT) - is an initialism that stands for lesbian, gay, bisexual, and transgender.

National Treatment Agency (NTA) - Special Health Authority, established by the UK government to increase the availability, capacity and effectiveness of drug treatment in England.

New Psychoactive substances (NPS) - NPS are a range of drugs that have been designed to mimic established illicit drugs, such as cannabis, cocaine, ecstasy and LSD.

Public Health Outcomes Framework - The Public Health Outcomes Framework, Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a

vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

Serious Case Reviews - identify useful insights into the way that organisations are working together to safeguard and protect the welfare of children.

From: Colin Thompson, Public Health Specialist, KCC

To: Thanet Health and Wellbeing Board

Date: 12th January 2017

Subject: Suicide Prevention update

Classification: Unrestricted

Introduction:
In November 2016, Secretary of State for Health Jeremy Hunt wrote to all local authorities highlighting their role in suicide prevention planning. Alongside the letter, Public Health England published guidance to local authorities called "Local Suicide Prevention Planning: A practice resource". The guidance can be seen here
This paper provides an update on the suicide prevention work Public Health is leading on behalf of KCC. It sets out how we currently meet the majority of the recommendations for best practice, and highlights those areas where improvements could be made.

Recommendation:
Thanet Health and Wellbeing Board are asked to note the contents of the report and make comments and suggestions on the progress update.

1.0 Kent context

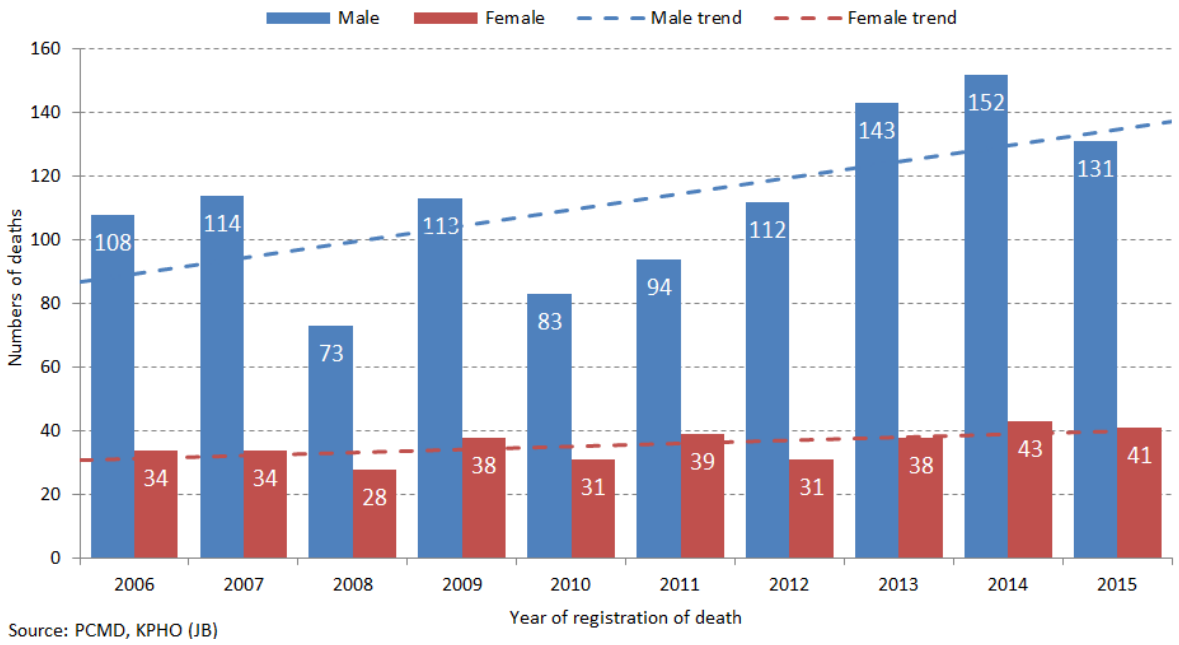
1.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community.

1.2 There were 172 deaths by suicide or undetermined causes registered by coroners in Kent in 2015. (Undetermined deaths are accepted as probable suicides for the purposes of statistics). This is a slight fall from 185 in 2014.

1.3 76% of suicide victims registered by coroners in Kent in 2015 were men.

1.4 The suicide numbers for Thanet is variable each year. The rate is greater than the England average, but not statistically significant higher

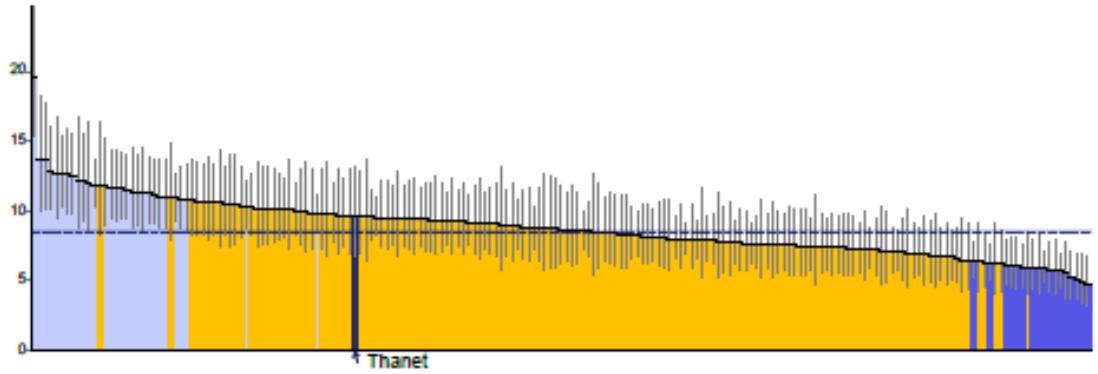
Numbers of deaths from suicide and undetermined causes, Kent and Medway, 2006-2015, by gender and year of registration, aged 15+



Source: PCMD, KPHO (JB)

Number of Suicides in Thanet local authority, England, 1996-2010

Year	deaths
1996	13
1997	13
1998	15
1999	8
2000	12
2001	13
2002	6
2003	6
2004	8
2005	7
2006	8
2007	10
2008	7
2009	10
2010	8



1.5 Research conducted during the production of the 2015-2020 Suicide Prevention Strategy showed that only 20% of suicide victims in Kent and Medway had been in contact with secondary mental health services in the 12 months before they died.

1.6 KCC Public Health chairs and co-ordinates the multi-agency Kent and Medway Suicide Prevention Steering Group and wrote the 2015-2020 suicide prevention strategy.

1.7 Membership of the Steering Group includes individuals from:

- British Transport Police
- Canterbury Christ Church University
- Carers Representatives
- DGS CCG
- Kent Coroner Service
- Kent Fire and Rescue Service
- Kent and Medway Partnership Trust (KMPT)
- Kent County Council (PH and social services)
- Kent Police
- HMP Prisons
- Medway Council (PH and social services)
- Network Rail
- NHS England
- Rethink Mental Illness
- South Kent Coast CCG
- The Samaritans
- West Kent CCG

1.8 The 2015-2020 Suicide Prevention Strategy highlighted that middle-aged men, not known to secondary mental health services are a high risk group in Kent. To address this, KCC Public Health developed and launched the Release the Pressure social marketing campaign.

1.9 The campaign deliberately avoided using the words 'mental health' as most stressed men don't believe that what they are suffering is a mental illness. In addition, the campaign used the experiences of real men to make other men aware of a 24/7 charity helpline (already commissioned by KCC) and actually make a call.

1.10 The impact has been strong, in the first 7 months of the campaign:

- a total of 10,583 people called the helpline
- of which 3385 were men
- the helpline received nearly 500 male callers a month which is a 56% increase on before the campaign launched (this is nearly 200 extra calls from men every month)
- total number of calls per month (including men and women) are up 30%.

1.11 The feedback from callers to the helpline has been just as reassuring as the increase in call numbers:

Release the Pressure really spoke to me. I was panicking but I feel so much better now, thank you.

Getting your number was the best thing that has happened to me. Thank you for your help, I feel I have a good plan in place and I can settle now.

2.0 KCC's contribution to national suicide prevention policy development

2.1 Tim Woodhouse (KCC Public Health Programme Manager) was a member of PHE's national expert panel which helped developed the new PHE guidance which accompanied the Secretary of State's recent letter

2.2 The approach to partnership working that KCC's Public Health team take on suicide prevention is used as a case study in the new PHE Guidance (p.18)

2.3 The Terms of Reference for the Kent and Medway Suicide Prevention Steering Group are included in the new PHE Guidance as a sample of good practice (Appendix 3 p.76)

2.4 The Release the Pressure social marketing campaign has recently been awarded Silver Medal in the Best Public Sector Campaign of the Year by the Chartered Institute of Public Relations

2.5 The Local Government Association are including a case study on KCC's suicide prevention work in their new good practice document (to be published in Feb or March 2017).

3.0 How KCC meets the recommendations from the Secretary of State and the related PHE guidance

3.1 In his letter to local authorities the Secretary of State refers to a new target to reduce the number of suicides by 10% by 2020. If the 2015 number of suicides (172) is used as a baseline, the target equates to 17 fewer deaths a year. Through the existing Steering Group KCC Public Health will work with all local partners (including CCGs) to ensure that target is met and exceeded if possible.

3.2 Within the PHE Guidance, there are three main areas of responsibility for local authorities

i. Building a partnership approach
KCC Public Health facilitate and chair the Kent and Medway Suicide Prevention Steering Group with extensive membership from statutory agencies, public sector partners, voluntary sector groups, mental health charities, academics and individuals. The Steering Group meets quarterly.

ii. Making sense of national and local data
The Kent Public Health Observatory produces an annual audit of suicide statistics using data from the Primary Care Mortality Dataset. Local media monitoring is undertaken on an ongoing basis and all partners regularly share information between meetings if unusual suicide activity is identified.

iii. Developing a suicide prevention strategy and action plan
With strong input from the Steering Group, KCC Members and the public, Public Health published the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan in Sept 2015. The Action Plan is monitored and updated at every quarterly Steering Group meeting

4.0 Areas for development

KCC Public Health have identified the following actions as priorities for 2017:

i. In-depth analysis of coroner verdicts
Public Health and the Kent Coroner Service have agreed to work together on a more in-depth analysis of coroner verdicts than has previously been possible. The purpose will be to identify any common patterns or trends that are not possible to spot through analysis of top level statistics

ii. Release the Pressure – phase two
Another wave of publicity is planned for spring 2017 to reinforce the awareness created by the social marketing campaign

iii. Better support for bereaved families
This is currently a priority within Kent and Medway Suicide Prevention Strategy but it is an area that could be developed. Public Health will work with charities, CCGs and the Kent Coroner Service to strengthen the support available.

5.0 Recommendation

Thanet Health and Wellbeing Board are asked to note the contents of the report and make comments and suggestions on the progress update.

6.0 Contact details

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THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or
   Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
  - exercises functions of a public nature; or
  - is directed to charitable purposes; or
  - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £25 or more. You **must,** at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Committee Services Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING……...

DATE…… **AGENDA ITEM** ……

DISCRETIONARY PECUNIARY INTEREST ☐

SIGNIFICANT INTEREST ☐

GIFTS, BENEFITS AND HOSPITALITY ☐

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

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NAME (PRINT): ……

SIGNATURE: ……

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.