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To:	Thanet Health and Wellbeing Board
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Subject:	**Kent Alcohol Strategy: Local Implementation**
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Summary

The Kent Alcohol Strategy (2010-2013), was successful in galvanising support and co-ordinated action across Kent to address the impact of alcohol on individuals, families and communities. The new Government's Alcohol Strategy 2012, the new Health and Well Being Boards and changes to the NHS structure made it important to refresh Kent's approach.

The new Alcohol Strategy for Kent – builds on the previous good practice and is a 'high level document'. The new Kent strategy focuses more on prevention and treatment of alcohol related harm and urges closer working between the local Crime Partnerships and new Health and Well Being Boards to address issues locally.

This report provides information on the vision and aims of the recently published Kent Alcohol Strategy for 2014-16. The strategy is provided in the appendix to this report. There are Six Pledges and Seven High Impact Steps outlined in the new Kent Strategy.

Six Pledges:

1 Improve Prevention and Identification
2 Improve the Quality of Treatment
3 Co-ordinate Enforcement and Responsibility
4 Tailor the plan to the local community
5 Target Vulnerable groups and Tackle Health Inequalities
6 Protect Children and Young People

Seven ' High Impact' Steps

- Work in partnership: enhance, strengthen and support each other – not duplicate
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy and leadership
- Improve the effectiveness, quality and capacity of specialist treatment services
- Have specialist workers in key locations – like accident and emergency (A & E)
- Provide more help for people to drink less through identification and brief advice
- Amplify national social marketing by local action and publicity

Alcohol harm is an issue nationally and across Kent – but it is in Thanet where the problems

are most acute.

It will be no surprise to Health and Well Being Board members that the Local Alcohol Profile for Thanet (appendix 2) shows that Thanet is significantly worse than the regional and national average for:

- Chronic liver disease mortality
- Alcohol related hospital admissions
- Number of employees that work in bars.

In all but two of the 27 indicators in the Alcohol profile - Thanet is considerably worse than the National and Kent average.

Therefore some of the actions to address this will be Kent wide (e.g commissioning of Treatment Services) – however local action at both district and local Health and Wellbeing Board level is critical to the success of any Kent – wide strategy. Even action at a Kent wide level will need the support and guidance from a range of partners, notably CCG's and local clinicians as well as councils and the police.

This report describes some of the current public health and commissioning activity taking place in Thanet to deliver the aims of the strategy and asks how best these can be improved on locally.

Recommendations:

This report asks the Thanet Health and Well Being Board to support the Kent Strategy and requests the Board's help and commitment to deliver locally tailored solutions to the serious alcohol problems described by the data.

The report suggests a mechanism to deliver this strategy in partnership and asks the Board to discuss this and improve upon the suggested plan.

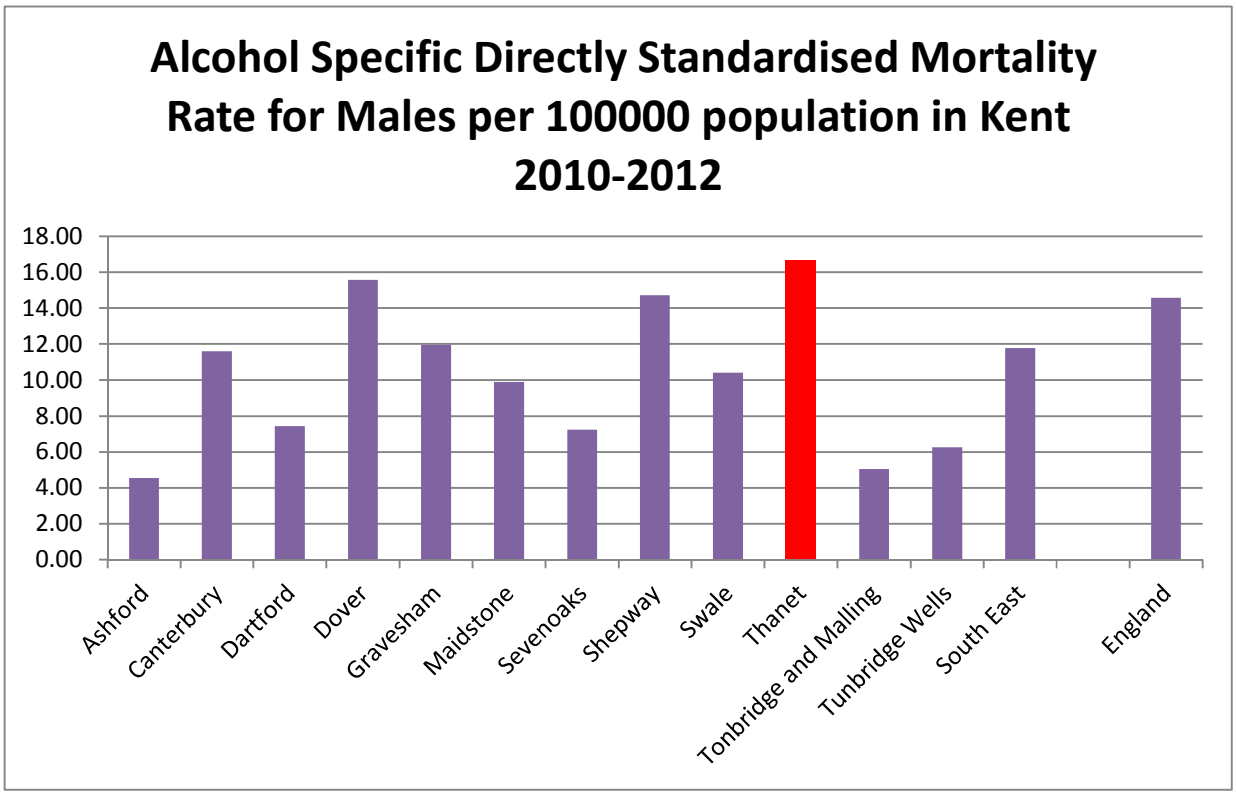
1. Introduction

In moderation, alcohol consumption can have a positive impact on adults' wellbeing especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in local communities. The alcohol industry also contributes to the economy (Home Office, 2012). However, excessive consumption of alcohol is a growing problem in Kent and across the Country. Liver disease is the 5th largest cause of death in England. The average age of death from liver disease is 59 years, compared to 82-84 years for heart & lung disease or stroke, with a 5-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years (Moriarty, 2010).The social, economic and health impacts of alcohol are often identified with disadvantaged communities.

There are a number of indicators and data that are collected related to Alcohol harm and misuse. In Thanet the vast majority of these indicators show that there is considerable and

increasing risk to the health and well being of people in Thanet due to misuse of Alcohol. The majority of the indicators that indicate harm are disease rates and survey results on drinking behaviour. Interestingly Thanet has lower then England average rate of binge drinking. This indicates that the issues affecting Thanet are more chronic and long term drinking behaviours.

Fig.1



Source: LAPE 2014 PHE

Below is a list of the conditions that are wholly attributable to alcohol.

Alcohol-induced pseudo-Cushing's syndrome , Mental and behavioural disorders due to use of alcohol for alcoholic psychosis, alcohol dependence and alcohol abuse), Degeneration of nervous system due to alcohol, Alcoholic polyneuropathy, Alcoholic myopathy, Alcoholic cardiomyopathy, Alcoholic gastritis, Alcoholic liver disease,Chronic pancreatitis (alcohol induced),Ethanol/methanol poisoning, Toxic effect of alcohol, unspecified, Accidental poisoning by and exposure to alcohol.

However, Alcohol misuse is also a contributor to the following conditions:

- Malignant neoplasms (Cancer)
- Diseases of the nervous system (risk factor for seizures)
- Diseases of the circulatory system (particularly hypertension, stroke and heart failure)
- Liver disease and Acute and chronic pancreatitis
- Psoriasis
- Falls
- Road traffic accidents

- Other accidents
- Fire injuries
- Assaults

All of these conditions cause strain on families, communities and health services.

2. The Kent Alcohol Strategy 2013-2016

This is a high level Kent wide strategy that was developed in response to the 2012 National Government's strategy to prevent alcohol harm. The National strategy concentrates principally on strategic approaches to tackle crime and disorder caused by Alcohol misuse. This is of particular concern to Thanet and thus working closely with the local Crime Partnership will be important. However, across Kent the health indicators showed worrying trends. The 2013 JSNA for Kent shows that liver disease is now the largest growing long term condition.

Health inequalities are clearly evident as a result of alcohol-related harm; Department of Health analysis of ONS[i] data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation, and liver disease represents one of the few diseases where the inequalities gap is increasing.

This is why the Kent Strategy's aim and emphasis is on identification, prevention and treatment of alcohol related harm, as well as maintaining focus on the crime, disorder and anti-social impact of alcohol misuse. In addition we ask local areas to use all their available powers to work together to tackle this problem, including any power and influence they have over considering responsible approaches to licencing applications.

The Strategy is built around six pledges and seven evidence-based high impact steps to achieve the strategy aims:

- Prevention
- Treatment
- Children & Young People
- Vulnerable Communities
- Enforcement & Responsibility
- Local Action

High impact steps

- Work in partnership: enhance, strengthen and support each other – not duplicate
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy and leadership
- Improve the effectiveness, quality and capacity of specialist treatment services
- Have specialist workers in key locations – like accident and emergency (A & E) departments
- Provide more help to encourage people to drink less through identification and brief advice
- Amplify national social marketing by local action and publicity

2.1. **Aims of the Kent Alcohol Strategy 2013-16**

- To work towards a culture of responsible drinking, where individuals make informed choices about their alcohol use. To work together in promoting and supporting change in people's attitudes and behaviours to risky alcohol consumption. To work with the alcohol retail industry to contribute to reducing alcohol-related harm through commitment and action on responsible retailing while supporting our economy to thrive.

- Improve individuals' health and wellbeing through enabling access to effective early interventions and recovery-focused treatment and care services for all those who need it, including older people and pregnant women.

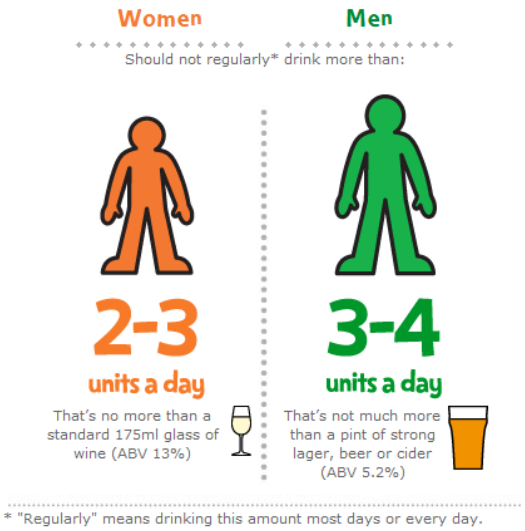
- Protect children, young people and families from alcohol-related harm and support them to achieve better outcomes. Using the best whole-family approaches available to and safeguard vulnerable children.

- Work with local communities, including voluntary sector and neighbourhoods, to reduce alcohol-related crime, disorder and antisocial behaviour by tackling alcohol-related offending by individuals and challenging irresponsible alcohol retailing.

3. What KCC Public Health and Kent Drug and Alcohol Commissioning Team are doing:

3.1 Prevention:

National best practice and research shows that most people are unaware of how much they are drinking. Generally people find the 'unit' guidance confusing as strengths and measures can vary. A woman of average height and weight that drinks more than 1 glass of wine every day – is drinking to risky levels.



National data modelling shows that systematic identification and a brief advice or IBA (e.g "did you know that you are drinking to a level that might cause you long term harm? What is the chance that you might be able to have two alcohol free days in a week?") does reduced people's intake and prompts people to adopt healthier attitudes. Also this type of IBA can lead to referral to treatment if needed.

National data[ii] also shows that for every 8 people given this type of IBA, one person will change their behaviour, making it one of the most cost effective and successful behaviour change tools (e.g smoking cessation is 25:1).

Currently there is no systematic delivery of Alcohol IBA. This is something that KCC are addressing as part of our new approach to Substance Misuse commissioning. As GP's are one of the most trusted health practitioners, a pilot of IBA by GP's is being scoped and payment and logistics are being worked out in partnership with Thanet and South Kent Coast CCGs.

In addition – IBA at pharmacy settings and in hospitals are also being commissioned. There are 4 Alcohol Liaison nurses placed in QEQM Hospital as of May 2014.

3.2 Treatment:

It is essential that people who are hazardous and dependent drinkers receive high quality, safe treatment and care. Seeking treatment can be a difficult and chaotic process and the easier and more accessible services are the better the treatment's outcomes. Currently according to recent Kent needs assessments there is still capacity in the commissioned treatment services and the mortality rates are high in Thanet. This indicates that Thanet needs to identify more people to refer to treatment and that services should be focused on safe recovery.

Until recently (2012) the National drug treatment agency, the main funding source for substance misuse treatment, wanted their whole budget to service people addicted to illegal drugs. However this rule has been relaxed and now the budget is able to fund those in need of Alcohol detox and recovery support. The recent performance reports from the East Kent treatment provider "Turning Point" shows that 40% of people in treatment are alcohol dependant. It is the role of KCC commissioners to ensure that the service is safe, effective and value for money.

3.3 Crime Reduction and Trading Standards

Alcohol related crime is an important concern of Kent Crime Partnership. Violent crime is increasing and domestic violence is among the highest forms of violent crime committed in Kent. In addition tackling the illegal sale of alcohol to young people is the remit of Kent Trading Standards – who run 'mystery shopper' programmes and prosecute offending off licences. Kent police are concerned about nuisance and irresponsible licence holders where drunken behaviour spills into violence and intimidation of local residents. The recording of alcohol related assaults needs the cooperation of KCC, Police and the NHS hospitals.

3.4 Children and Vulnerable Groups

As part of 'Train the Trainers' programme, two full-time trainers have been appointed to teach staff to screen, identify and undertake alcohol interventions across Health, Social Care and the Criminal Justice organisations[1].

Details of how services work together for helping children and young people has been mapped and this will turn into an Integrated Care Pathway. This will be led by KIASS and will incorporate the KCC commissioned services that KCA deliver to prevent alcohol harm in children.

RISKIT is a schools based programme that tackles risk taking behaviour in adolescents. A performance report of the RISKIT[2] project is due in the near future and will be reported at a later date. Currently 48 schools across Kent are involved in this work.

3.5 Needs Assessment, Data integration and Surveillance

The Kent Substance Misuse Needs Assessment will be available in August. A Health Needs Assessment for the Newington Ward will also be available.[3]

Primary care data[4] is being analysed to audit the opportunities for delivering IBA e.g. gaps between anticipated prevalence and actual rates of alcohol related conditions; reviewing potential using alcohol related differential diagnoses such as hypertension, cardiovascular and depression to aid IBA opportunities. This will also provide the opportunity to introduce clinical codes to identify those individuals with a Dual Diagnosis[5]

3.6 Marketing and Raising Awareness

A series of stakeholder information events, promotions and launch events are being planned to promote use of IBA and generally raise the profile of the work in Thanet. A stakeholder event is planned in Thanet in August 2014.

The use of IBA 'scratch-cards' for mass population screening will be used and another initiative will see 'door knocking' with IBA with specially developed materials for the older population.

4 Going Further with Local Implementation : What we would like from Thanet HWWB.

This strategy will only work if these principles are tailored to local needs, local actions and the local context. It is also assumed there is already much happening in Thanet that already contributes to the aims of this strategy.

We would like Thanet Health and Well Being Board to

[1] ABI are longer interventions than Identification and Brief Advice – approximately 15 minutes.
[2] The RisKit Project is an early intervention programme for young people aged 14 to 16 who are vulnerable to risk taking behaviour
[3] Currently undertaken by PH Registrar as part of training requirement
[4] As part of the IBA LES
[5] Those individuals with alcohol and mental health related conditions.

a/ set up a task and finish group (in collaboration with the Crime Reduction Partnership) to understand what further steps are needed locally to deliver the best outcomes for the people of Thanet and set these in a series of SMART objectives. A stakeholder event for prevention and treatment has been organised for August 7th will form the basis of this discussion.

b/ Outline through discussion at the HWWB what further steps are important to deliver a co-ordinated response to the reduction of alcohol related harm in Thanet.

The following are questions based on areas of best practice and are provided below to stimulate discussion both at HWWB and within the Task and Finish Group.

4.1 Prevention

Setting the vision: Are the members of the Crime Reduction Partnership and Health and Well Being Board able to share their ideas of what Thanet would be like if this problem was solved?

There are likely to be many opportunities to conduct IBA locally with many communities and front line groups. What would be the best way to mobilise such community assets? Are there any links, duplications or opportunities for joint work between health and crime partnerships e.g police and ambulance?

Example from Sheffield

This programme is designed to develop skills amongst a range of Tier 1 and 2 staff working face-to face with increasing and higher risk drinkers, and enabling these staff to deliver opportunistic identification and brief advice in their communities.

What is the scope to work closer with the Healthy Living Pharmacy Scheme in Thanet?

What is the scope to work with Kent Businesses in building in IBA into the fabric of business resources along with other workforce health and wellbeing advice ?

What is the scope for Using the Local Development Framework of the District Council to 'design out' alcohol harm and enable planners to reject inappropriate proposals at an early stage?

4.2 Treatment

McKenna et al. (1996) showed that alcohol dependent service users were more costly in terms of health costs than those with other levels of alcohol abuse -£1222 compared to £632 over a six month period in 1994 prices - and have poorer health.

How easy would it be to have a number of strategic leaders who will be Alcohol champions?

Example from Oxford (We are doing this in Thanet)

Under the leadership of their Consultant, Professor Robin Touquet, all junior doctors and staff were trained to tackle alcohol misuse. They developed a screening tool specifically designed for their environment, the Paddington Alcohol Test (PAT). All patients presenting to A&E with one of the targeted conditions are screened for alcohol misuse. Patients who are drinking at increased or higher risk are offered the opportunity to return to the hospital the following day (or within a few days) to have a session with the A&E's Alcohol Health Worker. This worker is a trained nurse who carries out a more in depth assessment concerning the individual's lifestyle and alcohol use. The worker then delivers brief advice and education concerning the patient's use of alcohol.

4.3 Crime Reduction and Responsible Trading

***Examples from Liverpool*:**

Citysafe have developed a web of interlinked initiatives to reduce the potential impact of alcohol-related crime and antisocial behaviour. The local partnership has developed Pub Watch and the Best Bar None schemes to promote good practice in the licensing trade. The Chamber of Commerce, the City Council, Merseyside Police and other partners have encouraged city centre pubs and clubs to be part of a radio link, which enables staff to share information about potential problems and to notify the police about incidents quickly. Taxi-marshalling schemes have also been introduced and have had positive effects, reducing potential flashpoints at the designated taxi ranks

Following joint work involving the City Council, Citysafe and the police, a designation order for the city centre was obtained under powers contained in sections 12-14 of the Criminal Justice and Police Act 2001, to prevent alcohol consumption in public places

4.4 C[illegible]

How possible would an improved link between A&E, primary care and School nursing and using local School Nurses to report on follow-up IBA for children and young people?

Using Kent older people population maps, how plausible is it to target those wards with the highest number of people over (>65s) such as Birchington South, Clifftonville East and others as appropriate? What could partners do to help with this?

Example from Sandwell

An Alcohol Peer Awareness Project started in Oldhill in Sandwell. The project was both centre based and street outreach, raising young people's awareness of alcohol related harm and enabled them to develop messages and strategies for their peers to stay safe.The project has continued for 15 months, on Friday nights and has been welcomed by both local business' and residents. A local business support the group, providing them with free drinks and a place to meet. Local residents stop the group to find out more about the project. Young people involved in the project have found it empowering and others are asking to get involved.

4.5 Data Integration

Is there scope to extend the data pool from across organisations to enhance understanding and improve alcohol profiles for focussed interventions i.e. improve finer detail and data capture e.g. Cross-referencing of other data sources e.g. Kent police, AE data, Margate Task Force data

Example from Liverpool

In a partnership between local A&E departments, the police and Liverpool John Moores University, Citysafe has been promoting increased data sharing regarding alcohol-related assaults in the city. The data from A&E departments is helping Citysafe to target hotspot locations and bars. In turn, such activity is beginning to produce a reduction in the number of referrals to A&E departments.

4.6 Marketing and Raising Awareness

Example from Brighton (Brighton has higher Alcohol harm rates then Thanet)

A month-long alcohol awareness campaign targeted at 16-24 year olds reinforcing the 'Know Your Limits' campaign. The centre piece was of a series of sensible drinking messages displayed on fifty paving slabs across the city centre's popular drinking areas. Their newer campaign targets both mental health and alcohol misuse and is called "Don't Bottle it Up"

5. Conclusion/Recommendations

There is a clear action 'road-map' using the Kent Alcohol Strategy 'Six Pledges' and 'Seven High Impact steps' which builds on innovative service developments and existing partnerships. The implementation of this strategy will require local actions tailored to Thanet's context.

- Members are asked to note progress and endorse the actions to implement the Kent alcohol strategy in Thanet.

- Support for the creation of a multi-stakeholder alcohol action group to include Thanet CCG, District Council, Kent Public Health and others as appropriate, to further develop local action plans, data sharing and implementation. This should be linked with both the Thanet Health and Wellbeing Board and the Thanet Community Safety Partnership.

- Support from Kent Public Health, Thanet District Council and Thanet CCG amongst others to facilitate the commissioning of preventative initiatives and participate in the Stakeholder meeting on August 7th 2014.

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Appendices

Appendix 1 Kent Alcohol Strategy 2014/16

Available at: http://www.kmpho.nhs.uk/lifestyle-and-behaviour/alcohol/

Kent Alcohol Strategy 2014_16.pdf

Appendix 2 Local Alcohol Profiles for Thanet

LAPE locality briefing_ Thanet.doc

Trend document embedded in word document. Ward level trends for other indicators will be available soon.

Appendix 3 Older people population >65s ward level

Older people new - Thanet (1).pdf

[i] Office of National Statistics
[ii] Moyers et al (2002)