

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 16 June 2015

**REPORTING OFFICER:** Elspeth Anwar, Specialty Registrar in Public Health and Simon Bell, Public Health Commissioning Manager

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Alcohol Update

**WARDS:** All wards

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To provide the Board with an update on activity to reduce the harm caused by alcohol.

**RECOMMENDATION: That the Board Note the contents of the report.**

## **3.0 SUPPORTING INFORMATION**

### **3.1 SUMMARY OF KEY ACHIEVEMENTS OVER LAST QUARTER (Q4)**

- Local Alcohol Action Area (LAAA) update

We have continued to receive support from the Home Office and Public Health England through being a Local Alcohol Action Area (LAAA). Good progress is being made against all LAAA objectives. A final report summarising the successes of the project is due for submission in May.

- Halton Alcohol Inquiry: Talking drink taking action

Local residents have been taking part in the Halton Alcohol Inquiry. The Inquiry entitled "Talking Drink: Taking Action" will run until June 2015. As part of The Halton Alcohol Inquiry residents have been answering the question 'What would make it easier for people to have a healthier relationship with alcohol?' The group have been meeting weekly to hear from local experts who work on this agenda locally in order to create local recommendations for action on the issues that matter to them. The recommendations will then be used to inform and advise what is done to reduce alcohol-related harm in Halton. The recommendations will be fed back at a multi-agency launch event on June 4<sup>th</sup> 2015.

- Ensuring the local licensing policy supports alcohol harm reduction agenda



Work is underway to work in partnership to ensure Halton's local licensing policy supports the local alcohol harm reduction agenda.

Public health (supported by Community Safety colleagues, Public Health England and Drink Wise) held a briefing for the Licensing Regulatory Committee in February around alcohol-related harm in Halton and the role licensing can play in promoting public health. Responsible authorities have also commenced on working in partnership to update Halton's Statement of licensing policy (SOLP) in line with national best practice.

- Reducing drinking during pregnancy campaign

Public Health and the Halton Health Improvement Team have developed a social marketing campaign to educate women of the harm that drinking alcohol in pregnancy can cause, in order to reduce alcohol related harm to the unborn baby.

### 3.2 PROGRESS AGAINST RELATED OBJECTIVES AND PERFORMANCE INDICATORS (QUARTER 3)

Ref	Objective					
PH 04	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse:					
Milestone		Progress Q3		Supporting Commentary		
Implement the alcohol harm reduction plan working with a range of providers including schools, focusing on preventive interventions and behaviour change to target the following vulnerable groups – pregnant women, women with babies and young people under 16 years. <b>March 2015</b>				<p>An alcohol harm reduction strategy for Halton has been developed. The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy sets out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission rates locally. Key activity includes:</p> <ul style="list-style-type: none"> <li>- Alcohol health education sessions are being delivered in all local schools.</li> <li>- Community outreach work continues to educate young people about alcohol, offer advice and support and promote alcohol free local activities for young people.</li> <li>- Running a local awareness campaign around the dangers of drinking alcohol during pregnancy.</li> </ul> <p>Training key staff (midwives, health visitors, early year's staff, staff working with children and young people) in the early identification and support of those who misuse alcohol.</p>		
Ref	Description	Actual 2013 / 14	Target 2014 / 15	Quarter	Direction of Travel	Supporting Commentary
PH LI	Admissions which are	947.5	1,038	916.2		The number of admissions which are

07 (SC S HH 1)	wholly attributable to alcohol AAF=1, rate per 100,000 population.	(2013/14)		(Q3 2014/15)		wholly attributable to alcohol saw a reduction in Q3 2014/15 and is now lower than the 2013/14 rate.
----------------------------	--	-----------	--	-----------------	--	--

### 3.3 CHILDREN AND YOUNG PEOPLE ACTIVITY (Quarter 4 activity)

#### **3.3.1 Prevention activity**

##### School and college based alcohol education programmes

**Healthitude programmes:** All schools in Halton have been offered the *Healthitude* programme. During this quarter the *Healthitude* programme has been delivered in 7 primary schools and 4 secondary schools in Halton.

**Young Addaction:** delivered 4 alcohol awareness sessions within Riverside and Cronton College to 273 students. In addition they ran Christmas stalls in 7 of the local secondary schools delivering alcohol awareness messages as well as providing outreach timetables for activities for over the Christmas period and resources with help/advice support services contact details to assist young people over the festive period.

During February Young Addaction ran alcohol/sexual health stalls in 4 of the local High Schools delivering alcohol/sexual health awareness and healthy relationships with a focus of how alcohol can affect consent and informed decision making. For the Valentines period Young Addaction ran a competition across Halton asking for young people to design a poster promoting a healthy relationship message for young people.

**Amy Winehouse Resilience Programme:** During quarter 4 as part of our Amy Winehouse Resilience Programme Young Addaction have delivered a life story share from a person in recovery during assemblies in two Halton secondary schools followed by 3 workshops around promoting resilience in alcohol misuse focusing on self-esteem, risky behaviour and peer pressure. Total number of students seen was 260.

**RU Different Social norms campaign:** All Halton secondary schools have completed the baseline questionnaires and are now in the process of receiving interventions based upon the results. The results show how marked differences between pupils perceptions of risk taking behaviour amongst their peers e.g. how often their peers drink alcohol and actual self-reported behaviours. For Halton, the Year 9 **Key Findings** (2014/2015) were:

- 62% never drink alcohol and 31% drink once a month (therefore a combined 93% rarely or never drink alcohol). The perception is that only 47% of others in their year group do not drink at all.
- Of those that do drink, 39% said their parents buy it on their behalf.

- 95% students never smoke cigarettes however others in the year are perceived to smoke more frequently (perception is that only 57% don't smoke at all).
- 95% have never tried cannabis against a perception that 56% of others in the year HAVE tried the drug.
- 97% have never tried an illegal drug versus a perception that 50% of others HAVE tried an illegal drug
- 9% said they have had sexual intercourse. 24% of these said they used a condom every time, 22% said sometimes and 54% said they never used them.
- The most common forms of bullying experienced by those surveyed were verbal (49%) followed by emotional/psychological (23%)
- 89% said they exercise for 20 minutes at least once a week or more. 37% of students have on average 0-1 sweet drinks a day - however the perception is that only 10% of other students in the year drink the same conservative amount
- 78% have never met someone in person after an initial online conversation but perceive that 60% have at least met someone once.

The Alcohol Education Trust are also supporting this project and will be delivering a partner social norms campaign with parents in order to influence and reduce alcohol purchasing by parents for young people in Halton.

### **3.3.2 Community based alcohol activity**

During Q4 Young Addaction have deployed the VRMZ bus was deployed 27 times (at evenings and weekends), alongside this the street based teams were deployed 42 times. In total 2,513 young people have been seen (1,280 males and 1,233 females).

#### Early identification

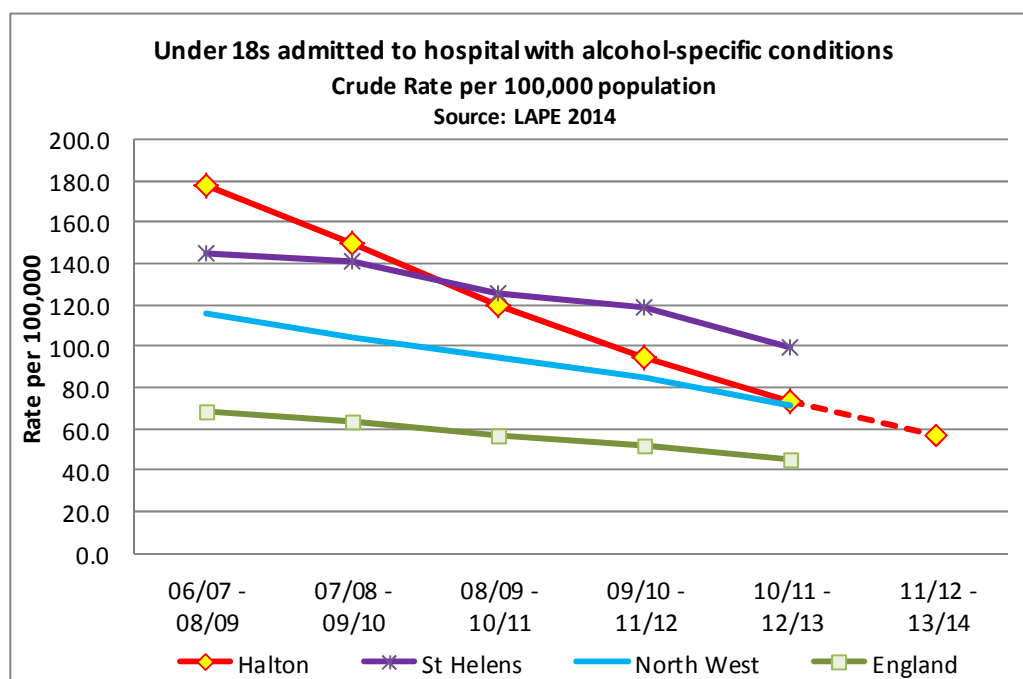
During Quarter 4 the Halton Health Improvement Team delivered Alcohol identification and brief advice (Alcohol IBA) training to:

- School Nurses 6 staff trained
  - Children's Centre staff 45 staff trained
- (Included in the training were Early Help Family Workers, Children Centre Managers, Community Support Workers, CAF support workers, Senior help officers, Play workers)

### **3.3.3 Treatment data**

**Under 18 admissions:** Halton has seen a significant reduction (59%) in under 18 admissions due to alcohol-specific conditions than England (34%), North West (38%), Knowsley (56%) and St Helens (31%), since 2006/07 to

2008/09. Even though the Halton rate remains statistically significantly higher than the England average, the gap has narrowed considerably over recent years.



**Community Specialist Treatment:** At the end of quarter 4 Halton young person's substance misuse service delivered by Young Addaction had **55** young people in treatment. There has been a decreasing trend in the number of young people in treatment who cite alcohol as a problematic substance. For structured treatment during quarter 4 there were 30 completions of treatment.

### **3.3.4 Support for children and young people affected by parental/sibling alcohol misuse**

**Hidden harm programme:** During Quarter 4, the numbers of young people accessing the Young Addaction Hidden Harm service was 28 (14 of these had parents were in treatment due to alcohol).

Alongside the Hidden Harm element of provision Young Addaction also run a FAME group that runs bi-weekly throughout Q4 we have had average attendance at each session 15 young people.

### **3.3.5 Reducing underage drinking and associated anti-social behaviour**

Advice visits to off and on licences undertaken (1 on licence 7 off licences) to explain their legal obligations regarding alcohol and what they can do to prevent sales to under 18s. This included provision of challenge 25 materials and a refusals log for the employees to record any refusals made.

In response to intelligence and complaints received (including information received as a result of the Halton Alcohol Inquiry), test purchases of alcohol have been attempted at 4 off licences and all passed. However, in 1 of the

premises while there was no sale, issues were identified with their Challenge 25 policy (lack of staff training and not using the refusals book). In this instance the member of staff concerned took the volunteer's money and gave her the change and the alcohol before he asked the volunteer her age. The member of staff concerned had received no training. The licensee is being advised.

### 3.4 ADULT ACTIVITY

#### 3.4.1 Prevention and Early Identification activity

##### Social marketing campaign to increase awareness of the harms of drinking alcohol during pregnancy

Public Health and the Halton Health Improvement Team have developed a social marketing campaign to educate women of the harm that drinking alcohol in pregnancy can cause, in order to reduce alcohol related harm to the unborn baby. The campaign launched on the 20th February and will run until July 2015. Campaign materials have been distributed across the borough including GP surgeries, children centres, and community centres. A comprehensive outdoor media campaign has also been developed including billboards, posters in supermarkets and on buses.



#### Alcohol IBA Training

During Quarter 4 the Halton Health Improvement Team delivered Alcohol identification and brief advice (Alcohol IBA) training to

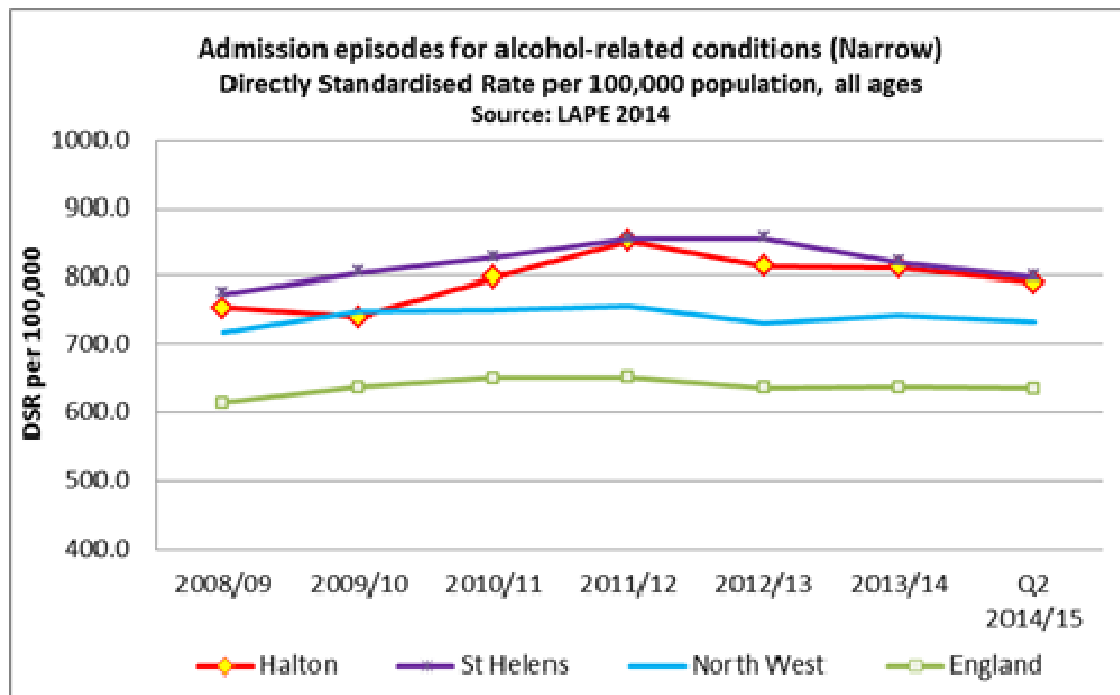
- The Halton Street Pastors

- Halton Health Improvement Team

### 3.4.2 Treatment and recovery

#### Hospital admission data

Admissions due to alcohol have decreased from a peak in 2011/12, however, the Halton rate is still significantly higher than North West and England averages.



**Alcohol Liaison Nurse** – Over the full year, the Warrington Hospital service saw 45 individuals with a Halton postcode. (This is approximately 6% of the services total service users seen). Individuals will be provided with support in the A&E department, on the Clinical Decision Unit (CDU) and also on the wards. Over the Christmas period there was some reduction in service availability due to staff illness, although this has now been rectified.

As part of developments in partnership with St Helens and Knowsley, the service based at Whiston Hospital will continue to operate out of both A&E and the wards, and will also see young people aged 17 and over. Halton residents make up approximately 20% of those seen by the service, and work is now underway to improve the relationship with community services and to enhance the performance data available.

### 3.4.3 Community Services

The data for Q4 is currently being validated and will be produced for the next meeting, along with an annual report.

**New Treatment Journeys** - For Q3 CRI exceeded its New Treatment Journeys (NTJ) alcohol target were close to achieving both targets for opiates

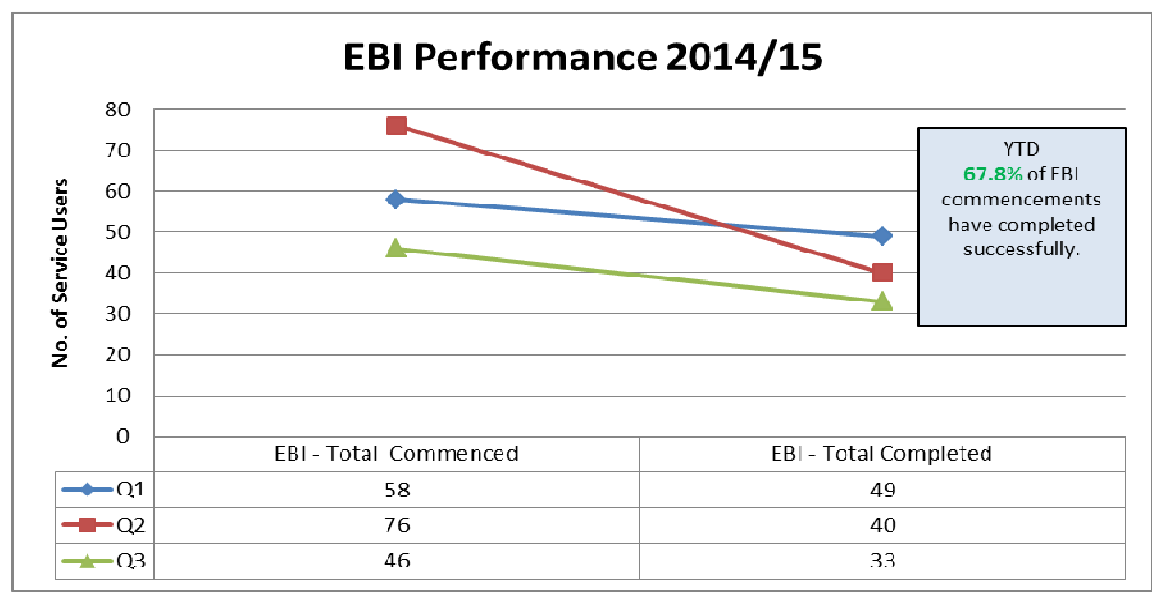
and non-opiates, year to date (falling short of x2 opiates and x 23 non opiates, although there has been an increase in brief interventions which demonstrates that staff are utilising appropriate treatment journeys). Representation rates for alcohol and non-opiates remain low and the service is working to reduce opiate representation rate for the opiate cohort, which although sits within the national baseline has increased locally. In response the service is auditing and reviewing all exits through a structured process and making best use of Recovery support to ensure all recovery capital and exit plans remain in place or are supported via assertive linkage into internal and external provision in line with a service user's journey.

**Community Detox** - Referrals are looked at on a weekly basis and spoke about within an alcohol meeting once a week between CRI doctors and the health and wellbeing nurse. Through this meeting it will establish who would be eligible to have an alcohol community detox. If health implications are to complex a community detox may not be considered and it may be an inpatient or a structured reduction on the alcohol would be considered and put in place.

Currently the target for the alcohol detoxes has not been made; an action plan has now been put together and will be worked to, and monitored on a weekly basis to see whether the service can improve the numbers for the next quarter. More liaison work within the G.P medical services, pharmacies to promote and make everyone aware of the services provided.

In addition, a hospital to home joint pathway has been developed by Whiston hospital and is currently being looked at within the clinical team to see whether it meets clinical guidelines in terms of clients who have been prescribed a community alcohol detox in hospital and can be discharged in the community to complete the detox.

**Extended Brief Interventions (EBI)** - For the year to date, 67.8% of individuals who have commenced extended brief interventions have completed successfully.





**Halton Brew** - A successful bid was submitted for start-up funds towards a local community “Dry” café in Halton. The ‘Halton Brew’ project is a grassroots initiative that has developed over the past 12 months driven by local volunteers, which aims to develop a community based facility that uses a traditional café / coffee shop as a focal point for the creation of community led and organised volunteering / labour market opportunities for people in recovery and carers of people with substance misuse issues, the development of an information and signposting hub delivered in an informal, supportive, non-directive and welcoming environment and delivery of a range of small scale community initiatives driven by community need (e.g. self-help groups, adult learning, digital literacy, health literacy) and delivered in partnership with a wide range of local groups and agencies, including public health and adult social care.

### **3.5 EMERGING ISSUES**

The final report for the LAAA project is due in May 2015. This will be shared at the next Safer Halton Partnership Board meeting.

Work is underway to consider the role of Nalmefene within local service provision. Nalmefene (also known as Selincro) is recommended as a possible treatment for people with alcohol dependence who:

- are still drinking more than 7.5 units per day (for men) and more than 5 units per day (for women) 2 weeks after an initial assessment and
- do not have physical withdrawal symptoms and•
- do not need to either stop drinking straight away or stop drinking completely.

Nalmefene should only be taken if the person is also having ongoing support to change their behaviour and to continue to take their treatment, to help them reduce their alcohol intake. Work has commenced to consider the role of this treatment, and the availability of behavioural change support services locally.

### **4.0 POLICY IMPLICATIONS**

Alcohol is a key priority of the Health and Wellbeing Board. The activity reported supports the delivery of both the Health and Wellbeing Board Strategy and the Halton Alcohol Strategy.

### **5.0 FINANCIAL IMPLICATIONS**

No significant impacts within the quarter from a financial perspective.

### **6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

#### **6.1 Children and Young People in Halton**

Reducing the harm caused by alcohol is a priority for the Local Authority and its partners and forms part of the work of the Halton Children’s Trust.

## **6.2 Employment, Learning and Skills in Halton**

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities and the harm caused by alcohol.

## **6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority.

## **6.4 A Safer Halton**

Reducing the harm caused by alcohol on the incidence of crime, improving Community Safety and reducing the fear of crime all have an impact on health outcomes. There are also close links between alcohol and on areas such as mental health, and domestic violence.

## **6.5 Halton's Urban Renewal**

A reduction in the harm caused by alcohol on crime, antisocial behaviour and health, whilst at the same time supporting the stimulation of the night time economy can contribute to the wider urban renewal of Halton.

## **7.0 RISK ANALYSIS**

There are currently no perceived risks.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

This is in line with all equality and diversity issues in Halton.

## **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.