

HEALTH AND WELLBEING BOARD - 28th January 2015

Title of paper:	Health and Wellbeing Strategy Alcohol Misuse Priority update	
Director(s)/ Corporate Director(s):	Candida Brudenell Strategic Director of Early Intervention Chris Kenny, Director of Public Health	Wards affected: All
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Other colleagues who have provided input:	Alison Challenger, Consultant in Public Health, Nottingham City Council Alex Castle-Clarke; Acting Senior Performance Policy and Insight Manager, Crime and Drugs Partnership. Christine Oliver; Head of Service Crime and Drugs Partnership	
Date of consultation with Portfolio Holder(s) (if relevant)	6th January 2015	

Relevant Council Plan Strategic Priority:

Cutting unemployment by a quarter	<input type="checkbox"/>
Cut crime and anti-social behaviour	<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City	<input type="checkbox"/>
Your neighbourhood as clean as the City Centre	<input type="checkbox"/>
Help keep your energy bills down	<input type="checkbox"/>
Good access to public transport	<input type="checkbox"/>
Nottingham has a good mix of housing	<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs	<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events	<input type="checkbox"/>
Support early intervention activities	<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens	<input checked="" type="checkbox"/>

Relevant Health and Wellbeing Strategy Priority:

Healthy Nottingham: Preventing alcohol misuse	<input checked="" type="checkbox"/>
Integrated care: Supporting older people	<input type="checkbox"/>
Early Intervention: Improving Mental Health	<input type="checkbox"/>
Changing culture and systems: Priority Families	<input type="checkbox"/>

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

Alcohol misuse can impact on the health and wellbeing of the drinker, their family, friends and wider community within the city. It also contributes to crime and antisocial behaviour and loss of economic productivity. These effects of alcohol misuse, affect both less and more affluent people in different ways, and the relationship with mental health is a particular concern.

Rates of alcohol related hospital admissions, alcohol specific mortality, and binge drinking are significantly higher in the city than the England average.

The Joint Nottingham City Health and Wellbeing Strategy 2013-2015 sets out a range of actions to address alcohol misuse that complement those in the Nottingham Plan, the City's Alcohol Strategy and the Nottinghamshire Police and Crime Commissioner's Alcohol Strategy and Action Plan.

These include tendering alcohol services in 2014 with an anticipated spend in 2015/16 of £1,483,593, becoming a Local Alcohol Action Area receiving support from the Home Office, working with partners on the Alcohol Strategy. Working with Opportunity Nottingham, a Big Lottery funded project of just under £10m over eight years and working intensively in the night time economy to reduce alcohol related harm.

Recommendation(s):

1 To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board’s aspiration to give equal value to mental health and physical health (‘parity of esteem’):

The reasons people drink alcohol and the consequences of excessive drinking are linked to our mental health. People drink alcohol to change how they feel at different times and situations.

People can drink to help deal with anxiety and depression which can develop into alcohol dependence through the self-medication of alcohol. The link between alcohol use, mental health problems and the local support services should be communicated to citizens through the implementation of the Health and Wellbeing strategy.

The prevalence of alcohol dependency among people with severe mental illness is twice as high as the general population, therefore it is important that commissioners and providers of alcohol treatment and mental health services work closely together to support patients with this “dual diagnosis”.

As part of the needs assessment currently underway, the CDP is exploring prevalence of mental health and lower level psychological / behavioural issues among the substance misuse cohort in Nottingham City. The needs assessment will incorporate consultation with service users and will map current accessibility to mental health and psychological support for the substance misuse client group. Findings will be used to inform action planning as part of the Nottinghamshire Crisis Concordat and also to inform the future redesign and re-commissioning of the substance misuse system.

1. REASONS FOR RECOMMENDATIONS

To note the progress against the Health and Wellbeing strategy actions for addressing alcohol misuse.

There is a duty through the Health and Social Care Act 2012 on Local Authorities and Clinical Commissioning Groups to produce a Joint Health and Wellbeing Strategy. In Nottingham City, the statutory Health and Wellbeing Board has delegated responsibility to develop and oversee the Joint Health and Wellbeing Strategy, and is therefore the appointed body to endorse the strategy.

The Health and Wellbeing Board agreed four priorities in the Nottingham City Joint Health and Wellbeing Strategy 2013-2016. Preventing alcohol misuse to reduce the number of citizens who develop alcohol related diseases is the first such priority.

The Board requested that lead officers prepare performance reports at regular intervals to enable the board to effectively oversee and monitor the delivery of the strategy.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Alcohol consumption, health and crime in the city

Drinking alcohol plays an important cultural and economic role in society and Nottingham has a thriving night-time economy that draws numerous visitors to the city and makes a significant contribution to the local economy. The Nottingham Citizen Survey 2013

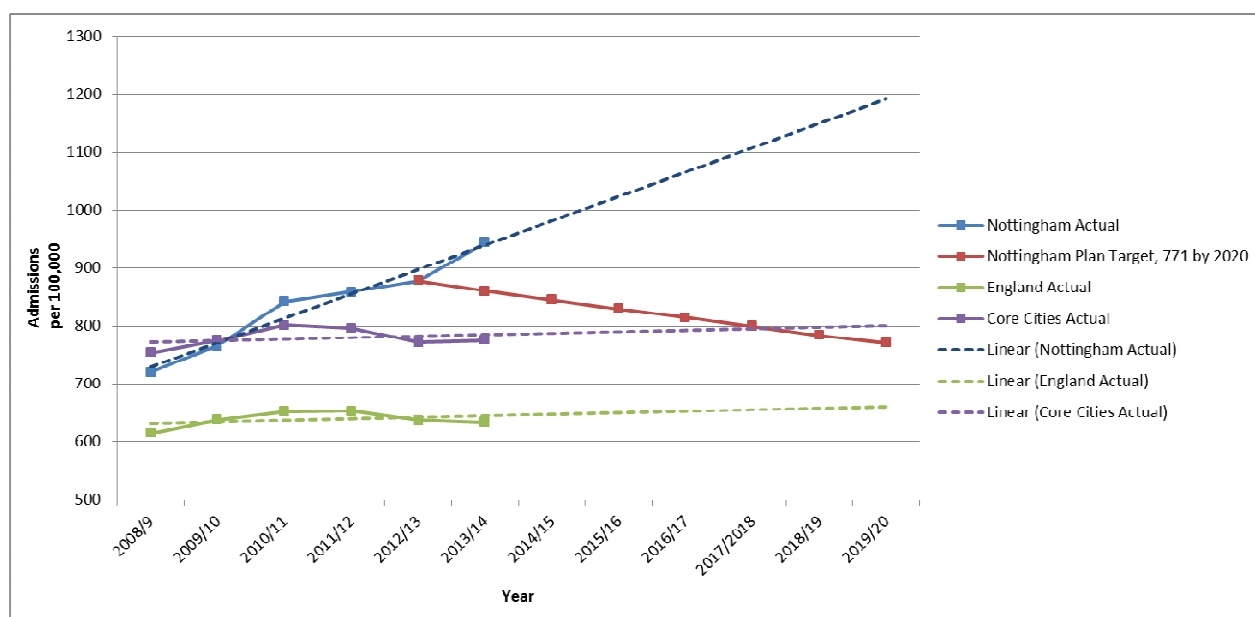
indicates that 62.4% of the respondents drink alcohol and that alcohol drinking is highest in Wollaton west and east, Lenton Abbey, Basford and Bestwood.

Binge drinking is defined as men drinking eight or more units in one session and women drinking six or more units in one session. Of the respondents to the Nottingham Citizen’s Survey 23% reported that they binge drink; a slight but not significant fall, but Nottingham City is still above the national average. The survey established that around 12% of adults who drink alcohol, do so at levels which put them at increased or higher risk of developing alcohol related diseases. The proportion of citizens drinking at this level is estimated to be statistically similar to the England average (Local Alcohol Profiles).

Estimated alcohol related hospital admissions in Nottingham for 2012/13 were significantly higher than the England average (878 vs 646 per 100,000 citizens), and are the highest in the East Midlands. The local Nottingham Plan 2020 target was changed in 2014 to 771 per 100,000 citizens, which was the 2012/13 average rate for core cities.

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. Hospital admissions are coded to show the main and secondary reasons why people have been admitted to hospital. The extent to which alcohol contributes to a health outcome such as an unintentional or intentional injury is called an Alcohol Attributable Fraction (AAF) this is measured by calculating the percentage of cases that can be attributed to alcohol and applying this as a fraction. 100% of cases of alcohol poisoning can be attributed to alcohol so that is given a fraction of 1.0, 25% of non- alcoholic poisoning is attributable to individuals being under the influence of alcohol when the poisoning occurred so the fraction is 0.25. New versions of this calculation were published in 2014: a ‘broad’ definition includes all codes that can be linked with alcohol; and a new ‘narrow’ definition is used in the Public Health Outcomes Framework (PHOF) which seeks to count only those admissions where the *primary code* has an Alcohol-Attributable Fraction.

The Nottingham Plan uses this PHOF indicator for the ‘narrow’ definition of alcohol related hospital admissions. The 2020 refreshed target is to reduce the rate in Nottingham City from (878 per 100,000 citizens) to the mean rate for core cities (771 per 100,000 citizens).



In England the mortality rate for alcohol related liver disease (ARLD) is rising especially amongst women, and people are dying younger. Liver disease, to which alcohol misuse is a major contributor, is the only one of the major diseases in the UK for which mortality is increasing. Cirrhosis deaths are rising across the UK whilst decreasing in most other EU countries. Liver disease mortality in people aged less than 75 years in Nottingham (28.6 per 100,000) is significantly higher than the England average (17.9 per 100,000).

Despite an increase in violence overall violence in the night-time economy (NTE) has remained relatively stable over the period October 2013 – November 2014. Approximately 15% of all violent crimes take place in the city centre with 60% linked to the NTE. The majority (46%) of both victims and offenders are aged 18 to 25, with students accounting for 23% of victims. The city centre continues to present a particular challenge as Nottingham has one of the largest concentrations of on-licence premises outside of London

Strategy Progress

We will reduce the proportion of adults who drink at harmful levels by a third

We will aim to achieve the following outcomes:

- Reduced alcohol-related anti-social behaviour including street drinking
- Fewer adults binge drinking
- Lower rates of alcohol-attributable crime
- Fewer alcohol-related deaths

Progress

- *The proportion of adults consuming alcohol at increasing and higher risk levels as reported in the Citizen's Survey remained at 12% in 2013 as in 2012. Results from the 2014 survey are expected in January 2015.*
- *This data is collected by Community Protection and analysis detailing progress against this outcome will be available in due course.*
- *The proportion of adults consuming alcohol in binge drinking patterns as reported in the Citizen's Survey decreased from 24% in 2012 to 23% in 2013, this change is not statistically significant. Results from the 2014 survey are expected in January 2015.*
- *The latest published data is for 2012/13. When the alcohol-attributable crime rate was 9.7 per 1000 population. This rate is higher, but not statistically significantly higher than the England rates*

The actions we will take to achieve these ambitions are:

A complete ban on street drinking across the city.

Progress:

- *In October 2014 the Designated Public Place Orders (DPPO) migrated to a Public Space Protection Order (PSPO) under the Anti-Social and Policing Act of 2013. The change allowed the police and community protection officers to confiscate alcohol that is being consumed in a public place; a review will be undertaken and reported on to consider the effect of this order.*
- *The Street drinkers and beggars case conferencing group worked to identify the different cohorts of street drinkers and beggars to consider individual problematic behaviour and again this will be reported on.*
- *Led by Community Protection, the DPPO have been employed effectively; while training to enforcement staff ensures that risks to dependent drinkers are understood and addressed. This training is delivered by Framework's Last Orders, one of the commissioned services.*

- *Nottingham City also uses the Alcohol Diversion Scheme, a project that was set up by Framework, the Police and the CDP to address those in the city who are drunk and disorderly. The issuing of a Fixed Penalty Notice generates an £80 fine for offenders; the diversion scheme allows this to be halved and the remaining amount to be used to fund costs and a one off advice intervention on alcohol. The scheme has been running for nearly three years and has maintained a 0% level of re-offending and hospital attendance for alcohol related issues.*

Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence

Progress

- *The recent re-commissioning of the alcohol service pathway has resulted in Last Orders providing all services across the pathway.*
- *Last Orders are part of the Framework Housing Services who have vast experience in identifying and delivering housing support and social care needs advice.*
- *The CDP have commissioned Lifeline to deliver family support and carers support for this cohort.*
- *Framework has now been identified as alcohol leads for the Multi Agency Risk Assessment Conference (MARAC) which deals with domestic violence from a victim, perpetrator and childrens' perspective.*
- *Framework has been selected to deliver Opportunity Nottingham, worth £9.8 million to the city, by the big lottery funding. Opportunity Nottingham considers the needs of the most vulnerable individuals and delivers or directs the beneficiaries into the correct level of care/support*

Support families, and their carers to reduce their drinking, and join up referral between alcohol health promotion, treatment and aftercare services

Progress

- *The CDP commission Lifeline to deliver "Explore Family" which is a family and carers support service to deliver advice and information to the family and carers of those with substance misuse problems.*
- *All current services across the spectrum of substance misuse have protocols in place to link up with and share information with the Explore Family service.*

Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work to the wider 18-29 year olds age group.

Progress

- *The Last Orders service actively undertake dedicated outreach to the students of both Nottingham Universities*
- *The outreach service is supported by the Ending Alcohol Harm Campaign that is co-ordinated by the CDP.*

Students account for 23% of the victims of alcohol related crime.

Provide universal good quality drug and alcohol education and deliver effective harm reduction messages to children & young people.

Progress

- *Ending Alcohol Harm is linked up with the Drinkaware's Parents campaign which looks at the effect of the parent's drinking on their children to promote education and advice.*

- *Ending Alcohol Harm and Foetal Alcohol Spectrum Disorder are working together to develop a new campaign to offer education concerning drinking when pregnant.*
- *Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting. The scheme has been evaluated to ensure that it is functioning as effectively as possible. Of 103 primary and secondary schools in Nottingham 74 currently deliver the DrugAware scheme. Work between NCC Children and Adults Directorate and the CDP is underway to ensure take-up of the service across all of the city's schools. In April 2014 DrugAware was awarded a PSHE Quality Mark.*

Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption

Progress

- *Last Orders continue to deliver Identification and Brief Advice (IBA) training to a wide number of professionals working with alcohol problems across the city.*
- *Last Orders are currently training the fire and rescue service to deliver IBA and alcohol awareness to a very vulnerable cohort of people.*

Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary "super strength free" code for off-licences

Progress

- *The Super Strength Free campaign was extended beyond the City Centre to the neighbourhoods but has been less successful in take up.*
- *The cumulative Impact Policy (saturation zone) has been extended to cover Sneinton Market creative quarter and the Castle area.*

Work towards a net reduction in the number of licensed premises and off-licences

Progress

- *The Local Alcohol Activity Area partners are looking to have health as a licence objective with consideration of the impact on a neighborhood health with the granting of licences.*

Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol

Progress

- *The Police and Crime Commissioner on behalf of the Crime & Drugs Partnership Board wrote in 2013 to the Prime Minister expressing the disappointment of local partners that minimum unit pricing would not be implemented in England and Wales further to the government's National Alcohol Strategy. Partners have **consistently demonstrated** their support for this proposed approach through consultation with central government.*

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Do nothing. A substantial amount of work has taken place in the partnership relating to alcohol in the last year, doing nothing was not a preferred option.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

Alcohol treatment services

Background; In April 2013 the management of the alcohol service contracts transferred from the Clinical Commissioning Group (CCG) to the CDP. Notice was issued to all the alcohol services and re-commission on a short term contract of one year with an option of a six month extension. This exercise was completed to allow for a full evaluation of the alcohol pathway whilst reducing financial pressures. A full review will be published in a timely manner and recommendations from that review will inform the next round of commissioning in 2015.

Evaluation of the alcohol pathway will also contribute to the financial savings that are expected in 2016; the task is to consider the necessary service with minimum impact on patients. Financial pressures on the city council and partners will continue to present a risk to the delivery of prevention, intervention and enforcement of alcohol related issues and services.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

- ✓ **No. Existing Equality and Impact assessments were used in the commissioning of the new treatment system because of the short contract and the short procurement period. A full EIA will be conducted as part of the new procurement process in 2015.**

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Nottingham Joint City Health and Wellbeing Strategy 2013-2016.

Nottingham City Health and Wellbeing Board Report – June 2013. Joint Health and Wellbeing Strategy 2013-16.

Public Health Outcomes Framework.

Local Alcohol Profile for Nottingham City.

Mental Health Foundation. Understanding the relationship between alcohol and mental health