

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

31 May 2012

Report of the Chairman on work relating to Alcohol Related Harm

The following Members met on 10 February 2012 to review progress on the development of an Alcohol Related Harm strategy.

Present:

County Councillors: Tony Hall, Geoff Webber and John Savage

Voluntary Sector Member: Lynne Webb-Thorius

NHS Representatives: George Lee, Angela Hall and Martin Weblin

NYCC: Seamus Breen (HAS) and Ray Busby

1. We looked at various documents from Nice Public Health, Local Authority Profiles for England, Commissioning interventions to reduce alcohol related harm and the draft completed Alcohol Needs Assessment.
2. A reduction in alcohol related harm will only be achieved through understanding and responding to needs. For that reason the group reviewed the draft needs assessment. This set out details of levels of drinking; impact of drinking – in terms of crime and disorder, health and on society; evidence of effective interventions for prevention and education, early identification and harm minimisation, and treatment and rehabilitation. It then maps service provision across the county for treatment services for adults; treatment services for young people; and community safety alcohol-related initiatives.
3. The work conducted on the assessment is evidence based. There is a good deal of information in the document about the good work that is being done. The draft assessment covered an overview of alcohol consequences and costs.
4. Overall, it sets the scene for the preparation of a strategy later in the year which will cover major themes such as Policy, Intervention and Treatment, Education and Prevention, Public Perception and Community Safety concerns.
5. The perception that we have a significant alcohol misuse issue doesn't match some of the data. We are pretty much comparable, if not doing better in health terms than other areas of a similar nature. That is not to say however we do not have a problem.
6. This is clearly a partnership agenda involving, as it does, health and social care, housing, social care, community safety and so on.

7. The group agreed that a forum is needed if we are to reduce alcohol related harm and through choices over commissioning, meet the deliverables that will make a difference - some of the key ones are outlined below. These are based upon a number of high impact changes identified by the Department of Health in its advice to commissioners.
- Improve Leadership on this agenda following the implementation of the NHS and social care reforms. The proposed statutory Health and Well Being Board in North Yorkshire could take a lead role in reducing alcohol harm
 - There needs to be a systematic, co-ordinated approach to alcohol harm reduction and commissioning of alcohol services.
 - “Identification and Brief Advice” - provide more help to encourage people to drink less.
 - The effectiveness and capacity of specialist treatment should be improved.
 - Alcohol health workers or alcohol liaison nurses should be appointed to work in and across the acute sector.
 - Community safety initiatives should be evaluated.

AGREED

- a. Officers continue to develop a strategy based upon signs for improvement; commissioning interventions to reduce alcohol related harm and this will be ready towards the latter end of the year.
- b. The Committee will consider and draw up a programme whereby it can take the lead in terms of preparing the ground for the strategy to be effective. A good deal of this will include raising Member awareness and promoting an adoption strategy via the Scrutiny Committee.
- c. Supporting intervention strategies and initiatives is probably where the Committee will be able to offer the most support.

MEETING WITH MARTIN HAWKINGS

8. Since that meeting I met with Dr Martin Hawkings, consultant in Public Health Medicine, NHS North Yorkshire and York to talk through the Committee's work
9. For a significant and growing number of people in England, alcohol consumption is a major cause of ill-health. Martin concurred with your Chairman's view that the Committee could do much to bring attention to this issue at a strategic level to this agenda.
10. The conversation focused especially upon commissioning options in relation to interventions. The Committee might want to advocate for more investment and attention around 'Brief advice'. This is the term used for short, structured advisory interviews, provided when questions about a patient's drinking habits have identified that there is misuse. The advice is

provided by a 'competent practitioner' such as a GP, nurse or trained non-medical professional, in about five to ten minutes.

11. Typically, the advice given includes the risks a patient is running by drinking too much, setting goals to reduce alcohol consumption, and providing written materials such as advice leaflets. Brief advice has been shown to be effective in reducing hazardous and harmful drinking, as well as being cost-effective. Beyond the immediate health benefits to individual citizens, a greater focus on prevention also means that the costs of later, often more complex treatment are avoided, providing important savings to the NHS. By supporting early interventions on alcohol misuse, such as 'brief advice', the Department and the National Health Service (NHS) may avoid or reduce the costs of later, more intensive and specialist support for people who develop dependency or suffer from an alcohol-related illness.

THE GOVERNMENT'S ALCOHOL STRATEGY

12. Since this meeting was held The Government's Alcohol Strategy, which includes a package of health measures, has been published.
13. The alcohol strategy sets out proposals to crackdown on 'binge drinking' culture, cut the alcohol fuelled violence and disorder that blights communities, and reduce the number of people drinking to damaging levels. The strategy includes commitments to:
 - introduce a minimum unit price for alcohol
 - consult on a ban on the sale of multi-buy alcohol discounting
 - introduce stronger powers for local areas to control the density of licensed premises including making the impact on health a consideration for this
 - pilot innovative sobriety schemes to challenge alcohol-related offending
14. The health measures included in the strategy build on the introduction of ring-fenced public health grants to local authorities and the new Health and Wellbeing Boards, to enable organisations at the local level to work together in partnership.
15. Thinking about how much this is a partnership agenda it is therefore appropriate that agreement has been reached for Alcohol Related Harm to feature as a lead workshop in the Wider Partnerships Conference on 18th October 2012. I am keen to use this event to draw attention of strategic leaders and practitioners to the ongoing and intended work on Alcohol Related Harm and will therefore ask Group Spokespersons to consider arrangements at the next Mid-Cycle Briefing.

Tony Hall
Chairman
Care and Independence Overview and Scrutiny Committee
16 May 2012