NORTH LINCOLNSHIRE COUNCIL
SCRUTINY PANELS

Questioning Responsive Accountable

Report of the Healthier Communities and Older People Scrutiny Panel

Alcohol Misuse and Health

May 2009

The role of the council's Healthier Communities and Older People Scrutiny Panel is to examine, in detail, selected issues which can affect local people's health and wellbeing or their access to health care.

The aim is to find out if there are ways in which the council and its health partners could be doing things better, and to influence national issues.

This report is the end result of a review into a particular subject. It sums up how the review was carried out, the panel's findings/considerations, conclusions and recommendations for any improvements which could be made.

NORTH LINCOLNSHIRE COUNCIL

www.northlincs.gov.uk

SCRUTINY REPORT

ALCOHOL MISUSE AND HEALTH

What's in this report:

Chair's introduction

I have pleasure in introducing the Healthier Communities and Older People Scrutiny Panel's report into alcohol misuse and health. As Chair of the panel, I would like to take the opportunity to formally thank the Vice-Chairman and all of the members who were involved in the review for their hard work and dedication. It is also with sadness, that I would wish to note the passing of the panel's former Vice-Chairman, Cllr Ted Appleyard. Ted always took a great interest in helping improve services for local people, and he will be greatly missed.

The issue of alcohol misuse is one of the most demanding challenges addressing society. Far too many people in North Lincolnshire drink large quantities of alcohol, and too often, this leads to poor physical and mental health, dependence, family breakdown, and ugly incidents of violence on our streets and in people's homes. Our local population regularly highlights this as an issue where more should be done; they recognise the harm that is caused by excess alcohol. The challenge now is to meet these very reasonable expectations.

Throughout the report, the panel notes the encouraging steps that are underway. Additional funding has been allocated, a local strategy has been developed, and national and regional government are increasingly highlighting this as a priority. However, all sides agree that there is much further to go. As the report was being finalised, evidence was emerging of specialist services being stretched even further. The panel is especially concerned that, in North Lincolnshire, only a tiny minority of those in real need access specialist treatment. At a national level, hospital admissions and deaths from drinking continue to rise and new evidence shows that the effects of the recession may be leading to more consumption.

Despite this, the panel is encouraged by the dedication and professionalism of the witnesses that members spoke to. The panel has no doubts that, given the necessary resources, the problem can be tackled in a co-ordinated and robust manner. I hope that this report serves as a catalyst for commissioners and providers alike, to continue their work and to "get the money flowing". The panel will be requesting a co-ordinated response to our recommendations in due course; asking for evidence about how, where and when the additional resources are being spent, and about ongoing and planned action to tackle the issue.

Cllr Trevor Barker- Chair

NORTH LINCOLNSHIRE COUNCIL

Membership of the Healthier Communities and Older People Scrutiny Panel

Councillors	Barker (Chair)
	Sidell (Vice-Chairman)
	Collinson
	Eckhardt
	Jawaid MBE
	Simpson
	Wells

The following members were also involved in this review.

Councillors	Ali
	Appleyard
	Armitage
	Bromby
	Ellerby
	C Sherwood
	Smith
	Wilson

1. ROLE OF THE PANEL AND THE SELECTION AND SCOPE OF THE REVIEW

North Lincolnshire Council's Healthier Communities and Older People Scrutiny Panel is a group of seven elected councillors. The role of the panel is to work with others to seek improvements to local people's health and wellbeing, and to hold local health and social care decision-makers to account for their decisions. The panel does this by working closely with partners across the council and local health Trusts, the voluntary and community sector, patients, carers and users of services, and the wider public.

When setting the panel's priorities, members consider a range of evidence. Every year, members of the public are invited to submit ideas for reviews. Similarly, relevant figures across the council and its partner organisations are asked for issues that may benefit from a scrutiny review. The panel also closely monitors local health data and the performance of the council, NHS North Lincolnshire and other agencies.

Members decided that a review into alcohol misuse would be useful and timely for a number of reasons. Firstly, local people regularly raise the issue as a cause for concern. When surveyed in spring 2008, the issue was identified as a topic of concern that historically, perhaps, had not received sufficient attention by all agencies within North Lincolnshire. Secondly, alcohol misuse is increasingly seen as a government priority, largely due to the levels of harm caused by alcohol misuse. Indeed, as the scrutiny panel is finalising this report, the Health Select Committee has announced a review into alcohol and the Chief Medical Officer has made profound recommendations that would, if accepted, have major repercussions. It was felt an ideal opportunity to conduct some local work to accompany the momentum caused by the recent change on the government's agenda.

One of the recommendations from a 2007 Alcohol Needs Assessment in North Lincolnshire was that "Overview and Scrutiny Committees examine the cross-cutting issue of alcohol". Finally, the review was timed to build upon Lord Darzi's NHS Next Stage Review, published in June 2008. Regional work, led by the Strategic Health Authority, provided local detail to the review, and alcohol misuse was identified as one of the three priority public health issues within Yorkshire and the Humber, alongside obesity and tobacco. An accompanying delivery document was published in March 2009.

Due to the above, the panel felt that a wide-ranging review into alcohol misuse would ensure that local services match the level of need, that the necessary priority was being given to the issue, that services are joined-up and appropriately resourced, and are based upon the available evidence.

2. HOW THE REVIEW WAS CARRIED OUT

The council's Healthier Communities and Older People Scrutiny Panel agreed a brief to:

(i)

- Critically examine alcohol services in North Lincolnshire, including screening, treatment, education, referral and support services at all levels.
- Speak to relevant figures from the region and within North Lincolnshire with expert knowledge of these issues,
- Formulate a review plan and programme identifying how to obtain necessary information and evidence, in order to carry out the scrutiny review successfully,
- Conduct any other work, relevant to the review topic, as the panel felt appropriate.

(ii)

- Make recommendations to cabinet, via full council, in accordance with the Local Government Act 2000 and the council's constitution.
- Make recommendations to local health Trusts, via full council, in accordance with the Health and Social Care Act 2001 and the council's constitution.

Desktop research

Use of documentation on the subject included:

National policy and government strategy, regional documents including Healthy Ambitions and Delivering Healthy Ambitions, evidence from the National Audit Office, Public Health Observatories, NHS North Lincolnshire, Safer Neighbourhoods, other partners and various research and academic organisations.

Interviews with witnesses

The panel heard from a number of witnesses with knowledge of issues relevant to the review, including:

Maria Callaghan, Health Improvement Practitioner Advanced, Public Health, NHS North Lincolnshire.
Ian Cameron, Deputy Head of Safer Neighbourhoods (Substance Misuse)
Dianne Draper, Health Policy Manager and Regional Public Health Lead for Alcohol, Government Office
Dr Andrew Furber, Director of Public Health
Martin Garfitt, Humberside Police
Lynne Goodall, Head of Integrated Youth Support, North Lincolnshire Council
Stuart Minto, Head of Safer Neighbourhoods
Ian Joustra, Assistant Director – Substance misuse, Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust
Dr John Kennedy, Northern Lincolnshire and East Yorkshire Local Medical Committee
Jackie Kinnell, Patient Services Manager, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Dawn Ojadi, Matron for Medicine, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Deborah Pollard, Commissioning Manager – Sexual Health and Substance Misuse, NHS North Lincolnshire
Dr Pranab Ray, Northern Lincolnshire and East Yorkshire Local Medical Committee
Gaynor Snell, Accident and Emergency Department Manager, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Hilary Strong, Locality Youth Worker, Scunthorpe South, North Lincolnshire Council
Stewart Sutton, Substance Misuse Network Co-ordinator, DELTA
PC Steve Turner, Humberside Police
Dr Russell Walshaw, Chief Executive, Northern Lincolnshire and East Yorkshire Local Medical Committee
Dr Keith Young, Chairman, Northern Lincolnshire and East Yorkshire Local Medical Committee
Tim Young, Chief Executive, Alcohol and Drug Service

Site visits

Attendance was confirmed at the third National Alcohol Conference on 5 November 2008.

Panel meetings

A series of public and planning and evaluation meetings were held in order to gather evidence and consider the panel's findings, conclusions and recommendations.

3. THE PANEL'S CONSIDERATIONS / FINDINGS

Background

Alcohol plays a large role in our society, and over many centuries, has become central to many aspects of British culture. Many people relax and socialise with friends, family and colleagues over a few drinks, and "going to the pub" is a hobby or interest of almost half of all people surveyed in a 2004 study. Alcohol plays a key role in the national, regional and local economy, employing many people and generating annual tax revenues of over £13 billion. Around 90 % of adults in England drink alcohol. There is also some evidence that a small amount of alcohol may reduce the risk of heart disease and stroke in people over 40.

However, when alcohol is misused there can be major implications for the health and wellbeing of the individual, their family and wider society. People in the Yorkshire and Humber region tend to have some of the highest levels of alcohol consumption in the country. In the region, over a third (36 %) of adults consumed above recommended levels of alcohol on at least one day in the previous week, the highest figure for any region in England. Along with the North East region, this area has the highest levels of binge drinking and alcohol dependence in the country.

It is widely recognised that alcohol is closely associated with harm to individuals. It can be a contributing factor to a range of medical complaints, including liver cirrhosis, a range of cancers, stroke, coronary heart disease and mental and behavioural problems. The latest figures show 8,724 alcohol-related deaths in the UK in 2007 – a number that has doubled since 1991, with more people dying at a younger age.

In 2006/07 there were 811,000 admissions to hospital related to alcohol, comprising 6% of all hospital admissions. This has increased from 473,500 in 2002/03, and the figure continues to rise by around 80,000 admission a year. Around 80 % of peak time presentations to Accident and Emergency are alcohol-related. It has been estimated that costs to the NHS arising from alcohol misuse amount to around £2.7 billion a year. The Cabinet Office has calculated the cost to the entire UK economy of alcohol misuse is up to £25.1 billion every year.

There has been a huge increase in alcohol consumption in recent decades. Consumption per head has increased by 60% between 1970 and 2006, and this rise is not uniform. Those who regularly drink large quantities of

alcohol account for a disproportionate amount of all of the alcohol consumed. The Department of Health suggests that 7% of the UK population who regularly drink more than twice the recommended limits drink a third of all the alcohol consumed in the country. This has led to an increasing "hard-core" of serious drinkers, who may be dependent on alcohol.

Government analysis suggests two main developments that are likely to have led to the increase in alcohol misuse. Firstly, people today are increasingly likely to consume drinks with a higher alcohol content, such as wine and spirits. Secondly, alcohol is much more affordable today than in previous years – according to the NHS Information Centre, alcohol is 69% more affordable in 2007 than it was in 1980. It has been widely reported that shops and supermarkets regularly use alcohol as a "loss leader" to attract customers into the store, making up the loss with their other purchases. In July 2008 the government consulted on possible measures to restrict cheap alcohol, and the Chief Medical Officer has recently recommended that the government should introduce minimum price limits, with consideration of a cost of 50p per unit of alcohol. The Scottish Government introduced a similar framework in March 2009, which would place restrictions on the cost of alcohol, ban "loss-leading" and offers on off-sales, and introduce other measures aimed at tackling the problem.

Whilst the general view of the population may be that alcohol is an individual's choice, the Chief Medical Officer uses the phrase "passive drinking" to illustrate the wider effects that drinking can cause. The consequences of passive drinking include

- Harm to the unborn foetus, such as foetal damage or miscarriage,
- Impact on families – children of heavy drinkers are more likely to have problems at school,
- Drunken street violence, vandalism and sexual assault,
- Road accidents – 7000 people injured and 660 children killed or injured in road accidents caused by alcohol in 2006

Each year more than 6,000 children are born with foetal alcohol spectrum disorder, which can lead to a range of physical, behavioural and cognitive disabilities. This has led the government to recommend total abstinence during pregnancy. However, 55 % of women drink during pregnancy, and around 9 % of women continue to drink potentially harmful levels of alcohol during pregnancy.

Alcohol misuse is certainly seen as a priority issue for the public. One in four people say that drunk and rowdy behaviour is a problem in their neighbourhood, and 7 in 10 believe drinking in public places or on the street is a problem in their area. Eighty per cent of people think that more should be done to tackle the level of alcohol abuse in society.

In addition to the impact on health services, alcohol impacts upon the work of the council and the police. Around half of all violent crime is linked in some way to alcohol, between a third and two thirds of child protection cases involve alcohol misuse, and half of all rough sleepers are dependent on alcohol.

Policing the main "night-time economy" areas across the country is a major task for the police. Giving evidence to the Home Affairs Select Committee in 2008, Chief Constable Stephen Green of Nottinghamshire Police stated that

> *"It is no exaggeration to state that the whole focus of officer shift patterns is to deploy sufficient resources at weekends to cope with alcohol-fuelled disorder, and football violence … The net effect is there are fewer officers on duty during the rest of the week to deal with other types of crime and fewer opportunities to be seen in their communities. This has a major impact on local policing because the neighbourhood bobbies are re-deployed to weekend and late night work to help their colleagues cope with the un-relenting demand … [The drinks industry] has stretched policing to the absolute limits"*

Research from 2003 suggest that alcohol-related crime costs the country around £7.3 billion pounds every year, through consequences of crime, response costs and preventative work.

A priority issue?

Despite the concerns described above, historically it has been argued that alcohol receives less attention from the public sector than it should, and where public sector agencies do step in, it is to "pick up the pieces". Research has found that nationally, education in schools can be patchy and often inaccurate.

Where money is allocated to alcohol treatment through planning and commissioning, it is generally part of an allocation of money for "substance misuse". The panel heard that illegal drug use has long been

seen as a higher priority nationally than alcohol. As such, in previous years, funding for alcohol was often a lower priority for commissioners.

Despite this, alcohol is increasingly being seen as a national priority. The government launched the first national Alcohol Harm Minimisation Strategy in 2004, followed up by the publication of a national strategy "Safe. Sensible. Social. The Government's Alcohol Strategy" in 2007 setting out progress and areas of best practice. The government has also recently consulted on several aspects of alcohol misuse, including pricing and promotion, labelling, and industry standards. Further announcements are due later in the year. Parliament's Health Select Committee also announced a new inquiry into alcohol in February 2009.

At a regional level, NHS Yorkshire and the Humber produced their document Healthy Ambitions in May 2008. This provided regional priorities and a "direction of travel", building upon the national review of the NHS by Lord Darzi. Along with tobacco and obesity, alcohol misuse was identified as one of the three priority issues within the Staying Healthy pathway. Five recommendations were formulated for local action. These will be discussed later within this report but are listed below:

- The NHS in Yorkshire and the Humber should improve screening and identification of people with alcohol use problems,
- PCTs should commission the systematic use of brief interventions across NHS services,
- PCTs should commission a range of 'tiered' services to cope with people who present with different levels of dependency and ensure simple referral routes are accessible from screening points,
- PCTs should commission services separately from drugs misuse services as the evidence suggests that people with alcohol problems are more likely to use separate rather than shared services, and
- The NHS should work with other organisations to reduce the accessibility of alcohol, including an increase in price.

At a local level, NHS North Lincolnshire, which commissions health services locally, recently agreed a five year strategic plan. In many ways, this echoes Healthy Ambitions, and NHS North Lincolnshire have agreed three major strategic goals around giving people the best start in life, improving the quality and longevity of life and helping people to make informed decisions about their health. The document also sets out nine specific and measurable targets based upon locally agreed health outcomes. Whilst two of the three regionally agreed public health

priorities have been included in these measurable targets (obesity and tobacco), alcohol has not. However, to some extent this reflects the national Vital Signs guidance. Obesity and Tobacco are included as national priorities for local action (tier 2), whereas alcohol is included as a possible local priority (tier 3).

As part of the discussion around the Staying Healthy pathway in NHS North Lincolnshire's Strategic Plan, alcohol strategy has been highlighted as a key priority for investment. A recent successful bid for funding to the Department of Health will increase spending on alcohol services and treatment by £150,000 a year in 2009/10 and £200,000 in 2010/11.

The body responsible for strategic planning across North Lincolnshire is the Local Strategic Partnership (LSP). The LSP brings together all key strategic partners from the public, private and voluntary sectors in order to seek improvements for local people. The LSP also manages performance and sets local priorities, based on the available data. The government has set 198 National Indicators (plus 16 indicators relating to children) that must be monitored and reported by the LSP, with up to 35 chosen as local priorities based on the Sustainable Community Strategy and local need. Of these 198, it has been calculated that 41 are related in some way to alcohol. However, the alcohol specific indicators have not been chosen as local priorities.

The local picture of alcohol misuse

Again, alcohol plays an important role in the local economy. Around 2% of the workforce work in a bar or in a job connected to alcohol and for many people consuming alcohol is a way to socialise, have a pleasant night out, or as part of a meal or show.

Despite this, when alcohol is misused, it can have a profound and damaging effect on people, their friends and families, and wider society. It has been estimated that there are around 25,500 hazardous and harmful drinkers in North Lincolnshire, and around 5,000 dependent drinkers. Hazardous drinkers are those who drink above sensible limits, but have yet to experience longer-term harm. Harmful alcohol users include those drinking above sensible limits, and who are experiencing harm to their physical or mental health.

It is widely recognised that alcohol misuse is strongly associated with crime. For example, between October 2007 and September 2008, 34.6 % of all violence against the person offences in North Lincolnshire were

alcohol related. This rises to almost 60 % in the Town ward, which contains the main drinking establishments in central Scunthorpe. Alcohol related violence in Scunthorpe town centre accounts for more than 40 % of all North Lincolnshire's alcohol related violence. It has been estimated that alcohol related violence may have cost local services more than £30 million pounds between October 2007 and September 2008, based on average costs to deal with wounding or common assault.

There are also serious human costs associated with alcohol. Young people in particular are at serious risk of becoming a victim of alcohol related violence. Alcohol is also associated with domestic violence, sexual offences and drink-driving injuries and deaths. There is also evidence that the probability of becoming a victim of alcohol related crime increases for those living in more deprived areas.

Whilst the situation is complex, it is widely recognised that alcohol can also play a contributory role in risky sexual behaviour. Nationally, among sexually active 13 and 14 year olds, 40 % said they were drunk or "stoned" during their first instance of sexual intercourse. In a survey of 15 and 16 year olds, 8 % have reported having unprotected sex following alcohol consumption. It is likely that alcohol misuse contributes to teenage conception and the spread of sexually transmitted infections.

Each year the North West Public Health Observatory creates local alcohol profiles for each area across the country. This profile shows North Lincolnshire to have a significantly higher number of:

- Under 18s with an alcohol-specific hospital admission,
- Alcohol-attributable hospital admission (both males and females),
- Hospital admissions for alcohol-related harm, and
- Binge drinking

North Lincolnshire has a significantly better alcohol-specific mortality rate amongst females, rate of mortality from chronic liver disease for men and alcohol specific hospital admissions (both men and women).

Local action

As stated previously, the majority of people who drink alcohol do it sensibly, with little impact on their health or wellbeing. However, there are a significant number of people who abuse alcohol, including around 5,000 who are physically or psychologically dependent. This can have major implications for local service commissioners and providers. It is

widely recognised that harmful and hazardous alcohol misuse can also cause a major disruption to an area's safety, wellbeing and prosperity.

The Director of Public Health publishes an annual report containing recommendations for local improvement. Alcohol was a key element of the 2006 report, and recommendations were made to agree a harm minimisation strategy, to help the local industry implement the industry's Standards on Social Responsibility, to ensure services were commissioned to meet need, and to improve data collection and analysis. Many of the Director's recommendations echo the 2007 Needs Assessment. Subsequent reports from the Director of Public Health have not focussed specifically on alcohol misuse, but have made reference to the problem. For example, stopping drinking alcohol to excess was highlighted as one way that people can help prevent heart disease and stroke – the largest cause of early death in North Lincolnshire.

An alcohol needs assessment was completed in February 2007, which estimated that there were around 25,500 hazardous and harmful drinkers in North Lincolnshire, and around 5,000 alcohol users who are physically or psychologically dependent. This equates to around 20% of North Lincolnshire residents who may have a problem with alcohol. It is also possible that this figure is an underestimate.

Despite this, the Needs Assessment found that many people go out once or twice a week, with no intention to get drunk. Many people didn't think that alcohol was an important element in their night out. However, there is a significant minority of people who go out several times a week with the intention to get drunk. This form of "binge drinking" has received greater attention in recent years, and has tended to become a social norm or "rite of passage" for many people. Around 40 % of male drinking sessions would be classed as binge drinking, and binge drinking has become more widespread and socially acceptable amongst females in recent years. There is little evidence that initiatives to tackle this problem through the provision of education have been successful. Binge drinking can be closely related to both long term health problems and immediate behavioural consequences, such as accidents, violence, conflict and risky sexual behaviour.

A Joint Strategic Needs Assessment was completed in 2008, highlighting the available information on the health and social care needs of the local population. Again, this referenced alcohol as a local issue, although arguably not to the same extent as tobacco and obesity, the other two identified major public health issues.

A range of agencies are responsible for providing a response to problems associated with alcohol misuse, reflecting the many forms that this can take. However, the Safer Neighbourhoods Partnership plays a central role in co-ordinating a response in North Lincolnshire. Safer Neighbourhoods is a statutory partnership of the emergency services, local authority, health, public, private and voluntary sectors, that work together to address crime, disorder and substance misuse.

Following the Director of Public Health's 2006 report and the Needs Assessment in 2007, in September 2008 Safer Neighbourhoods agreed in principle a wide-ranging Alcohol Harm Reduction Strategy. A comprehensive gap analysis was also completed, which has identified where services could be improved. Again, given the significant funding implications identified in the gap analysis, recognition of the cross-cutting effects of alcohol and the very limited local budget allocation (see below), this was referred to the LSP for consideration against other priorities. This is discussed further on page 23 in the next section of this report.

A regional alcohol group meets regularly to share good practice, develop new ways of working and to examine how Healthy Ambitions and other guidance can be implemented. A revised local task group has also been set up, led by Safer Neighbourhoods and chaired by the alcohol champion, Chief Superintendent Simmonds. Membership of this group includes NHS North Lincolnshire, Humberside Police, the probation service, A&E, public health, service providers, Safer Neighbourhoods, government Office and other partners. An action plan is currently being developed, and the steering group will monitor the plan, reporting up to Safer Neighbourhoods and NHS North Lincolnshire where they fund activities.

There is no nationally agreed rationale for setting local alcohol budgets. Some areas fund entirely through the relevant PCT, whereas others include funding from the local authority, police and probation services or elsewhere. Levels of funding vary significantly, and the National Audit Office (NAO) has found that "there is no consistency in how the level and cost of alcohol services is recorded locally." The NAO study found that levels of spending where generally not based upon levels of need, but tended to be calculated based upon previous years' spending.

The scrutiny panel submitted a Freedom of Information request to each PCT in the Yorkshire and Humber region, asking for population data, the number of hazardous/harmful and dependent drinkers, and the funding

allocated to specialist alcohol treatment in 2008/09. Further detail on the responses is included in appendix 1. Given the well-reported problems in identifying and coding alcohol specific funding, the data in this table may not represent a complete picture of spending and should be read with caution.

Table 1. Funding for specialist alcohol treatment 2008/09 – Yorkshire and the Humber Region.

PCT	Population	Number of harmful/hazardous drinkers (est.)	Number of dependent drinkers (est.)	Budgets for specialist alcohol treatment (tiers 3 / 4)
Barnsley				No response
Bradford	493,000	108,000	15,000	£417,000
Calderdale	130,000	33,540	6,760	Information not available
Doncaster	290,000	49,094	10,000	£565,000
East Riding of Yorkshire	325,000	44,581	7,101	£1,076,000
Hull	262,300	40,403	8,143	£800,000
Kirklees	404,000	69,000	14,000	£1,188,300
Leeds	750,000	130,000	25,000	£3,164,378
North Yorkshire & York	765,000	222,215	36,920	Information not available
North East Lincolnshire		22,750	3,750	£282,000
North Lincolnshire *	153,000	25,500	5,000	£60,000
Rotherham	254,000	37,500	7,500	£359,427
Sheffield	550,000	117,014	15,806	£600,528
Wakefield	321,200	Information not available	Information not available	£443,837

* based on data given to the panel; not FoI

Future plans

NHS North Lincolnshire recently announced that they had successfully bid to be an Early Implementer Site for and Alcohol Intervention Programme. The aim of this programme in North Lincolnshire is to reduce alcohol related hospital admissions by:

1. Identifying and treating alcohol problems at an early stage within primary care,
2. Identifying patients attending A&E with alcohol related injuries and encouraging attendance at dedicated alcohol services, and
3. The provision of dedicated treatment services.

New patients who attend their GP for their first health check will receive a short questionnaire that will identify whether their alcohol consumption

might be a problem. A number of interventions can take place at this point, ranging from giving brief advice on lifestyle and drinking to referral to specialist treatment services. This screening takes place through a Direct Enhanced Service and is paid for by NHS North Lincolnshire.

The Early Implementer fuding of £150k will pay for extending this service into A&E in order to identify those attending with alcohol-related injuries, referring them as required. It is also planned to pay for the setting up of dedicated alcohol treatment services throughout North Lincolnshire. The government has confirmed that this will be increased to £200K in 2010/11 and again in 2011/12. NHS North Lincolnshire has written into its Strategic Plan to add to this funding and continue after the scheme has ended. However, concerns remain that increasing identification will result in a corresponding increase in referrals to an already-stretched service.

As stated on page 16, a local Alcohol Harm Reduction Strategy was agreed in 2008, and a gap analysis undertaken. This is discussed further in the panel's conclusions and recommendations. A multi-disciplinary local alcohol task group has been re-launched to implement the strategy and feed upwards to Safer neighbourhoods and the commissioners.

Links to health inequalities

The relationship between alcohol misuse and socio-economic status is complicated, and may not be in line with the image presented in the media. Latest figures from the General Household Survey show that those in more professional classifications tend to drink more regularly, and when they do drink, tend to drink more. There are also differences between the genders. For instance, women in higher managerial households were much more likely to have drunk more than their recommended units on any one day (40 per cent, compared to 26 per cent) than females in routine jobs. There is a direct correlation between household income and the amount of alcohol that is drunk the previous week, and the proportion of people drinking on five or more days in the previous week.

Table 2. Adults Drinking more than the recommended guidelines by sex and socio-economic classification, 2007

				Percentages
	Managerial and professional	Intermediate	Routine and manual	Total
Men				
More than 4 units and up to 8 units	45	40	37	41
More than 8 units	27	23	22	24
Women				
More than 3 units and up to 6 units	40	35	26	34
More than 6 units	17	17	12	15

Again, and possibly contrary to stereotypes, those in employment are more likely to have had a drink in the previous week than the unemployed or those who are not economically active. Similarly, those in employment are more likely to have consumed more than 8 units on any one day (for men) or 6 units a day (for women). This is the agreed definition for binge drinking.

Despite this, rates of alcohol-specific death are correlated with socio-economic status, as are alcohol-related accidents. Whilst there is anecdotal evidence regarding cheap alcohol such as “white ciders”, that may be targeted to those on low incomes, the evidence of a clear correlation between social status and alcohol misuse seems less clear than obesity and smoking, for example. It is possible that this is one of the reasons why alcohol misuse arguably tends to receive less attention than other major public health concerns, as there are fewer direct links to social deprivation and the health inequalities agenda. Despite this, the areas with most alcohol-related violence and crime, hospital admissions, road traffic accidents, teenage pregnancy and school exclusions do tend to be in more deprived areas, suggesting that greater priority may be required.

Lessons to be learned

Different areas and countries have explored different methods for reducing the harm caused by alcohol. It is possible to explore the possibility of either implementing these locally (either through a requirement or voluntarily), or urging government to implement measures which are outside of local powers.

For example, NHS Rotherham now offers a Local Enhanced Service to improve screening and brief interventions. A local training strategy including primary care training needs has also been agreed.

In March 2008 West Lothian Police, in co-operation with its partners, ran a pilot to restrict off-licence sales of alcohol to under-21s at peak times in Armadale. This was done through a voluntary agreement with the local shops and off-licences, following evidence of young people purchasing alcohol legally, and selling it on to those under the age of 18. Similar voluntary schemes have also been successfully run in East Cleveland, in the towns of Saltburn, New Skelton and New Marske on Friday and Saturday nights.

Similarly, the Scottish Government has recently announced plans to place a duty on licensing boards to consider raising the age of off-licence sales from 18 to 21. They also wish to see restrictions on drink promotions, alcohol "loss-leading" and to implement a minimum 50p per unit cost.

A number of other positive schemes are set out in the 2007 National Alcohol Strategy, "Safe. Sensible. Social". These range from health promotion schemes amongst public sector staff in North Tyneside, to taxi marshals in Sheffield.

What works?

Research by the Staying Healthy Clinical Pathway Group have identified three key areas where interventions could have the greatest impact on the misuse of alcohol. These are:

- Screening, identification and brief intervention.
- Treatment and rehabilitation.
- Enforcement of under age sales restrictions.

One of the most effective ways to tackle alcohol misuse is through brief interventions. This involves identification, the completion of a short questionnaire and brief advice. There is good evidence that following brief intervention, around 1 in 8 people will reduce their level of alcohol misuse. Whilst this is normally seen as a role for GPs, it is increasingly being used in hospital settings, the criminal justice system and elsewhere.

Treatment and rehabilitation programmes for problematic drinkers are probably seen as the most traditional model of care, and are one of the other evidence-based approaches to dealing with alcohol misuse.

Specialist services locally are commissioned through a partnership between Rotherham, Doncaster and South Humber Mental HealthCare NHS Foundation Trust and the Alcohol and Drug Service, and delivered locally via the Junction. Offenders with alcohol problems are usually dealt with by the Drug Intervention Programme (DIP), which provides a multi-disciplinary approach to dealing with their clients, often working closely with the Junction. Drug and alcohol services for children and young people are provided through DELTA. A number of other voluntary and statutory agencies also work with drug and alcohol clients. These services are well-developed, but some gaps remain, as discussed in the panel's conclusions and recommendations.

The final evidence-based way to deal with alcohol misuse is via enforcement of under age sales restrictions. North Lincolnshire Council's Trading Standards Team, in co-operation with Humberside Police B Division, help to enforce these restrictions, primarily through test purchases by volunteers aged around 15. The team has been successful over recent years in reducing the number of sales.

Table 3. Enforcement of under age alcohol sales.

Year	Attempts	Sales	Percentage
2006/07	69	28	40.6 %
2007/08	22	2	9.1 %
2008/09	27	2	7.4 %

Trading Standards and Humberside Police have recently been conducting some innovative test purchases where volunteers would attempt to buy alcohol to pass on to under age people who had previously attempted to buy. A poster campaign is also underway, warning of possible fines and other sanctions for people who pass on alcohol to those under the age of 18.

There are key flashpoints in people's lives where timely intervention could prevent future problems. These are:

- In adolescence,
- During pregnancy,
- Mid-life (from the late 30s onwards, the pattern is that regularity of drinking increases, but with fewer binges).

There are many other evidence-based approaches to tackling some of the non-health consequences of alcohol misuse, such as anti-social behaviour, drink driving, etc. Some of these are discussed in the next section.

4. THE PANEL'S CONCLUSIONS AND RECOMMENDATIONS

General

The panel wishes to take this opportunity to recognise the impressive work that is taking place across North Lincolnshire. On several occasions, members heard very positive stories about those at the "sharp end" of service delivery and treatment. Whilst this report is primarily focussed on the health implications of alcohol misuse, the panel would also like to acknowledge the excellent work that is done by the police, public health team, Probation Trust, GPs, Nite Safe and others. It would also be appropriate to note the contribution of those who plan and commission services at the strategic level.

The panel's general view of alcohol misuse in North Lincolnshire is that, as elsewhere, there is overwhelming evidence that it is a major cause of ill-health, violent crime, anti-social behaviour, family breakdown and other harmful effects on the individual and wider society. The figures highlighted on pages 9 and 10 describe some of the impact of alcohol misuse.

Whilst there is a valid argument that drinking is a personal choice, and that the majority of people drink sensibly, there is a growing recognition that alcohol misuse causes major harm to our society, and there is increasing pressure for action to protect the innocent. The Chief Medical Officer highlights the harm that alcohol misuse can cause through "passive drinking". He states "quite simply, England is drinking too much. England has an alcohol problem. Alcohol is harming society. Alcohol is not simply a problem for the minority who are dependent on it – it is a problem for everyone." The panel is clear that this description of the national situation is equally applicable throughout North Lincolnshire. There is clear evidence that alcohol is a contributory factor in a great number of our social ills.

Generally, the panel has concerns about the local response. Whilst the panel certainly acknowledges that the situation has improved substantially in the last three years or so, there is a great deal of work still to do. On a positive note, we are pleased that some of the necessary building blocks are in place. We now have an excellent over-arching alcohol strategy, and importantly, improved levels of funding have been secured.

This echoes the greater priority that alcohol misuse has been given at a national and regional level. Again, some of this is reflected locally, but the panel believes that the prioritisation that alcohol misuse is given locally remains lower than other major public health issues such as obesity and tobacco. These issues are explored, with evidence, throughout the panel's conclusions and recommendations.

Prioritisation

As discussed on page 12, the issue of alcohol misuse has steadily moved higher on the national agenda. This has been matched locally, through the 2006 Director of Public Health's Annual report, the 2007 Needs Assessment and Gap Analysis and the agreement of the local Alcohol Harm Minimisation Strategy in late 2008. The panel would wish to formally note these achievements, and congratulate NHS North Lincolnshire and their partners for completing these pieces of work. Similarly, a key priority arising from a local Joint Strategic Needs Assessment concluded that a key priority was to "Develop other programmes to help people…drink sensibly."

Despite this, the panel believes that within North Lincolnshire alcohol services are still considered a lower priority than illegal drug use, and other public health issues such as obesity and tobacco.

As stated on page 12, alcohol was classed alongside obesity and tobacco as the three main public health issues within the region. However, unlike obesity and tobacco, alcohol has not been chosen as a key health outcome in NHS North Lincolnshire's Strategic Plan. Despite this, the panel acknowledges that work is still underway on the issue, that a senior 'Champion' for tackling alcohol misuse at the strategic level (Chief Superintendent Simmonds) has been nominated, and that steps to allocate additional funding, strengthen commissioning and monitoring of progress have now been implemented.

However, despite the recently improved funding, the panel has heard that illegal drug use still takes priority over alcohol, and that proposals to improve alcohol services without additional money would inevitably affect services for illegal drugs. This issue was referred for consideration to the LSP, but remains largely unresolved.

Recommendation 1 - That NHS North Lincolnshire and its partner organisations acknowledge that alcohol misuse should be given equal

priority as a public health priority, and receive appropriate attention at Board and strategic level.

Funding and Commissioning

Historically, funding for alcohol services within North Lincolnshire has been seen as low priority. Treatment services and pathways needed development, and much of the financial costs of the various agencies response to alcohol misuse were unknown. Whilst there has certainly been some progress, some of these concerns remain today. The recent Gap Analysis concluded that "there is a current 'hidden' spend on alcohol treatment which is not part of a systematic commissioning approach". The gap analysis made the following recommendations:

- An analysis of current PCT spend in primary and secondary care,
- Formal alcohol treatment pathways should be described,
- Local screening and brief intervention tools should be agreed and disseminated, with training,
- A local data set should be agreed and data collection begun,
- A strategic plan regarding commissioning should be agreed.

Alcohol treatment is based around a tiered approach, in line with Models of Care guidance. This stepped approach recognises that those who misuse alcohol have different levels of need. The model ranges from generic services at tier 1 to clinical detox at tier 4. The 2006 guidance states that "commissioners need to ensure that all tiers of interventions are commissioned to form a local alcohol treatment system that meets local need." However, the Gap Analysis found that "there are significant gaps within local provision when mapped against the current guidance…*In some tiers there is almost a complete absence of provision*". The analysis also highlighted concerns over existing provision being "not joined up", with "no systematic approach to alcohol treatment" and with "no common assessment tools" agreed locally.

A key point identified by the 2007 Needs Assessment stated that "there is considerable expertise and good will in local alcohol service provision but woefully inadequate funding nationally and locally for alcohol and treatment services." The panel heard that the non-staff budget for commissioning tier 3 and tier 4 services for those most at need in North Lincolnshire amounted to around £60,000 a year. However, as discussed on page 18, additional funding has been secured and will be invested in order to increase services in A&E, improve screening in community

settings, and to improve services generally in line with the guidance and Gap Analysis. However, the comparison with other areas still shows a relatively low spend per head of population, or against the number of people with an alcohol problem. The panel recognises the argument that there shouldn't necessarily be a clear link between spend and the extent of the problem, and also notes the difficult financial situation that NHS North Lincolnshire has been in recent years. However, historically limited funding remains the primary reason for the current gaps in service.

The panel clearly has major concerns about the issues identified in the gap analysis. The current model bears little resemblance to that recommended by the national Models of Care guidance, and there are major gaps, particularly in tiers 1 and 2. The panel is concerned about a lack of commissioning of generic or specific advice and information, very little screening or the use of brief interventions, and no commonly agreed assessment tool. Members believe that this could lead to people's drinking becoming more regular or heavy, as the interventions at an earlier stage are absent, or at best, ad hoc. Evidence cited in the Needs Assessment shows that for every £1 spent on alcohol treatment can lead to a saving of £5. Whilst the panel notes the local financial constraints, members believe that sustained and significant investment, particularly at tiers 1 and 2 will lead to a future reduction in costs. The local Alcohol Strategy provides a costed analysis that shows that an investment of £47,000 in screening and intervention has the potential to save £77,550.

Whilst the panel recognises the need to increase the use of screening and brief interventions in primary care, members would not wish to see the majority of any additional funding spent on these issues. There are a number of reasons for this. Firstly, the gaps identified at tiers 3 and 4 need to be addressed firstly to ensure that there is sufficient capacity for referrals, without increasing waiting times. There is a very real danger that any increase in referrals to specialist treatment could "flood" services and lead to longer waiting times. Secondly, GPs have expressed concerns about "rolling out" brief interventions and screening. Whilst the GPs and their staff would be able to do these, concerns about referral pathways, payment, training and staff time remain. Finally, members are concerned that the process for screening and brief intervention may be flawed. The guidelines suggest that only new patients aged 16 years and over are offered these services, where the practice works within the DES arrangements. This will clearly miss a great number of patients who may benefit from screening, brief intervention or referral.

It has recently been announced that all over-40s are to receive a "health MOT". Whilst this is a long-term aspiration, and details are still lacking, in the longer-term this may provide a better opportunity to ensure all relevant patients in this age range are identified. Whilst not focussing specifically on alcohol, the guidance suggests that lifestyle issues can be discussed, and discussion on heart disease, stroke and hypertension is likely to include some consideration of drinking habits. Obviously, additional screening, including identification in non-traditional settings, would be required for younger people.

Some of these concerns have already been raised by Alcohol Concern. They warn of "an over-focus on Screening and Brief Interventions for hazardous and harmful drinkers, with little mention of the value of alcohol treatment for dependent drinkers as part of an integrated system, in spite of the call for this in the Models of Care for Alcohol Misusers".

The panel heard evidence that NHS North Lincolnshire was committed to enhancing all tiers of service, based on the national Models of Care for Alcohol Misusers guidance and that is currently being implemented. The panel congratulates NHS North Lincolnshire for taking these essential steps.

Recommendation 2 - The panel recommends that urgent action be taken by the Alcohol Task Group, in co-operation with commissioners, providers and clients, to address and prioritise each of the issues identified as "gaps", noting the additional but limited resources.

A recent report by the National Audit Office on reducing alcohol harm in England gathered information on how services were commissioned. The report found that:

> *"PCTs have often looked to their local Drug and Alcohol Action Teams to take the lead in commissioning services to tackle alcohol harm, but these bodies focus primarily on specialist services for dependent users of illegal drugs and alcohol. They are not equipped to meet the needs of the much larger groups of harmful and hazardous drinkers."*

As services within North Lincolnshire are commissioned "through" the Drug and Alcohol Action Team within Safer Neighbourhoods, the panel carefully considered whether there was an argument for the PCT to take alcohol commissioning "in-house". The scrutiny panel heard evidence that that there was pressure to focus on illegal drugs, and that this could

be at the expense of work to tackle alcohol misuse. The panel also had some concerns that, as Safer Neighbourhoods lead on the strategic planning and delivery of alcohol services, that there may also be a possibility that the focus is on the criminal activities caused by alcohol misuse, rather than the health implications. Despite this, there have been several successes locally led by Safer Neighbourhoods and, of course, tackling criminal activity is also a high priority locally. In addition, NHS North Lincolnshire sit on the Safer Neighbourhoods Board. As such, the panel would not wish to see any changes to the current model of commissioning, via the Drug and Alcohol Action Team.

As previously discussed, the regional document Healthy Ambitions makes a recommendation to separate drug and alcohol services. This is because people may be reluctant to access alcohol services if they believe that they will come into contact with those who misuse illegal drugs such as heroin or crack. The panel has heard evidence that this may be the situation locally. However, as services locally are based on a smaller population than other areas in the region, there is some concern that separate services may not be sustainable within North Lincolnshire. Additionally, some clients have a duel diagnosis, where they have problems with alcohol and illegal drugs.

NHS North Lincolnshire are currently working on a proposal to separate some drug and alcohol services in line with national guidance, noting the above concerns. A service specification is being written up, and a draft timescale for action is currently being agreed. The scrutiny panel believes that this will ensure that services are more accessible, and with sufficient resources, will provide a better service locally. The panel commends NHS North Lincolnshire and its partners for this approach.

The level of need

As described on page 15, there are about 5,000 dependent drinkers in North Lincolnshire, and around 25,500 harmful or hazardous drinkers. Nationally, around 5.6% of the in-need alcohol dependent population access alcohol treatment every year. However, within the Yorkshire and Humber region, the figure falls to only 2.2%. There is some evidence that the situation in North Lincolnshire is worse than the regional picture. Whilst the data should be treated with caution, it has been suggested that only 1 in 53 dependent drinkers access treatment every year (1.88%). This is in comparison to illegal drug use, where 55 % of problem drug users gain access to treatment every year.

The Needs Assessment and Gap Analysis both conclude that there is significant unmet need within the area. With the possible exception of obesity, the panel is hard-pressed to think of a major health issue where the response is so clearly out of step with the level of need. The panel acknowledges that there may be many good reasons why people who are referred for treatment do not attend (a 2005 study found that for every 2.7 referrals, only one person attended specialist services). However, the panel is shocked that a dependent drinker in North Lincolnshire has only a 2 to 3 percent chance of being in treatment. As treatment rates are much higher in other regions (8% in the North West) or other countries (up to 20% in the US), clearly there is scope for improvement. Of course, this would have implications for funding, service design and delivery.

Recommendation 3 - The panel recommends that the Alcohol Task Group investigate the reasons for the low local rate of dependent drinkers in treatment, reporting to NHS North Lincolnshire, Safer Neighbourhoods and this scrutiny panel within twelve months.

Whilst action can be taken locally, the panel believes that ultimately a national approach is required, with associated funding, co-ordination and oversight. One key aspect of the need for national leadership is reflected within Healthy Ambitions, which recommends that "the NHS should work with other organisations to reduce the accessibility of alcohol, including an increase in its price."

As previously discussed, the Chief Medical Officer has identified an increase in price, possibly to a 50p minimum price per unit, as an effective, evidence-based method of reducing harm. Research by Sheffield University has concluded that this measure could save 3,393 lives every year, reduce hospital admissions by 97,900 and benefit the economy by more than £1 billion. It has been calculated that this price increase would also decrease consumption by the heaviest drinkers by 10.3% while consumption by low-risk drinkers would fall by only around 3.5%.

The panel discussed this issue on a number of occasions, and whilst they note the evidence within the Chief Medical Officer's recommendations, they are concerned that there are also far–reaching implications for such a move. Introducing minimum price limits has the potential to penalise sensible drinkers on lower incomes, there is less evidence of links between price limits and crime, and there are important civil liberty arguments.

However, it is important not to rule out options. The panel would be in favour of monitoring the situation in Scotland, if the proposals there were enacted. If robust evidence is provided of a reduction in alcohol misuse there, then further debate may be required to reappraise the situation in England.

Recommendation 4 - The panel recommends that Safer Neighbourhoods, in co-operation with the Alcohol Task Group and the council's Licensing Committee, monitor the situation in Scotland, analysing the costs and benefits of the minimum price proposals (if enacted).

As this report was being finalised, the government was finalising a consultation on a mandatory code of practice aimed at ending irresponsible drinking promotions in pubs, clubs and off-licences that encourage excessive consumption. There are several bars within North Lincolnshire that offer "drink as much as you like offers" or similar promotions. The panel welcomes these measures, and would wish to see the council's Licensing Committee involved in the preparation of a response. Further reports should be presented to the Licensing Committee and others when the situation is clearer.

Recommendation 5 - The panel recommends that a comprehensive response to this consultation be compiled locally and returned, following discussions with the Licensing Committee.

Guidance

In addition to the conclusions and recommendations within Healthy Ambitions, several bodies have issued guidance on tackling alcohol misuse. For example the Department of Health's online resource The Alcohol Learning Centre produced the following points on "how can Primary Care Trusts best reduce alcohol admissions?" This is set out below, with discussion from the scrutiny panel.

"Based on the best available evidence the Department of Health has identified key actions that Primary Care Trusts (PCT's) can take which will make the highest impact on reducing alcohol related harm and admissions. [The department…] calculates that the following specific actions are calculated to be most likely to impact on the PSA target within the PSA period":

- Prioritise the alcohol Vital Sign (VSC26) within NHS Operational Plans and NIS39 in LAAs

As previously discussed, whilst alcohol is identified as a key issue within NHS North Lincolnshire's Strategic Plan, it has not been selected as one of the nine priority health outcomes. Whilst the Local Strategic Partnership will have to report on NIS39, which relates to hospital admissions for alcohol-related harm, it has not been chosen as a priority indicator.

- Improve specialist treatment access, capacity and effectiveness

Again, as discussed previously, some concerns remain about specialist treatment, as set out in the gap analysis, and this has been set out in recommendation 1 (above). Discussions on improving specialist treatment are underway at the time of drafting this report, including additional funding to respond to the gap analysis.

- Implement Identification and brief advice (IBA) in - Health: A&E, Specialist Clinics, Primary Care - Criminal Justice

This echoes the recommendation in Healthy Ambitions to increase identification and brief advice (IBA). The panel is aware that IBA is an evidence-based and effective method of addressing alcohol misuse, there are likely to be barriers to successfully implementing this recommendation. For example, staff at Accident and Emergency were unconvinced that IBA was feasible without significant investment, especially at peak times. Despite this, steps are being taken to improve alcohol services at A&E and elsewhere. See page 25 and recommendation 2 for further information.

- Provide local implementation of national media campaigns

The public health team has successfully implemented the regional Know Your Limits media campaign. The panel acknowledges the work by the team,

- Identify local champions & build the case for investment

Chief Superintendent Simmonds has now been nominated by the Local Strategic Partnership as local champion. Whilst the panel welcomes Chief Superintendent Simmonds' experienced leadership, and is aware

that the senior theme leads regularly work closely, the panel believes that nominating further champions may help raise the profile of the issue.

The LSP is arranged into six main themed groups; these are:

- Healthier Communities and Older People,
- Children and Young People,
- Safer and Stronger Communities,
- Economic Development,
- Environment and Sustainability, and
- Community Resilience.

It may be appropriate to utilise the council's appropriate Lead Member to act as a champion for each of these themes. This would ensure that alcohol is raised as an issue in all relevant arenas.

Recommendation 6 – The panel recommends that a formal champion is nominated from each of the themes described above, in order to recognise the different facets of alcohol misuse. The panel also suggests that the nominated champions may wish to nominate relevant "informal champions" in their specific areas of work. The panel would wish to see elected members involved in this "champion" work.

The case for investment has been hampered due to financial constraints in recent years. However, the recent award of additonal, external funding has enabled improvements to be planned and the resources mainstreamed. Whilst financial pressures remain, the panel notes a general acceptance that investment is likely to save future spending.

- Work with local partners to develop activities to control alcohol misuse

The panel is aware that partners work together to develop services. A multi-agency Alcohol Task Group has recently been re-launched to steer local policy and to monitor progress on the Alcohol Harm Minimisation Strategy. Despite this, some areas of concern have been raised. Similarly, a survey by the National Audit Office of PCTs found that, at an operational level, "not all were working well with other public bodies – such as the police, prison and probation staff, and social services – to identify and help people who are misusing alcohol and whose health may be at risk."

Identification and subsequent treatment, support or referral of those who misuse alcohol, can be crucial in helping them change their drinking behaviour. However, this form of "outreach" to people who may not come into contact with the health services is under-developed locally and nationally, primarily due to a lack of resource allocation and services. One witness told the panel that "we've got enough to do without going out to look for more." Whilst the panel recognises that some people may not wish to seek help, the benefits that some people may gain mean that simply not considering an outreach programme because of a lack of resources is unacceptable. Of course, there may be issues around patient confidentiality, but where help is requested, these barriers can be overcome.

Recommendation 7 – The panel recommends that NHS North Lincolnshire ensure that links with all public and voluntary and community sector bodies likely to come into contact with prospective alcohol clients are developed at an operational and strategic level, with referral pathways developed. NHS North Lincolnshire should also ensure that their staff are trained to work with local partners outside the NHS to support and develop skills to identify alcohol misuse.

Other options

As discussed on page 20, some areas such as Cleveland and West Lothian have sought voluntary agreements with local off-licences to prevent the sale of alcohol to under-21s on Friday and Saturday nights. This is following evidence that, in their areas, young people who could legally buy alcohol were re-selling this to those under 18. The panel has heard anecdotal evidence that this is the case locally, and the Adolescent Lifestyle Survey found that "getting a friend to buy it" was the second most common way that under age people bought their alcohol. This figure more than doubled from 17% in 2004 to 35% in 2007.

The panel would like to see this issue explored further. Initially, a problem with under age drinking must be identified locally by the police, Trading Standards, a Neighbourhood Action Team, town or parish council, ward member or via another method. Secondly, urban areas are unlikely to be suitable for such a scheme, as the number of off-licences will increase. However, in more rural areas with only one or two shops, it becomes more likely that agreement can be reached with local shops. In the schemes in West Lothian and Cleveland, the shops perceived benefits through fewer children "hanging around" outside.

Recommendation 8 - The panel recommends that, where there is intelligence relating to young people legally buying alcohol to resell to those who are under aged, that Safer Neighbourhoods explore the possibility of a local voluntary agreement with off-licences.

Equality of access

A recent report by the Healthcare Commission, "Equality in Later Life", found that nationally there was a lack of appropriate mental healthcare for people aged over 65. This included a lack of age-appropriate alcohol and drug services. The research, undertaken across six Mental Health Trusts, found that drug and alcohol services tended to be designed primarily for young men, and there were concerns that this was not appropriate for older people, who may feel vulnerable. The current model also treats alcohol and illegal drug use in the same locations, as discussed previously, and this could result in people not seeking help or failing to turn up to appointments.

The scrutiny panel wishes to make it clear that members have not received evidence that older people are having difficulty accessing alcohol services in North Lincolnshire. However, the panel would wish to ensure that a review is undertaken to ensure equality of access, given the Commission's important findings. The panel is aware of, and fully support that fact, that NHS North Lincolnshire, Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH) and the Alcohol and Drug Service (ADS) are fully committed to ensuring standards of equality.

Whilst the priority seems to the panel to often be on young people or those from deprived areas who may be more visible, research has consistently found that the regularity of drinking increases during the mid-life years. There is also a correlation between income and levels of alcohol consumed. Services must reflect the true level of need, and not simply those who are most visible.

National surveys of PCTs have also shown that they consider services to vulnerable groups such as Black and Minority Ethnics (BME), rural communities, homeless people and asylum seekers to be inadequate.

Recommendation 9 - The panel recommends that NHS North Lincolnshire in co-operation with the service providers, review their alcohol and drug services to ensure equality of access for all, and the

provision of appropriate treatments irrespective of age, race or other circumstance.

Links with the Ambulance Service and others

The panel heard evidence from a partnership in Nottingham, which introduced closer working between paramedics and police during peak times. There is some evidence that locally, due to safety concerns, paramedics may be waiting for police presence when an incident has required. At the same time, police may be waiting for paramedics to attend incidents. This creates a danger that staff are tied-up, patients aren't treated in a timely and appropriate manner, and that a lack of co-ordination creates pressures elsewhere.

Nottingham, and other areas such as Humberside Police on the North Bank, have set up initiatives where paramedics team up with police, particularly in the main drinking areas. This means that the patient can be treated immediately, or transported to hospital, freeing up police and paramedic time. Whilst the models described above are applied to larger cities, the panel feels that there would be benefit in exploring whether such a system could be piloted within North Lincolnshire, possibly including Nite Safe. There may well be resource implications, so it would be important to involve the service commissioners.

Recommendation 10 - The panel recommends that Safer Neighbourhoods facilitate informal discussions between Humberside Police B Division, East Midlands Ambulance Service, and other appropriate figures, to explore greater co-ordination between the police, paramedics and others at peak times.

The panel also heard of planned work by the Street Pastor scheme, where volunteers provide a visible and accessible "helping hand" to those on a night out. Their work includes talking to people, defusing potential problems through dialogue, becoming known by those who use the local pubs and clubs, and helping those who may have become vulnerable by drinking too much. The Street Pastors have the potential to prevent unnecessary hospital admissions through defusing violence and helping people who have become vulnerable and who might have previously ended up in A&E. Whilst the scheme is at an early stage locally, the panel would wish to see their contribution developed.

Recommendation 11 - The panel recommends that the LSP theme leads for Healthier Communities and Safer and Stronger Communities

recognise the role that the Street Pastors could play in the safety and wellbeing of drinkers. The panel also recommends that consideration be given to the Street Pastors' possible involvement in the delivery of the action plans for all relevant National Indicators.

To aid this further, there is also the potential for the Street Pastors to help drinkers with minor injuries, again to free up paramedics to concentrate on more serious concerns at peak times.

Recommendation 12 - The panel recommends that East Midlands Ambulance Service consider offering free first aid, emergency care training and necessary equipment to the Street Pastor volunteers as part of its LIVES First Responder training.

The need for a Night-Time Economy Strategy

Many areas have an over-arching night-time economy plan, bringing together the roles and responsibilities of all agencies. This enables data sharing, prioritisation and combined planning, but also goes beyond those issues that would normally fall under the safer neighbourhoods "banner". Some areas have combined the plans with consideration of transport planning, tourism, parking, licensing, employment and the scheduling of events. Some innovative areas such as Brighton and Hove have combined this with sexual health initiatives and one-off art events.

Whilst much of this planning already takes place, the panel believes that there is some merit in the agreement of an over-arching night-time economy plan. This would ensure that resources are allocated efficiently and according to the level of need, whilst remaining flexible and responsive.

Recommendation 13 – The panel recommends that Safer Neighbourhoods draft and agree an over-arching night-time economy plan, consulting and involving all key partners through the LSP.

Education

Many witnesses who spoke to the scrutiny panel emphasised the need to provide appropriate, comprehensive and credible education to children and young people within schools. There is some evidence that if messages around alcohol are learned in school, then this could result in less misuse in future years. This was noted in Healthy Ambitions, where

adolescence was noted as a key time where intervention could have the greatest impact.

Young people in North Lincolnshire feel significantly better informed about alcohol than the national average, and rate the information they receive highly. However, despite this, more young people here say that they have tried an alcoholic drink than their peers elsewhere, and Year 11s in North Lincolnshire are more likely to have been drunk at least once in the previous four weeks than young people elsewhere. This suggests that although the provision of information is good, there are other factors that influence the actions and attitudes of children and young people. Schemes such as Theatre in Education can be successful in challenging attitudes and making young people consider the consequences of their behaviour. However, this comes with funding implications that many schools can not afford.

The panel believes that locally, the provision of teaching around alcohol could be improved. Whilst children and young people feel that they receive enough information and advice on alcohol, the panel heard that specialist advice in schools was very limited and could be seen as "nobody's job". The Police Community Support Officers did offer to speak to students, and were highly regarded. Despite this, the focus tended to be on illegal drugs, and there was little discussion on alcohol. Previously developed lessons on drugs for Key Stage 2 have now been cancelled due to funding implications.

In previous years, the local authority has offered training for teachers and other staff to deliver alcohol-specific education during Personal, Social and Health Education (PSHE) lessons. However, attendance was very poor, and the most recent class was cancelled. As PSHE will not be a mandatory subject until 2011, schools may be under pressure to focus more on mandatory sections of the curriculum. Until this time the danger remains that students may miss out on valuable lessons on important subjects.

The panel believes that it is important to work with the schools to ensure that teachers, Classroom Assistants, governors and pastoral staff receive the necessary training, perhaps through staff going into schools, rather than expecting teachers to come to arranged sessions. However, there is currently little or no funding allocated to this. There is good evidence that the Healthy Schools programme has had a positive effect in North Lincolnshire, and many schools deliver a PSHE programme at Key Stages 1 and 2 based on the Health for Life resource, which includes a

section on alcohol. As PSHE is to become compulsory from 2011, and schools will have a new requirement to provide evidence of supporting pupils' wellbeing, the panel believes that the time is right to review the type and levels of support that schools require. Given the support that compulsory PSHE, the successful delivery of wellbeing outcomes, and the forthcoming enhanced Healthy Schools Programme will require, will almost certainly require further resources to be allocated.

Recommendation 14 - The panel recommends that there is a review of the provision of alcohol-specific training and support within schools in North Lincolnshire, including discussion with Healthy Schools, school nurses, headteachers, governing bodies and other relevant figures.

Flagging

The panel heard evidence of an approach where young people coming into contact with A&E could be "flagged", and if deemed appropriate by a paediatric liaison, could be referred to the relevant school nurse. The nurse could then make further referral to the appropriate service. The flagging approach is particularly important when young people may regularly arrive at A&E heavily under the influence of alcohol. The panel welcomes this move as a means to support young people, ensuring they receive any support that may be required.

Despite this, the panel is concerned that there is a potential gap in service. Where people aged 17 or 18 may benefit from referral, they would be too old to be passed to the school nurses. There may also be the potential for younger people not in mainstream schooling or excluded pupils to be missed. Obviously, these people may not receive appropriate referral for treatment and support.

The panel continues to have concerns about the number of school nurses within North Lincolnshire. This was highlighted in a previous scrutiny report on obesity. The panel will be monitoring progress on this issue closely.

Related to this issue, some senior staff based at the hospital were unaware of the flagging approach, which clearly concerns the scrutiny panel. Members would wish to see these issues addressed.

Recommendation 15 – The panel recommends that NHS North Lincolnshire, in co-operation with appropriate colleagues, take steps to ensure that alternative referral pathways are established to support the

young people not in contact with the school nursing team. The panel also recommends that key staff at A&E are made aware of the flagging and referral approach.

Appendix 1: regional comparison of PCT population, problem drinkers, and specialist budget allocation.

PCT	Service population	Number of hazardous / harmful drinkers (estimate)	Number of dependent drinkers (estimate)	Specific budget allocation to tiers 3 & 4 alcohol treatment and details of providers. 2008/09	Commentary
Barnsley					No response
Bradford and Airedale	493,000	108,000	15,000	£417,000	
Calderdale	130,000	33,540	6,760	Information not available	
Doncaster	290,000	49,094	10,000	£565,000	
East Riding of Yorkshire	325,000	44,581	7,101	£1,076,000	NHS spend is approx. £786,000 on tiers 3 and 4 services, in addition to the pooled treatment budget. Local authority spends approx. £290,000 on tier 4 services in addition.
Hull	262,300	40,403	8,143	£800,000	Wholly PCT funded.
Kirklees	404,000	69,000	14,000	£1,188,300	Tier 3 - £930,000. £250,000 funded by local authority. 90% of inpatient drug and alcohol budget spent on alcohol treatment. 80% of residential rehab budget of £225,000 spent on alcohol interventions.
Leeds	750,000	130,000	25,000	£3,164,378	£2,511,622 from NHS Leeds plus an unspecified amount of out of areas residential detoxification. Funding from other commissioners is £652,756 plus an unspecified amount of out of areas residential rehabilitation.
North East Lincolnshire		22,750	3,750	£282,000	Figure for tier 3 alcohol and detox services.
North Lincolnshire	153,000	25,500	5,000	£60,000	
North Yorkshire and York	765,000	222,215	36,920	Information not available	
Rotherham	254,000	37,500	7,500	£359,427	£176,000 primary care service taking tier 2 and 3 interventions. £98,427 specialist tier 3 service and £85,000 allocated for waiting list initiative.
Sheffield	550,000	117,014	15,806	£600,528	£500,000 from total alcohol budget spent on tier 3 service

					provision made up of contributions by: local authority - £114,916, probation services - £26,724, PCT - £379,000 and Safer Community Partnership - £79,888.
Wakefield	321,200	Information not available	Information not available	£443,837	Local authority investment - £230,707, PCT - £213,130. PCT commissioning intentions for 2009/10 - £210,000