

## **NORTH LINCOLNSHIRE COUNCIL**

### **CABINET**

## **ALCOHOL MISUSE AND HEALTH**

### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To consider the recommendations of the Healthier Communities and Older People's Scrutiny Panel in relation to Alcohol Misuse and Health in North Lincolnshire.

### **2. BACKGROUND INFORMATION**

- 2.1 At its meeting held on 8 July 2009, council considered a report of the Healthier Communities and Older People's Scrutiny Panel in relation to Alcohol Misuse and Health in North Lincolnshire.
- 2.2 The report was approved by council and referred to cabinet for consideration of the recommendations with a view to the preparation of an action plan.
- 2.3 The panel completed its review in May 2009. It was carried out with a brief -
  - To 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 topic as the panel felt appropriate.
  - Made 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.

2.4 This was a detailed review and the panel made 15 recommendations. A copy of these are attached as an appendix to the report together with the conclusions.

### **3. OPTIONS FOR CONSIDERATION**

3.1 There are no options associated with this report.

### **4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

4.1 There may be some resource implications associated with the recommendations when they are implemented.

### **5. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME & DISORDER, RISK AND OTHER)**

5.1 There may be other implications associated with the implementation of the recommendations which will be highlighted in any action plan.

### **6. OUTCOMES OF CONSULTATION**

6.1 The panel consulted widely with other scrutiny members and officers and other relevant organisations in relation to the preparation of the original report.

### **7. RECOMMENDATIONS**

7.1 That the report and recommendations be approved and adopted.

7.2 That the Chair of the LSP, the Chief Executive of NHS North Lincolnshire and other appropriate officers and Cabinet Members prepare an action plan in response to the recommendations of the report for submission to cabinet.

## **SERVICE DIRECTOR LEGAL AND DEMOCRATIC**

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**Background Papers used in the preparation of this report** - Report of the Healthier Communities and Older People's Scrutiny Panel - Alcohol Misuse and Health.

## **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 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 dual 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 additional, 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 Ethnic (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.