

Overview & Scrutiny Committee

Northamptonshire Alcohol Harm
Reduction Strategy 2010 – 2015

Version 17 (May 2010)

Northamptonshire Alcohol Strategy

SCRUTINY PANEL H

December 2010



NORTHAMPTON
BOROUGH COUNCIL

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Foreword

The objective of this Scrutiny Panel was:-

- To contribute to the Northampton Alcohol Strategy Action Plan.

The Scrutiny was made up from members of the Overview and Scrutiny Committee Councillors Irene Markham, John Yates and myself, together with other non-Executive Councillors John Caswell, Roger Conroy, Phil Larratt and Andrew Simpson.

The Review took place between June 2010 and November 2010 and proved to be interesting and informative; with clear evidence received. The Scrutiny Panel held interviews with the Portfolio Holder, Senior Staff at Northampton Borough Council and external expert witnesses. Desktop research was carried out by Tracy Tiff, Scrutiny Officer.

The result is a piece of work, which recommends to the Northampton Partnership that it adopts the Northampton Alcohol Strategy Action Plan. The Scrutiny Panel was reassured that there were a lot of positive actions taking place and examples of good joint working between all the Agencies involved. The Scrutiny Panel was confident that demonstrable measures were being taken to address alcohol misuse in Northampton.

I would like to thank everyone who took part in this piece of work.



Councillor Brendan Glynane

Chair, Scrutiny Panel H, Northamptonshire Alcohol Strategy

Acknowledgements to all those who took part in the Review: -

- Councillors John Caswell, Roger Conroy, Phil Larratt, Irene Markham, Andrew Simpson and John Yates, who sat with me on this Review
- Nicci Marzec, Partnership Director, Northampton Strategic Partnership, for her support to this Review
- Chief Inspector Andy Tresias, Northamptonshire Police, Sergeant Mark Worthington, Northamptonshire Police, Councillor Brian Hoare, Chair, Northampton Local Strategic Partnership (LSP), Antony Lewis, DAAT, Terry Pearson, CAN, Phil Bayliss, Licensing Team Leader, NBC, Neil Bartholomey, PubWatch, Fiona Grant, NHS Northamptonshire and Catherine Wilson, Head of HR, NBC, for providing expert advice to inform this Review

SUMMARY

The purpose of the Review was to contribute to the Northampton Alcohol Strategy Action Plan.

The Overview and Scrutiny Committee agreed that it was timely for this Review to commence early in the Municipal Year 2010/2011 and a Scrutiny Panel was established comprising Overview and Scrutiny Councillors John Caswell, Irene Markham, John Yates and Brendan Glynane (Chair), together with other non-Executive Councillors Roger Conroy, Phil Larratt and Andrew Simpson.

The Scrutiny Panel agreed that the following needed to be investigated and linked to the realisation of the Council's corporate priorities:

- Data from other (best practice) Local Authorities/Agencies
- Published guidance on Alcohol Harm Reduction
- Evidence from the Northampton Alcohol Harm Reduction Seminar
- Evidence from appropriate witnesses other than those providing evidence to the Northampton Alcohol Harm Reduction Seminar

This Review links to the Council's corporate priorities as it demonstrates safer, greener and cleaner communities

CONCLUSIONS AND KEY FINDINGS

A significant amount of evidence was heard, details of which are contained in the report. After gathering evidence the Scrutiny Panel established that: -

It was recognised that the Best Bar None National Initiative highlights best practice, based on licensing objectives. The Scrutiny Panel was pleased to note that the Initiative had been re-launched in 2010 and that twenty-four premises had applied for accreditation to the Scheme. Twenty have been assessed, three withdrew as they had not prepared enough information and there was just one left to be assessed. Thirteen premises have been accredited.

The Scrutiny Panel acknowledged the difficulty that licensed premises often had in obtaining polycarbonate bottles and glasses at appropriate prices. It felt that the Government should be made aware of this fact.

The Scrutiny Panel was pleased to note that the majority of clubs within the town centre are registered with PubWatch and the measures that have been put in place have considerably improved conditions.

The Scrutiny Panel further welcomed the recent introduction of schemes such as the Youth Alcohol Project (YAP), Staysafe and 'Meet and Greet'.

The Scrutiny Panel noted problems in relation to the selling of alcohol in the suburbs, in particular, licensed shops selling alcohol to individuals under the legal

age. The problem with young people drinking alcohol before they go out was also acknowledged.

Seminars had been held in Northamptonshire and Northampton, a wide variety of key Agencies and Organisations attended and provided input into the draft Northampton Alcohol Harm Reduction Strategy Action Plan. Such a seminar had been held by Stoke-on-Trent who had received an award from HubCAPP for commissioning increased capacity in alcohol treatment services. Therefore, recognising such seminars as an example of good practice.

The Scrutiny Panel noted that the previous Substance Misuse Group was recognised as an exchange mechanism and had been constituted under the Crime and Disorder Reduction Partnership (CDRP) but it had not been delivering for the CDRP therefore funding had been withdrawn. Therefore, there is potentially the need for relevant Agencies and Groups to meet and share information regarding treatment. There is a need for organisations to have a joined up approach to the assistance and advice that they provide on Alcohol Awareness and Treatment, which is covered within the Northampton Alcohol Harm Reduction Strategy Action Plan.

The Scrutiny Panel recognised the need to make a distinction between hospital admissions and individuals who present at Accident and Emergency. The Scrutiny Panel welcomed and supported the introduction of data that would provide such details which was due to go live on 29 November 2010.

The Minimum Pricing of Alcohol Consultation could impact on the Northampton Alcohol Harm Reduction Strategy Action Plan. The Scrutiny Panel noted that the price of alcohol could affect the amount consumed. It further recognised that this was an area, which may require national guidance as local implementation may be subject to legal challenge.

The Scrutiny Panel realised that there was a need for a clear education programme on 'managing alcohol intake' and felt that awareness within the workplace could prove useful.

The Scrutiny Panel agreed that the Northampton Alcohol Harm Reduction Strategy Action Plan focussed on what could be influenced but realised that there was a need for it to contain clear Specific, Measurable, Attainable, Realistic, Timeline (SMART) objectives.

The Scrutiny Panel acknowledged that it would be beneficial for a copy of this report be sent to Overview and Scrutiny, Northamptonshire County Council (NCC). Overview and Scrutiny at Northamptonshire County Council has this issue included within its Overview and Scrutiny Work Programme and it was felt that this report could assist in informing that Review and be seen as a good example of joint working.

RECOMMENDATIONS

The above overall findings have formed the basis for the following recommendation: -

That the Northampton Partnership adopts the Northampton Alcohol Harm Action Plan, as attached Appendix B.

That the Northampton Partnership updates Overview and Scrutiny Committee on the implementation of the Action Plan at six monthly intervals.

That the Northampton Partnership be asked to seek the support of Northampton's three MPs to raise the issue within Government regarding the issues that licensed premises have difficulty in obtaining polycarbonate bottles and glasses at appropriate prices.

That a copy of this report be sent to Overview and Scrutiny at Northamptonshire County Council.

Northampton Borough Council

Overview and Scrutiny

Report of Scrutiny Panel H – Northamptonshire Alcohol Strategy

1. Purpose

1.1 The purpose of the Scrutiny Panel was:

- To contribute to the Northampton Alcohol Strategy Action Plan.

1.2 A copy of the Scope of the Review is attached at Appendix A.

2. Context and Background

2.1 Following approval of the Overview and Scrutiny Work Programme 2010/2011, it was agreed that it was timely for the Review to commence in 2010.

2.2 In its last CAA assessment it was reported that most people in Northamptonshire drink alcohol without damaging themselves or others, but for many, alcohol causes real problems, more so than elsewhere in the country. Alcohol consumption causes a high number of health problems and accidents in Northamptonshire. It is also a significant reason for the high levels of violent crime. In its assessment it was reported that public bodies in Northamptonshire are not co-ordinating their activities well enough to deal with this.

2.3 It was highlighted that although binge drinking is not a big problem in the county there is a lot in Corby and it happens in other localities across the county. Alcohol related crime is high in Northampton and Corby, and it contributes to high levels of violent and sexual crime, including domestic violence. Young people drinking alcohol is also likely to play a part in some teenage pregnancies and anti-social behaviour. The estimated number of people dying from vehicle accidents where alcohol was a cause is much higher than the rest of the country. Daventry and Corby are the worst areas.

2.4 The number of people admitted to hospital because of alcohol is actually lower than the rest of the country but it is getting worse. It more than doubled between 2002 and 2008, mainly in Corby and Northampton. It is now increasing at a rate of 20 per cent a year. People in Corby suffer the worst. Alcohol related benefit claims are very high and ultimately more men per head in Corby die from conditions which are caused by alcohol than virtually anywhere else in England.

2.5 Some things are being done to try to improve the situation. The health service has introduced special nurses at hospitals and training for local doctors and local services. Some work has been done to highlight the harm caused by alcohol and the police have a good understanding of the areas most affected by alcohol related crime and are trying to deal with it. For example introducing polycarbonate glasses across the county has helped reduce injuries.

- 2.6 Local services agreed the Northamptonshire Alcohol Harm Reduction Strategy in 2006. This reflected the national strategy and identified four objectives:
- better education and communication;
 - better identification and treatment of alcohol problems;
 - better co-ordination and enforcement to tackle crime and anti-social behaviour; and
 - working with the alcohol industry to reduce harm.
- 2.7 The assessment commented that the strategy has not been effective. Local services have not had a concerted effective focus on alcohol harm. Although the Drug and Alcohol Action Team's (DAAT) Plan for 2008/09 recognises the close link between drug and alcohol misuse it makes no reference to the Strategy. Despite action plans for children and young people making a link between drugs and alcohol action plans for adults do not say what should be done.
- 2.8 Although local services have projects on alcohol awareness and the consequences of drinking too much, they have not sorted out what else they need to do to jointly to reduce all the different problems that drinking alcohol is causing for many local people. Until they do the situation is not likely to improve.
- 2.9 Since the report in December 2009, local services have been working on a new Alcohol Harm Reduction Strategy. They are also developing an implementation plan that commits the different organisations to specific actions. It is anticipated that the strategy and implementation plan will be finally agreed in May 2010 following detailed discussions with all the organisations involved to agree what they each need to be doing.
- 2.10 A Scrutiny Panel was established comprising Overview and Scrutiny Councillors John Caswell, Irene Markham, John Yates and Brendan Glynane, together with other non-Executive Councillors Roger Conroy, Phil Larratt and Andrew Simpson.
- 2.11 The Scrutiny Panel agreed that the following needed to be investigated and linked to the realisation of the Council's corporate priorities:
- Data from other (best practice) Local Authorities/Agencies
 - Published guidance on Alcohol Harm Reduction
 - Evidence from the Northampton Alcohol Harm Reduction Seminar
 - Evidence from appropriate witnesses other than those providing evidence to the Northampton Alcohol Harm Reduction Seminar
- 2.12 This Review links to the Council's corporate priorities as it demonstrates safer, greener and cleaner communities. Corporate priority 1 refers.

3. Evidence Collection

3.1 In scoping this Review it was decided that evidence would be collected from a variety of sources:

3.2 Partnership Director, Northampton Strategic Partnership

3.2.1 The Partnership Director, Northampton Strategic Partnership, provided baseline data on the Northamptonshire Alcohol Harm Reduction Strategy 2010/2015:

3.3 Northamptonshire Alcohol Harm Reduction Strategy 2010-2015

3.3.1 The Northamptonshire Alcohol Harm Reduction Strategy 2010-2015 has been agreed by the Public Service Board and recommended to partners to adopt through their governance process.

3.3.2 The Northamptonshire Alcohol Strategy that was initially implemented in 2006 had not been sufficiently progressed and as a consequence had been issued with a CAA red flag. A countywide event was held in 2009 regarding the development of the Strategy, which includes a six-week stakeholder consultation. The Northamptonshire Alcohol Harm Reduction Strategy 2010-2015 has been agreed by the Public Service Board and recommended to partners to adopt through their governance process.

3.3.3. The overall vision of the Strategy is to make Northamptonshire a place to enjoy alcohol safely and responsibly.

3.3.4 There are three main themes to the Strategy: -

- The promotion of a culture of safe and responsible drinking in Northamptonshire where people do not cause harm to themselves or others through the quantity of alcohol that they are drinking or the manner in which they are drinking it.
- Increasing public awareness and understanding of alcohol, safe drinking limits, and the risks of drinking at higher levels. Providing advice, interventions and treatment to those people who are exhibiting harmful behaviours, illness or criminal behaviour through excessive alcohol consumption.
- Developing a robust Policy for enforcement of responsible retailing for those who supply alcohol and where problematic drinking leads to criminal or anti-social behaviour to ensure that individuals are processed in a way that lead to a change in their behaviour.

3.3.5 The Strategy contains four strategic priorities

- Providing education and awareness
- Managing supply and pricing of alcohol
- Developing health and treatment services
- Reducing alcohol related crime and disorder

3.4 Alcohol Harm Reduction Seminar

3.4.1 The Alcohol Harm Reduction Seminar took place on Monday 12 July 2010 and was attended by a variety of Agencies and Organisations, including: -

- Representatives of various Service Areas of Northampton Borough Council
- Representatives of various Service Areas of Northamptonshire County Council
- Attendees from Organisations such as Carlsberg and various licensed premises
- Northampton Volunteering Service
- Northants Health
- NHS Northamptonshire
- NDAS
- Northamptonshire Partnership
- Pubwatch
- Aquarius
- Northants Police
- University of Northampton
- A number of young people representatives
- Northampton College
- CAN
- Northamptonshire DAAT

3.4.2 Alcohol Harm Reduction Seminar - Workshops

3.4.3 The Seminar broke into a number of workshops and delegates were invited to provide comment and expert input on the potential key Issues, actions, Intervention and solution that could be considered as part of the overarching draft Northampton Alcohol Harm Reduction Strategy Action Plan.

3.4.4 The Council's Scrutiny Officer attended two of the Workshops available at the Seminar and feedback from these is detailed in Appendix C.

3.4.5 The Seminar was well attended by a wide range of organisations and Agencies, all providing ideas and input that was used in the production of the draft Northampton Alcohol Harm Reduction Strategy Action Plan.

3.5 Expert Advisers

3.5.1 Expert Advisers, representing Northamptonshire Police, Licensing, Northampton Borough Council and PubWatch attended the meeting of the Scrutiny Panel on 4th October 2010. Key points of evidence: -

- The sign up to the Northants Best Bar None Project that had been set up in 2007 as a countywide scheme had been poor, just twelve premises across the county signed up. The scheme had been re-launched in 2010 exclusively in Northampton borough where twenty-four premises applied to join the scheme. Twenty have been assessed, three withdrew as they had not prepared enough

information and there was just one left to be assessed. Thirteen premises have been accredited. A Judging Panel will then decide which of the premises will be presented with an award.

- Best Bar None is a national initiative that highlights best practice, which is based on licensing objectives. Best Bar None is focussed on making sure all staff are aware of the criteria. The whole business is reviewed.
- One criterion of the Scheme is to encourage the use of Polycarbonate glasses. There has been slow progress with regard to polycarbonate bottles. A new alternative to glass is being developed by the design Council, and was due to be trialled by the Weatherspoon Group but it experienced manufacturing difficulties.
- Alcohol related incidents are logged on their severity on a traffic light system.
- PubWatch has a campaign that targets premises that sell alcohol to people who are already intoxicated – “*We serve drinks not drunks*”. The Door Staff turn individuals away who appear too drunk to be served. For example, two nightclubs within the town centre are estimated to refuse entry to between 100 – 150 people per evening. The capacity of these clubs is in the region of 500.
- The Alcohol Arrest Refer Scheme is in place, the Organisation, Aquarius and CAN, carry out brief interventions and refer the individual on if necessary. Investigations are taking place whether when an individual is issued with a Penalty Notice for being intoxicated. They would be given the opportunity to attend an ‘Alcohol Workshop’, and if they did attend the Penalty Notice of £80 would be reduced. This scheme is being explored by the Home Office and is currently in place at Doncaster.
- When an individual is asked to leave a premise or is refused entry; the Door Staff notifies the Police (if they are in the area) and that person is asked to leave the geographical area for up to 48 hours. They are issued with a Section 27 notice to leave. CCTV operators monitor that person and if they do not leave the area they are arrested.
- The Borough Council’s Licensing Committee has suspended premises for selling to under-age drinkers.
- A campaign, in partnership with Northampton Borough Council, Northamptonshire Police and Trading Standards, is taking place regarding licensed premises, such as pubs, off licenses and shops serving alcohol to individuals under the age of eighteen.
- There is a need to use early intervention procedures to prevent drunkenness impacting on the town centre.
- The Street Pastor Scheme is very useful and working well, they currently work every Friday night and two Saturday nights per month.
- Northampton has a lot of pubs and clubs in the town centre and the

local police visit them on a regular basis to 'meet and greet' people to let them know of their presence.

- The majority of clubs in the town are registered with Pubwatch. All Policies need to be shared with staff to keep them informed and up to date. Many measures have been put in place and conditions have improved significantly.
- When retail premises offer drinks promotions e.g. Two for One, double measures at reduced prices, any such offer has to be agreed with the Police but the Licensee is asked to check what the impact of risk is and how they are going to deal with it. The majority of retailers look closely at their promotions, engage more door staff and promote the slogan 'We serve Drinks not Drunks'.
- There is a big problem with young people drinking alcohol before they go out.
- A Scheme entitled "Youth Alcohol Project" came into force in 2010. It works with young people who misuse alcohol and aims to educate them of the dangers and consequences of over drinking. It works in partnership with operation "Staysafe", a partnership approach – dealing with vulnerable young people on the street. It is an offence to be caught in a public place in possession of alcohol, three times in a 12-month period, if the individual is under the age of eighteen. If an individual is caught three times they are prosecuted. The first occasion, the parents of the individual is written to, second occasion a letter is sent again, Youth Alcohol Project (YAP) is encouraged to liaise with the family and they have to sign up to a No Alcohol Possession Agreement (NAPA). If there is a third occasion within 12 months the individual could be prosecuted.

3.5.2 Expert Advisers, representing Drug and Alcohol Action Team (DAAT), CAN, NHS Northamptonshire, Northamptonshire Local Strategic Partnership attended the meeting of the Scrutiny Panel on 11th November 2010. Key points of evidence: -

- The Northampton Alcohol Harm Reduction Strategy Action Plan comes under the remit of the Northampton Local Strategic Partnership (LSP)
- The Northampton LSP will aim to ensure that the Action Plan is robust and deliverable and is aligned to the Northamptonshire Alcohol Strategy, but is specific to the needs of Northampton
- The Northampton Alcohol Harm Reduction Strategy Action Plan should focus on what can be influenced
- Reductions in funding could impact on the delivery of the Northamptonshire Alcohol Strategy
- Admissions to hospital are increasing due to alcohol related conditions . Northampton is within the poorest 20-40% performers (alcohol related hospital admissions) in the country
- Admissions to hospital, due to alcohol related conditions , increased by 10% in Northampton between 2008/09 and 2009/10.
- A high proportion of Hospital admissions in respect of alcohol are within the 35-50 year age bracket. Long-term drinkers are beginning to present for treatment. Subject to funding, Northamptonshire PCT, together with GP

intervention, is looking to target this age bracket

- NHS Northamptonshire(NHSN) and Northampton General Hospital have recently agreed to share data regarding hospital admissions. The data is anonymised but it identifies 'hotspots', weapons used, location, whether individual was assaulted by a previous assaulter, number of individuals involved in the assault, identifying the true scale of domestic violence
- Discussions are currently taking place around how more GPs can be engaged in the Alcohol Agenda, There may be opportunities to engage more Gps in this agenda when GP Consortia are established.
- NHSN has carried out a social marketing campaign around the use of alcohol through insight gained by talking to young people about what they felt would make a real difference. Research indicates that this type of approach can make an impact
- 30-40% of individuals requiring treatment in respect of alcohol are from Northampton, 8% from Corby. Northampton has a dedicated Alcohol Treatment Centre
- Subject to funding remaining at the same level, treatment is available for all that require it
- Treatment is just a small element of the assistance required; other support in respect of housing, family links is also needed. There is a need for organisations that provide assistance and advice to have a joined up approach.
- Details of 3,500 individuals requiring treatment for alcohol have been recently reported in the press, but the true extent is estimated at around 20,000
- The previous Substance Misuse Group was recognised as an exchange mechanism and had been constituted under the Crime and Disorder Reduction Partnership (CDRP) but it had not been delivering for the CDRP therefore funding had been withdrawn. There is potentially the need for relevant Agencies and Groups to meet and share information regarding treatment
- CAN would welcome the introduction of a formal treatment system so that it could appropriately refer an individual to the right Organisation or Agency
- A Volunteer Group to work with individuals with alcohol problems would increase the effectiveness of the treatment service
- Research undertaken abroad indicates that the price of alcohol affects the amount consumed
- A sample of the older population continues to drink the same amount of alcohol that they used to some years back but the strength of alcohol per drink, has for a number of drinks, either doubled or tripled
- The Minimum Pricing of Alcohol Consultation could have a big impact on the Northampton Alcohol Harm Reduction Strategy Action Plan. Partners all need to link in.
- The average price of a unit of alcohol in Corby is sixteen pence and twenty pence in Wellingborough

3.5.3 Head of Human Resources, Northampton Borough Council

- 3.5.3.1 The Head of Human Resources, Northampton Borough Council, attended the meeting of the Scrutiny Panel on 11th November 2010 and provided information regarding the feasibility of work related high level Policies in respect of alcohol. Key points of evidence: -

- Northampton Borough Council has a People Plan that contains four main strands: -
 - Recruitment and Retention
 - Reward and Recognition
 - Learning and Organisational Development
 - Health and Wellbeing
- The key aim of the People Plan is in respect of Health and Wellbeing – ensuring the organisation and its employees are healthy – high productivity and low absence figures.
- The Authority has an Alcohol Policy in place. However, if it is ascertained that an employee's absence is due to alcohol related issues it would become medically related absence.
- Should an employee be under pressure and the fact that they are dependant upon alcohol is hidden, it is often at a too late stage for the Authority to intervene. Managers are often able to identify indicative signs.
- The Alcohol Learning Centre provides free access to advice and information. It also details examples of best practice.
- A proactive approach to occupational health was launched by the Authority in August 2010. Staff who report absence do so through an external medical organisation and receive advice from a triage nurse who would ask questions similar to those asked by NHS Direct. The Nurse Led System records both Medical and Non-Medical absences and that all such absences need to be reported to the organisation running the Nurse-Led system who would, in turn, notify the line manager. Nurse Led Absence Reporting of Absence is recognised as best practice.

3.6 Published Guidance – Alcohol Harm Reduction

3.6.1 Desktop research was carried out and the Scrutiny Officer obtained the following guidance. Key points: -

3.7 Models of Care for Alcohol Misusers, Department of Health, 2006

3.7.1 The Model of Care for Alcohol Misusers (MoCAM), Department of Health, 2006, provides best practice guidance for local health organisations and their partners in delivering a planned and integrated local treatment system for adult alcohol misusers. It places Primary Care Trusts as the leading organisation, in partnership with other local agencies to commission appropriate alcohol services.

3.7.2 MoCAM reports that screening and brief interventions for harmful and hazardous drinkers, as well as treatment for dependent drinkers, when delivered as part of a planned and integrated local treatment system, can offer economic benefits in other NHS priority areas.

3.7.3 The *Review of the effectiveness of treatment for alcohol problems* suggests that provision of alcohol treatment to 10 per cent of the dependent drinking population within the UK would reduce public sector resource costs by between £109 million and £156 million each year, and analysis from the United Kingdom Alcohol Treatment Trial suggests that for every £1 spent on alcohol treatment, the public

sector saves £5.

- 3.7.4 Alcohol misuse is associated with a wide range of problems, including physical health problems such as cancer and heart disease; offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems which co-exist with alcohol misuse; and social problems such as homelessness.
- 3.7.5 The evidence base indicates that much of this harm is preventable. The introduction and development of comprehensive integrated local alcohol treatment systems considerably benefits hazardous, harmful and dependent drinkers, their families and social networks, and the wider community.
- 3.7.6 In its report, MoCAM points out that recent studies suggest that alcohol treatment has both short and long-term economic benefits. The *Review of the effectiveness of treatment for alcohol problems* suggests that provision of alcohol treatment to 10 per cent of the dependent drinking population within the UK would reduce public sector resource costs by between £109 million and £156 million each year. Furthermore, analysis from the United Kingdom Alcohol Treatment Trial suggests that for every £1 spent on alcohol treatment, the public sector saves £5.
- 3.7.7 MoCAM comments that its guidance was informed by the document *Models of care for the treatment of adult drug misusers* (2002), which had drug treatment as its primary focus, but was acknowledged to be of 'great relevance' for alcohol service provision.
- 3.7.8 The reported aim of the Guidance is to assist in:
- improving practice in the commissioning and delivery of alcohol treatment services
 - developing integrated local treatment 'systems', through the tiered framework of provision
 - improving the effectiveness of screening and assessment
 - improving care planning in structured treatment
 - developing integrated care pathways ('alcohol treatment pathways')
 - meeting national quality standards by providing key quality criteria for the commissioning and provision of services for alcohol misusers
 - identifying appropriate interventions and specific treatment options that could be commissioned to meet local need

3.8 National Institute for Health and Clinical Excellence (NICE) Guidance on the prevention and early identification of Alcohol-Use Disorders amongst adults and adolescents

- 3.8.1 This guidance is for Government, industry and commerce, the NHS and all those whose actions affect the population's attitude to, and use of, alcohol. The NICE guidance aims to address alcohol-related problems among people aged 10 years and older. Other best practice guidance published by NICE are:

- 3.8.2 *“Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications”* (NICE clinical guideline 100 [2010]). A clinical guideline covering acute alcohol withdrawal including delirium tremens, alcohol-related liver damage, alcohol-related pancreatitis and management of Wernicke's encephalopathy.
- 3.8.3 *“Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence”* (publication expected February 2011). A clinical guideline covering identification, assessment, pharmacological and psychological/psychosocial interventions, and the prevention and management of neuropsychiatric complications.
- 3.8.4 The guidance complements, but does not replace, NICE's guidance on school-based interventions on alcohol. It will also complement NICE guidance on: personal, social and health education; prevention of cardiovascular disease; antenatal care; and associated guidance on alcohol-use disorders (management and dependence).
- 3.8.5 The guidance states that a combination of interventions is needed to reduce alcohol-related harm to the benefit of society as a whole. It is reported that population-level approaches are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm. They can help:
- those who are not in regular contact with the relevant services
 - those who have been specifically advised to reduce their alcohol intake, by creating an environment that supports lower risk drinking
- 3.8.6 The guidance further suggests the organisations that should be consulted which include:
- Advertisers
 - Alcohol producers
 - National non-governmental organisations (for example, Alcohol Concern and the Royal Medical Colleges)
 - Off and On Sale Retailers
- 3.9 National Institute for Health and Clinical Excellence (NICE) Guidance Interventions in schools to prevent and reduce alcohol use among children and young people.**
- 3.9.1 NICE reports that the guidance is aimed at teachers, school governors and practitioners with health and wellbeing as part of their remit working in education, local authorities, the NHS and the wider public, voluntary and community sectors. It may also be of interest to children, young people and their families.
- 3.9.2 Its recommendations focus on encouraging children not to drink, delaying the age at which they start drinking and reducing the harm it can cause among those who do drink.
- 3.9.3 The guidance's recommendations include the following:
- alcohol education should be an integral part of the school curriculum

and should be tailored for different age groups and different learning needs

- a 'whole school' approach should be adopted, covering everything from policy development and the school environment to staff training and parents and pupils should be involved in developing and supporting this
- where appropriate, children and young people who are thought to be drinking harmful amounts should be offered one-to-one advice or should be referred to an external service
- schools should work with a range of local partners to support alcohol education in schools, ensure school interventions

3.10 Desktop Research

3.10.1. Desktop research was carried out and the Scrutiny Officer obtained the following information: -

3.10.2 Wolverhampton

3.10.3 Wolverhampton received green flags for the areas that Northampton was 'red flagged' and therefore can be seen as a good practice example. Wolverhampton introduced its "Keep it Safe campaign" which has been noted as a good example of partners working well together to make a real difference. It has been highlighted as exceptional performance or innovation that others can learn from. It is reported that it tackled the problems of trying to make the city centre a more enjoyable place to be at night time. The Campaign focused on sensible drinking, reducing crime and violence, safe sex and getting home safely. The initiative started in December 2008 through to March 2009 focusing on the City Centre, Bilston and Wednesfield. It was led and designed by the Primary Care Trust who put in just over £200,000 of extra money. The campaign resulted in savings to the emergency services of £235,000. There was good joined up working between everyone involved to make the best use of everyone's efforts. It resulted in significant reductions in violence, anti social behaviour, crime and alcohol related harm.

3.10.4 In summary, the Health Services worked with the Police, the Fire Service, the Council and voluntary groups and businesses. There was a comprehensive range of activities which included:

- Increased police presence,
- Marketing messages on safe drinking, sex and getting home,
- Safe havens – refreshments, waiting for taxis, rest, Voluntary street pastors – offering advice/help,
- Increased street cleansing and provision of WCs,
- Purchase & distribution of 'survival kits' – condoms, plasters, taxi information, flip flops, anti- spiking bottle caps,
- Temporary medical centre in the city centre and mobile medical triage team,
- Multi-agency enforcement team (including the West Midlands fire service) inspecting pubs and clubs and taxi drivers to address irresponsible licensees and uninsured taxis,
- Police patrols trained in dealing with domestic violence and a dedicated

helpline for victims of domestic violence

3.10.5 At the end of the Campaign partners were able to measure how successful it had been compared with the same period the previous year. There was a 29 per cent decrease in violent crime, a seven per cent decrease in alcohol related ambulance call outs and an eight per cent decrease in attendances at accident and emergency units. A cost analysis has indicated total savings to the emergency services of approximately £235,000. The Christmas and New Year period were particularly successful, compared with the previous year's figures - violent crime in the city centre was down by 41 per cent. Elsewhere in the City there was a 35 per cent reduction in violent crime and 60 per cent reduction in serious assaults. Alcohol related ambulance callouts were down by 13.6 per cent. On new years eve this fell by 28 per cent. The level of attendance at accident and emergency units fell by 36 per cent on New Years Eve. The partners are planning to repeat the campaign over the same period this year.

3.10.6 Kent Community Alcohol Partnership (KCAP)

3.10.7 Kent Community Alcohol Partnership (KCAP) is a partnership between Kent County Council, Kent Police, the Retail of Alcohol Standards Group (RASG), Kent District Councils and Health Authorities.

3.10.8 The reported aim of the Partnership is to change attitudes to drinking by:

- Informing and advising young people on sensible drinking
- Supporting retailers to reduce sales of alcohol to underage drinkers
- Promoting responsible socialising
- Empowering local communities to tackle alcohol related issues

3.10.8 Kent Community Alcohol Partnership reports that the partners are joining forces to tackle alcohol related issues with communities. Each community is different and in some cases underage sales of alcohol may be an issue whereas in another area there could be issues around the legitimate nighttime economy. The Police, Trading Standards and Licensing Officers visit retailers and publicans on a regular basis to share information and obtain a clear picture of the community 'in the eyes of the Licensee.'

3.10.9 Local Community Groups are also being asked for their point of view and youngsters are being educated about the dangers of alcohol and diverted into alternative activities.

3.10.10 KCAP provides advice to retailers and publicans regarding serving alcohol to young people. It recommends that they operate a "challenge 25" Policy which gives staff support and encouragement to ask for identification from any person appearing under the age of 25. It is commented that this allows for a margin of error, as a young person can look much older. The retailers are advised to adopt this scheme and are requested to always ask for ID in the form of a passport, driving licence or an approved ID card. Retailers and Licensees are advised to train all staff on their responsibilities under various legislation for age-restricted products. Retailers and Licensees are also advised to keep a refusal book on site, which can indicate that procedures and training are working.

3.10.11 The approach by KCAP has been recognised as good practice; for example, the Poole Alcohol Harm Reduction Strategy 2010-2013 refers to this type of approach as best practice.

3.10.12 Halton

3.10.13 The Police in Manchester led a 'City Centre Safe Initiative' that has developed a wide range of complementary initiatives which include late night transport, schemes to improve the management of licensed venues and reward good practice, information schemes and help points in the City Centre. It is reported that the initiative has been credited with stemming rates of violence in the city at night and has been adopted nationally as good practice.

3.10.14 The Statutory Guidance issued under the Licensing Act 2003 gives the following guidance in respect of partnership working:

“Licensing functions under the 2003 Act are only one means of promoting the delivery of the objectives described. They can make a substantial contribution in respect of the premises affected but cannot be regarded as a panacea for all community problems. Delivery should therefore involve working in partnership for licensing authorities, planning authorities, environmental health and safety authorities, the police, the fire authority, Crime and Disorder Reduction Partnerships, town centre managers, local business, performers and their representatives, local people, local transport authorities, transport operators and those involved in child protection working towards the promotion of the common objectives described. In particular, it is stressed that the private sector and local residents and community groups have an equally vital role to play in partnership with public bodies to promote the licensing objectives. The Secretary of State considers that there is value in the formation of liaison groups that bring together all the interested parties on a regular basis to monitor developments in the area and where problems have arisen, to discuss these and propose possible solutions. In addition, the Secretary of State recommends that all licensing authorities should hold regular open meetings, well publicised amongst the local community, at which the community can express how well it feels the licensing objectives are being met.

3.10.15 It is also important that licensing authorities should guard against the possibility of licensing policies and decisions driving a wedge between the hospitality and leisure industries and performers and those charged with enforcing the licensing regime, including the police. Co-operation and partnership remain the best means of promoting the licensing objectives.”

3.10.17 The link between alcohol misuse and the loss of productivity and profitability is well established and is clearly presented in the Halton Alcohol Audit.

3.10.18 In Halton there are individual examples in the public and private sector that the impact of alcohol misuse in the workplace is being taken seriously. Halton Borough Council is striving to improve the health of its employees, including issues relating to alcohol misuse. The issue is taken seriously, and activated

through Occupational Health. The Council is the first to acknowledge that it has much more to do if it is to implement a comprehensive alcohol policy.

3.10.19 As an example in the private sector O'Connor Transport based in Manchester has introduced a comprehensive alcohol policy in the workplace and it has documented the benefits of doing so. They can demonstrate that, as a result of introducing the policy they have increased productivity, reduced absenteeism, reduced costs, improved retention of staff, improved staff morale and increased profit.

3.10.20 Other than the aforementioned few companies, organisations or agencies in Halton have workforce alcohol policies that are comprehensive in content or in application. Many organisations have generic alcohol statements, particularly with regard to the disciplinary consequences of alcohol misuse.

3.10.21 Organisations that are interested in doing something about the problem express a need for guidance and support in drawing up policy and introducing practices that meet the specific needs of their organisation.

3.10.22 Rotherham

3.10.23 The Rotherham Alcohol Harm Reduction Strategy (RAHRS) contains four main sections: -

3.10.24 Better Information, Education and Communication

3.10.25 The communication element of this pillar is partly covered by the increased education; this in turn has increased the reporting of alcohol related issues. The Partnership is now able to coordinate any alcohol related data via the Night Time Economy Group, which includes alcohol related fires, accident and emergency statistics as well as the Licensed Premises information. It is continuing to work towards a more in depth accident and emergency data set in line with national best practice and is hoping to reinstate information that was received from the ambulance service.

3.10.26 Identification and Treatment.

3.10.27 Details are provided that the pilot project which was part of the original strategy to implement screening and brief interventions in primary care (GP practices) was a success and on the back of that funding was secured from NHS Rotherham to roll out a Locally Enhanced Service. A 'toolkit' for these practices and other health care professionals has been written by the Alcohol lead/Shared Care Worker and is currently being published for wider distribution. Rotherham Foundation Trust Hospital continue to work with partners towards offering alcohol interventions/screening in the hospital and towards extending the data set from A and E. Alcohol and Drug Strategy Team and Rotherham Foundation Trust (hospital) are currently in negotiations to fund alcohol related outcomes and are hoping to reach a quick agreeable solution to this proposal. The Fire service continues to provide details of fires they have attended where they suspect that alcohol has played a part. Turning Point / Rotherham Alcohol Service continue to provide the Tier 2 alcohol interventions for the borough from their base on Sheffield Road and are successfully meeting the requirements of their contract as

are the Tier 3 alcohol service RDASH (Rotherham Doncaster and South Humber Mental Health Foundation Trust) who provide locality based interventions. Both agencies contributed to the alcohol arrest referral scheme ensuring those arrested with alcohol related problems received interventions and were referred on for further support if required, this was in partnership with South Yorkshire Police and the Alcohol and Drug Strategy Team.

3.10.28 Crime and Disorder

3.10.29 Partners are continuing to work on crime and disorder through the Nighttime economy group which is chaired by a South Yorkshire Police Chief Inspector. The group is the hub to coordinating the data collected from all areas and ensures a partnership approach to all highlighted needs. A member of the community intelligence unit attends the Nighttime economy group and reports to the group. The chair of this group also sits on the Domestic Violence priority group so can ensure any joined up approach from that area. The joint responsible authority meeting was resurrected and further ensures a joint response to licensing issues across the borough. Public consultation continues to highlight the issues of underage drinking and both the licensing officer within South Yorkshire Police and the Licensing authority continue to strive towards new ways of dealing with this. This includes partnership intelligence led operations, partnership action plans for problematic premises, and ensuring that the reporting procedure is made as easy as possible by having single points of contact within each safer neighbourhood area for reporting concerns, these are also raised via the neighbourhood action group process. The Safer Neighbourhood teams have all received alcohol awareness, with PSCO's and PYPPO's receiving training sessions to enable them to successfully deliver alcohol awareness to young people. Discussions are underway as to the best way to deal with young people whom they confiscate alcohol from or young people who are heavily intoxicated and how parents can be involved in this process. Several projects that are seen as best practice are being considered, for example, group sessions for parents and young people, formal interview processes etc.

3.10.30 The Industry

3.10.31 The pricing of alcohol within the supermarkets remains to be an issue and although discussions are being held at national levels on this point, the partnership aims to contribute locally by ensuring ongoing inclusion of the supermarket chains within Rotherham. The Licensing Authority, Licensing Officer in South Yorkshire Police and the Chamber of Commerce continue to work in partnership and all attend the License Watch meetings that are held across the borough. Work has been done to enable further access to License Watch by making it an Internet site and the Licensing Authority (RMBC) have recently appointed a new manager who will be taking forward the Responsible Retailer scheme for Rotherham. Test purchasing is a partner initiative but relies on intelligence so actions to improve this will be considered.

3.10.32 The Hub of Commissioned Alcohol Projects and Policies (HubCAPP)

3.10.33 The Hub of Commissioned Alcohol Projects and Policies (HubCAPP) is an online resource of local alcohol initiatives throughout England. The Hub has a particular focus on capturing the policies, decisions and strategic history that enabled

projects to come into existence.

3.10.34 HubCAPP was commissioned by the Department of Health and is managed by Alcohol Concern. HubCAPP is also part of the Department of Health's Alcohol Improvement Programme and sister site of the Alcohol Learning Centre.

3.10.35 The Hub has a focus on identifying and sharing local and regional practice in relation to reducing alcohol harm. The Hub will also collect information on needs analysis and strategic planning.

3.10.36 Detailed below are the organisations that have been presented with awards from HubCAPP and the rationale behind the awards.

3.10.37 This award recognised the project that has had an impact on the health and wellbeing of the community. This was shortlisted by Alcohol Improvement Programme Board and six projects were put out for public vote between 14 January to 26 February 2010.

3.10.38 HubCAPP Most Useful Project of the Year

3.10.39 This award allowed the public to vote for the project that had been most useful and valuable to their work when using the HubCAPP website. The ten projects with the most votes were put forward to the Alcohol Improvement Programme Board for final decision. One winner and one highly recommended were awarded.

3.10.40 The following organisations received awards for the:-

3.10.41 Winner: Imperial College Healthcare Trust St Mary's Paddington Alcohol Health Work

3.10.42 Alcohol Health Work at Imperial College Healthcare Trust, St. Mary's Hospital has been extensively researched since 1988. St Mary's Hospital developed the Paddington Alcohol Test (PAT) which is a quick clinical tool to screen patients presenting with the top 10 reasons associated with alcohol misuse and asks about their levels of alcohol consumption. Doctors and nurses then use the PAT to highlight the relationship between attendance at A&E and drinking, known as the 'teachable moment'. They can also refer people on to an appointment with the Alcohol Nurse Specialist. The Alcohol Nurse Specialist sees patients from across the wards as well as A&E and has developed alcohol withdrawal management protocols for the hospital. For every two patients accepting such an appointment, there is one less re-attendance over the next year.

3.10.43 It is reported that work at St Mary's Hospital has been a catalyst for many similar projects across the country.

3.10.44 Winner: Stoke-on-Trent Commissioning increased capacity in alcohol treatment services.

3.10.45 NHS Stoke-on-Trent in 2009 used local and national statistics to identify gaps in their provision of alcohol treatment. This was systematic examination of the services being provided and the services required. Analysis indicated that Stoke-on-Trent had the 3rd highest rate of alcohol-related hospital admissions in

England. There were high levels of alcohol-related mortality with limited treatment options only serving 8.7% of the higher risk population. National guidance (the Rush Model) recommends that at least be 15% of the local dependent population should have access to specialist treatment. An Alcohol Delivery plan has been developed and four new services had been designed.

- 3.10.46 Stoke-on-Trent is one of the Department of Health's 20 'Early Implementer' Primary Care Trusts (PCTs). These PCT's are supported with additional funding to act as spearheads in implementing the high impact changes for alcohol.
- 3.10.47 Stoke-on-Trent's commissioning process was comprehensive and inclusive.
- 3.10.48 Stoke-on-Trent has some of the highest rates of alcohol-related harm in England and this coincides with higher than average levels of social deprivation. In 2007 the Stoke-on-Trent Safer City Partnership released an Alcohol Harm Reduction Strategy which recognised that the resources at the time for alcohol prevention and treatment service did not meet local demand.
- 3.10.49 Using analysis from a model entitled the 'Rush Model' and drawing on local and nationally available statistics such as the North West Public Health Observatory's Local Alcohol Profiles significant gaps in current alcohol treatment provision were identified. This capacity analysis showed treatment provision stood at 8.7% set against a needed target of 15% - consequently the Alcohol Delivery Plan called for an expansion of treatment across all tiers. This was combined with an increased focus on early identification and prevention to help reduce the long term need for increased alcohol treatment.
- 3.10.50 The Alcohol Programme has clear accountability through several tiers, including a Performance and Commissioning Group and answering ultimately to the Local Strategic Partnership (LSP) Board. External accountability is provided by the council's overview and scrutiny committee which would assess the progress of the LSP. The emphasis of Stoke-on-Trent's work has been on a co-ordinated approach to identifying gaps in the provision and the collaboration through an integrated structure. In 2009 more than 100 representatives from 27 statutory, voluntary and community sector organisations were involved in workshops to help inform the Alcohol Delivery Plan. This consultation ensured buy-in from all strategic partners from the outset.
- 3.11.51 This thorough consultation and commissioning process has resulted in a robust plan with four new service specifications being designed. In 2008 Stoke-on-Trent also became an early implementer PCT which has allowed them to develop and expand their service provision. It is expected that these four services will help to close the gap in treatment provision and are currently being commissioned. Two of the services form the basis of an Early Implementer project – expansion of brief intervention and development of a hospital alcohol liaison team. The other two complementary specifications are for adult community alcohol services and adult community detoxification services.
- 3.11.52 Highly Recommended: Devon Alcohol Service**
- 3.11.53 Devon Alcohol Service received recognition as the Highly Recommended Most Useful Project of the Year. This service provides a single point of referral to

treatment by multiple routes. It is spread over three local areas and offers a range of treatment options for people. It has outreach provision in General Practitioner surgeries, community hospitals, community mental health premise and local voluntary agencies.

4 Equality Impact Assessment

- 4.1 An Equality Impact Assessment of the Northamptonshire Alcohol Strategy was carried out in May 2010, which was reviewed by the Scrutiny Panel. It was very comprehensive and further work was not required on the document by this Scrutiny Panel as it was felt that all areas were adequately covered.

5 Conclusions and Key Findings

- 5.1 After all of the evidence was collated the following conclusions were drawn:
- 5.1.1 It was recognised that the Best Bar None National Initiative highlights best practice, based on licensing objectives. The Scrutiny Panel was pleased to note that the Initiative had been re-launched in 2010 and that twenty-four premises had applied for accreditation to the Scheme. Twenty have been assessed, three withdrew as they had not prepared enough information and there was just one left to be assessed. Thirteen premises have been accredited.
- 5.1.2 The Scrutiny Panel acknowledged the difficulty that licensed premises often had in obtaining polycarbonate bottles and glasses at appropriate prices. It felt that the Government should be made aware of this fact.
- 5.1.3 The Scrutiny Panel was pleased to note that the majority of clubs within the town centre are registered with PubWatch and the measures that have been put in place have considerably improved conditions.
- 5.1.4 The Scrutiny Panel further welcomed the recent introduction of schemes such as the Youth Alcohol Project (YAP), Staysafe and 'Meet and Greet'.
- 5.1.5 The Scrutiny Panel noted problems in relation to the selling of alcohol in the suburbs, in particular, licensed shops selling alcohol to individuals under the legal age. The problem with young people drinking alcohol before they go out was also acknowledged.
- 5.1.6 Seminars had been held in Northamptonshire and Northampton, a wide variety of key Agencies and Organisations attended and provided input into the draft Northampton Alcohol Harm Reduction Strategy Action Plan. Such a seminar had been held by Stoke-on-Trent who had received an award from HubCAPP for commissioning increased capacity in alcohol treatment services. Therefore, recognising such seminars as an example of good practice.
- 5.1.7 The Scrutiny Panel noted that the previous Substance Misuse Group was recognised as an exchange mechanism and had been constituted under the Crime

and Disorder Reduction Partnership (CDRP) but it had not been delivering for the CDPR therefore funding had been withdrawn. Therefore, there is potentially the need for relevant Agencies and Groups to meet and share information regarding treatment. There is a need for organisations to have a joined up approach to the assistance and advice that they provide on Alcohol Awareness and Treatment, which is covered within the Northampton Alcohol Harm Reduction Strategy Action Plan.

- 5.1.8 The Scrutiny Panel recognised the need to make a distinction between hospital admissions and individuals who present at Accident and Emergency. The Scrutiny Panel welcomed and supported the introduction of data that would provide such details which was due to go live on 29 November 2010.
- 5.1.9 The Minimum Pricing of Alcohol Consultation could impact on the Northampton Alcohol Harm Reduction Strategy Action Plan. The Scrutiny Panel noted that the price of alcohol could affect the amount consumed. It further recognised that this was an area which may require national guidance as local implementation may be subject to legal challenge.
- 5.1.10 The Scrutiny Panel realised that there was a need for a clear education programme on 'managing alcohol intake' and felt that awareness within the workplace could prove useful.
- 5.1.11 The Scrutiny Panel agreed that the Northampton Alcohol Harm Reduction Strategy Action Plan focussed on what could be influenced but realised that there was a need for it to contain clear Specific, Measurable, Attainable, Realistic, Timeline (SMART) objectives.
- 5.1.12 The Scrutiny Panel acknowledged that it would be beneficial for a copy of this report be sent to Overview and Scrutiny, Northamptonshire County Council (NCC). Overview and Scrutiny at Northamptonshire County Council has this issue included within its Overview and Scrutiny Work Programme and it was felt that this report could assist in informing that Review and be seen as a good example of joint working.

6 Recommendations

- 6.1 Scrutiny Panel H – Northamptonshire Alcohol Strategy, therefore recommends to the Northampton Partnership that:
 - 6.1.1 That the Northampton Partnership adopts the Northampton Alcohol Harm Action Plan, as attached Appendix B.
 - 6.1.2 That the Northampton Partnership updates the Overview and Scrutiny Committee on the implementation of the Action Plan at six monthly intervals.
 - 6.1.3 That the Northampton Partnership be asked to seek the support of Northampton's three MPs to raise the issue within Government regarding the issues that licensed

premises have difficulty in obtaining polycarbonate bottles and glasses at appropriate prices.

- 6.1.4 That a copy of this report be sent to Overview and Scrutiny at Northamptonshire County Council.

Appendices



OVERVIEW AND SCRUTINY

Scrutiny Panel H Northamptonshire Alcohol Strategy

1. Purpose/Objectives of the Review

To contribute to the Northampton Alcohol Strategy Action Plan.

2. Outcomes Required

To provide Scrutiny input into the Northampton Alcohol Strategy Action Plan

To make recommendations for improvement, as appropriate

3. Information Required

- Data from other (best practice) Local Authorities/Agencies
- Published guidance on Alcohol Harm Reduction
- Evidence from the Northampton Alcohol Harm Reduction Seminar
- Evidence from appropriate witnesses other than those providing evidence to the Northampton Alcohol Harm Reduction Seminar

4. Format of Information

- Officer reports/presentations
- Baseline data such as alcohol profile
- Draft Northampton Strategy Action Plan
- Published guidance on Alcohol Harm Reduction
- Best practice evidence external to Northampton
- Witness interviews/evidence
- Portfolio Holder evidence

5. Methods Used to Gather Information

- Minutes of the meetings
- Desktop research
- Officer reports/presentations
- Examples of best practice
- Site visits
- Witness Interviews/evidence: -
 - Northampton Alcohol Harm Reduction Seminar
 - Portfolio Holder (Community Engagement)
 - Sergeant Worthington (licensing)

6. Co-Options to the Review

- None at this stage. Co-option may be re-visited following attendance at the Northampton Alcohol Reduction Seminar

7 Equality Impact Screening Assessment

- Scrutiny Officer to undertake an Equality Impact Screening Assessment shortly after the Scoping meeting

8 Evidence gathering Timetable

June 2010 to November 2010

21 June 2010	Scoping Meeting
12 July 2010	Northampton Alcohol Reduction Seminar
4 August 2010	Evidence gathering
4 October 2010	Evidence gathering
29 November	Finalise Chair's report

Various site visits will be programmed during this period if required.

Meetings to commence at 6.00 pm in the Jeffery Room, Guildhall

7. Responsible Officers

- Lead Officer Nicci Marzec, Partnership Director, Northampton Strategic Partnership
- Co-ordinator Tracy Tiff, Scrutiny Officer

8. Resources and Budgets

- Nicci Marzec, Partnership Director, Northampton Strategic Partnership to provide internal advice.

10 **Final report presented by:**

- Completed by November 2010. Presented by the Chair of the Scrutiny Panel to the Overview and Scrutiny Committee and then to Cabinet.

11 **Monitoring procedure:**

- Review the impact of the report after six months (approximately July 2011)

Northampton Alcohol Harm Reduction Strategy Action Plan

Improve Education and Awareness						
Objective	Action	Owner	Resources	Risks	Timescale	Progress/ Comments
Increased Involvement of Schools in Raising Awareness of Alcohol	Inclusion in PHSE in Primary Schools for Y5/6 as well as a co-ordinated programme in secondary schools	Tessa Parkinson	Mainstream funding	Unwillingness of schools to engage. Lack of resources to deliver.	1 September 2010	Confirmed that both secondary education and primary education packs for PHSE include education about alcohol awareness and have been distributed to schools for lesson planning.
	Engage with Governing Bodies/ Head Teachers to reinforce importance of broadening alcohol awareness in the curriculum.	Rose Kinley	Mainstream funding	Lack of resources in schools to deliver enhanced curriculum objectives/ lack of consistency of provision across spectrum of schools.	31 March 2010	
	Engage with children and families about alcohol related issues through CAF and intervention programmes.	Richard Ward	Mainstream resources	Lack of engagement by partners to undertake CAF assessments. Lack of training across Children's Workforce to identify and respond to alcohol related issues.	31 December 2011	
Increase alcohol treatment referrals	Engage with GPs to ensure that alcohol	PCT/ Nene Commissioning	Mainstream resources	Transfer of commissioning	31 March 2012	

and advice provided by GPs	related ill health/ accidents are identified and appropriate referrals made, eg trips, falls domestic violence etc.			responsibilities from PCT to GPs may impact on delivery of objectives in the short term. Capacity of GPs to record and share information to demonstrate progress.		
More effective use of licensing powers to promote education, awareness and sensible consumption	Promote and support schemes like Best Bar None and Pubwatch	Mark Worthington	Mainstream resources with sponsorship support from JD Wetherspoons and Carlsberg	Sustainability of the scheme in future years.	November 2010	
	Positive promotion of successful enforcement activities	Mark Worthington. Phil Bayliss/ Comms	Mainstream resources	Reductions in resources to carry out enforcement activity may impact on ability to carry out positive promotion.	Ongoing	
Managing the Supply and Pricing of Alcohol						
Objective	Action	Owner	Resources	Risks	Timescale	Progress/ Comments

Build on recent improvements in the town centre	Work with retailers to encourage initiatives to limit the supply of alcohol to customers, eg no double measures, 2 for 1 offers	Mark Worthington/ Pubwatch	Mainstream resources	Licensing legislation is unclear and subject to interpretation for irresponsible drinks promotions/ reliant on appropriate mitigations being put in place by licensed premises to mitigate.	Ongoing	
	Work with town centre partners on initiatives to promote responsible use of the town centre including mixed and varied age range.	Derrick Simpson/ Town Centre partnership/ Business Improvement District (BID)	Existing and available resources	Reduced resources may impact of the provision of events and activities in the town centre to encourage wider use and participation.	Ongoing	
	Influence national policy developments on licensing powers and minimum pricing, including extension of enforcement powers to local authorities.	LSP/ CSP/ All relevant partners	Mainstream resources	Localised pilot initiatives in other parts of the country may be subject to legal challenge. Legislation if passed would require appropriate capacity to enforce.	Ongoing	
	Work with licensed premises to implement new national legislation	NBC Licensing	Mainstream resources	Subject to introduction of new licensing legislation and powers	Ongoing and subject to new licensing legislation.	
Support discretionary industry schemes	Encourage wider take up of Pubwatch and Best Bar None	Mark Worthington/ Pubwatch	Mainstream resources	Economic pressures may result in retailers resisting	Ongoing	

which promote positive culture towards sensible drinking	across the town including suburban premises outside the town centre.			initiatives to reduce consumption.		
Delivering Health and Treatment Services						
Objective	Action	Owner	Resources	Risks	Timescale	Progress/ Comments
Broaden the scope of health and non-specialist agencies in raising awareness of alcohol related health and harm issues	Work with employers to integrate alcohol awareness into relevant policies and procedures including induction, HR and health, safety and wellbeing.	LSP/ CSP/ All relevant partners	Mainstream resources	Partners will not prioritise within mainstream resources. Training and development of staff may be required to deliver effectively. Lack of ownership within each partners organisation.	31 March 2011	
	Encourage all organisations to develop a workplace health charter which includes alcohol awareness and treatment referral contact details.	LSP/ CSP/ All relevant partners	Mainstream resources	Partners will not prioritise within mainstream resources. Training and development of staff may be required to deliver effectively. Lack of ownership within each partner's organisation.	31 March 2012	

	Provide training and development to frontline staff to enable them to identify potential alcohol related issues and respond/ refer appropriately.	LSP/ CSP/ All relevant partners	Mainstream resources	Partners will not prioritise within mainstream resources. Training and development of staff may be required to deliver effectively. Lack of ownership within each partner's organisation.	31 March 2012	
	Support national and local events which highlight alcohol use and harm eg National Alcohol Awareness Week and pre Christmas campaigns	Janette Ashton Dave Lawson	£5,000 TKAP funding for additional drug/ alcohol education programme for Y8 pupils. £20k TKAP funding to support operation Brush to increase high visibility policing in the leisure zone leading up to the Christmas period	Lack of funding to deliver the programme in future years.	31 January 2011 31 December 2010	

Raise awareness of alcohol consumption and harm across the town	Ensure alcohol related harm is promoted within other targeted campaigns where it may be a relevant factor, eg Domestic Violence	LSP/ CSP/ All relevant partners	Mainstream resources	Lack of resources to carry out future promotional activity.	Ongoing	Alcohol highlighted as a key causal factor in domestic abuse campaign during the world cup. CSP alcohol awareness promotional activity for Christmas features Domestic violence as a key theme.
Reduce alcohol related crime and disorder						
Objective	Action	Owner	Resources	Risks	Timescale	Progress/ Comments
Build on and develop partnership approaches to addressing alcohol related crime and disorder	Ensure the support of partners for multi-agency projects and operations eg, Nightsafe, NADA, TKAP, Stay Safe	Community Safety partnership	<p>£10k SSNP/ TKAP to enhance the existing Street Pastors scheme to cover Friday and Saturday nights</p> <p>Incorporate alcohol related violence into Christmas campaigns for leisure zone and Domestic Abuse awareness.</p> <p>Second Stay Safe pilot focussed on safeguarding young people.</p>	Lack of funding to support further development may impact on ongoing capacity to deliver within mainstream resources.	<p>Ongoing</p> <p>31 December 2010</p> <p>31 October 2010</p>	

	Work with the Probation Trust to expand the Integrated Offender management Programme to include more offenders who have committed violence offences.	Integrated Offender Management – Rachel Jackson (Acting Inspector)	Mainstream resources – broaden the PPO criteria to include serious violence offences.	Resource reductions and changes to custodial and non custodial sentencing may impact on the capacity of the service to manage current or increase numbers of offenders.	30 September 2010	
	Deliver the TKAP action plan to reduce violence offences committed by young people.	Community Safety Partnership	£94k TKAP funding with match funding from NCSP/ NCC for specified activities within the action plan.	Inability to sustain additional activities within the plan post March 2011	31 March 2010	
	Work with A&E to develop recording mechanisms for alcohol related accidents and injuries to contribute to partnership profiling information	Dave Lawson/ Nick Alex (IT NGHT)	£2,500 TKAP funding to upgrade the A&E computer system to record data for violence and alcohol related injuries.	Lack of analytical capacity to support the project may impact on its effectiveness and viability as a result of the closure of the ComPaSS analytical resource for CSPs.	1 November 2010	Software system has been installed and data collection commenced 29 November 2010. Meeting to review scheduled for mid December.
Reduce incidents of alcohol related crime and disorder within the night time economy	Work with licensees and retailers to implement and promote Challenge 21	Mark Worthington	Existing resources	Lack of commitment from retailers and licensees to fully implement the scheme.	1 July 2011	

	Extend enforcement and good practice schemes to off licence premises	Mark Worthington	Existing resources	Lack of resource to develop and promote a scheme focused at off licence trade.	31 December 2011	
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DRAFT

Feedback from the Alcohol Awareness Seminar:-

Providing Education and Awareness and Delivering Health and Treatment Services Workshops

Providing Education and Awareness Workshop

The Workshop was facilitated by a representative of Northamptonshire DAAT and a representative of Northampton Borough Council

Key Issues – Education & Awareness

Delegates commented on their perception of the key issues, main comments included: -

- Need to challenge the 'drunken culture' on Thursday, Friday and Saturday evenings
- The young peoples' representative emphasised that more education on alcohol related harm is needed, such as: -
 - Harm is can cause and the cost implications.
 - Children are not given any education or awareness in respect of alcohol until year 11
- Lack of education to young people, need to consider issues such as: -
 - Where does it fit within P.H.S.E
 - Pressure on schools to fit into the curriculum at the appropriate time, earlier than year 11
 - Education regarding alcohol should be integrated into curriculum rather than on "as and when" basis such as Pathways – integrated services specification

Challenges

Delegates perceived the main challenges to be: -

- Language used to challenge behaviour i.e. alcoholic
- Effective training to overcome alcohol abuse
- Excessive drinking by young people
- Drinking games at home and drinking at home in general
- Parental control and acceptance, sometimes a lack of role model
- Peer pressure
- Often people assume problems with alcohol take place in pubs only
- In general people often do not understand the term 'binge drinking' and are not aware of the impact
- Various issues around the 'strength' of alcohol, across all age groups

- Better literature informing people about alcohol units and limits
- Third party purchasing

Solutions

Possible solutions were identified by the Workshop: -

- Development of integrated good practice
- Prior to bringing education on alcohol awareness into schools, teachers should be provided with initial training
- Creation of a register of 'repeat offenders of consuming excessive alcohol'
- Alcohol awareness raising issues needed to help lack of understanding
- PHSE - mandatory from September but there is still a challenge of how it is integrated into the curriculum. Possible solutions were suggested such as introducing alcohol education into lessons such as P.E., human biology. Sociology
- Education needs to be part of the social responsibly e.g. make 'pre-loading' unacceptable i.e. drunk before going out.
- Section 30 – Identify young people at early stage and engage parents
- Operation Stay Safe – engage with social services and bring in parents
- Train G.P.'s and staff to screen for alcohol use – more effective screening would be useful particularly for early identification
- Target the older age group

Delivery

Possible routes of delivery were suggested: -

- Internal awareness training in the workplace
- Introduce the ethos of healthy schools into the workplace as part of a whole health package
- Schools – education
- Public Sector organisations
- Pub watch schemes
- Universities
- Large employers
- Police

Delivering Health and Treatment Services Workshop

The Workshop was facilitated by a representative from CAN and an Officer from Northampton Borough Council.

Greatest Needs

Delegates on this Workshop commented on the greatest needs in terms of delivering health and treatment:

- Educate young people early on
- Ascertain reasons why people drink alcohol so that treatment can be tailored to their needs
- Often alcohol consumption is just one problem, there is a need to identify whether there are other problems that are causing the individual to drink in excess
- Need to prevent vulnerable people falling into alcohol issues
- Train professionals on alcohol issues
- Improved co-working with Social Worker Teams

Action /Intervention

The Workshop suggested possible actions/interventions: -

- Contractual obligations
- Baseline data research and comparison from each decade, in particular in relation to behaviour and legislation
- High profiles 'sting' Operations
- Licensing of garages
- Service Level Agreements in respect of alcohol awareness – recognition that organisations care about their staff's health and well being
- Person specifications in job description/risk assessment and health objective in appraisals
- Organisations should allow staff to look at ways to support those in need (for example training/education)
- Raising awareness of consequences of drinking, health and social needs, Competitive levels of drinking amongst young people.
- Promote 'immediate' messages

Delivery

Possible routes of delivery were suggested: -

- Role of GP's – First port of call
 - Willingness to participate
 - Know their patients
 - Engage them – not opt out
 - Low level intervention
 - Referral
- Health trainers/nurses – ensure they trained in alcohol awareness. Low level intervention and referral on.

- Health visitors
- Surestart/nursery units
- Taxi drivers – Agency contact information available