worcestershire county council

# Worcestershire

# Health and Well-being Board

# The Reducing Harm From Alcohol Plan

# 2016-2021

NHS
Wyre Forest
Clinical Commissioning Group

NHS
South Worcestershire
Clinical Commissioning Group

NHS
Redditch and Bromsgrove
Clinical Commissioning Group

# Plan on a Page

| | | |
|---|---|---|
| **Vision;** | Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes | |
| **Meeting the challenge;** | Requires emphasis on prevention with action in the long term to impact upon the wider influences on health and well-being | |
| **We will focus on;** | Reducing alcohol harm across the population, particularly within | |
| | **Middle aged and older people** | **Populations with poorer health outcomes** |
| **To do this we will;** | Work in partnership to develop local solutions, using national frameworks and best practice which encourages and empowers people of all ages to take responsibility for their own drinking; focusing on; | |
| **1.** | Provide clear information and advice and increase awareness of alcohol harm particularly amongst target populations | |
| **2.** | Create a health promoting environment in the work and leisure environment | |
| **3.** | Promote self-help through brief intervention | |
| **4.** | Commission specialist treatment for people with more complex needs requiring detoxification and relapse prevention | |

# Context

1. Following a comprehensive development and consultation process, the Worcestershire Health and Wellbeing Board has agreed that its vision is that; **'Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes'.**

2. The Worcestershire Health and Wellbeing Strategy for 2016-2021 has identified 'reducing harm from alcohol at all ages' as one of three areas of priority over the next five years. The alcohol theme has been developed following stakeholder engagement and was chosen because alcohol misuse is a major cause of harm and poor health throughout life and the negative impact of excessive alcohol consumption is both avoidable and reversible in some cases.

3. The purpose of the Alcohol Plan is to shape the direction and objectives of work over the next five years, which will be undertaken with a range of partners and stakeholders to achieve a positive impact on reducing alcohol related harm in the County.

4. The six key principles of the Health and Well-being Board underpin the Alcohol plan; these are outlined in the Health and Well-being Board Strategy. The principles highlight the need to work in partnership to maximise the impact on health and well-being as well as, empowering individuals and communities, recognising local assets and strengthening communities, drawing upon existing evidence, involving the community and being open and accountable about the progress we are making.

5. Harm caused by alcohol is largely preventable; the aim of the Alcohol Plan 2016-21 is to reduce the harms caused by alcohol misuse and make Worcestershire a safer and more healthy place where less alcohol is consumed and where professionals are confident and well-equipped to challenge behaviour and support change.

6. The Plan focuses on middle aged and older people and those from areas with poorer health outcomes as evidence shows that rates of adult alcohol related hospital admissions and liver disease is increasing in Worcestershire for those aged over 40.

7. Creating a more responsible drinking culture, in which people are aware of the harms caused by alcohol and are encouraged and supported to take responsibility for their own wellbeing, will require co-production with a range of organisations and bodies over a significant period of time. Meeting the challenge requires a renewed emphasis on prevention across all organisations with action in the long term to address the wider influences on health and well-being.

8. The Health and Well-being Board and Health Improvement Group will ensure that actions to implement the Alcohol Plan align with the five approaches to prevention which are;

    - ✓ Creating a health promoting environment
    - ✓ Encouraging and enabling people to take responsibility for themselves their families and their communities
    - ✓ Providing clear information and advice
    - ✓ Commissioning treatment and relapse prevention services (based on evidence of effectiveness and within funding available)
    - ✓ Gate-keeping services (services are targeted to the people who would benefit the most)

# Alcohol harm

9. Drinking is part of our culture and is reflected in how we socialise. Whilst many people drink responsibly, regular drinking above medical guidelines can lead to a number of alcohol related health issues, including cancer, liver disease and premature death. It can also affect personal relationships between families and friends, heighten social isolation and lower physical capacity. Alcohol can increase the likelihood of committing crime through reduced inhibitions that impact on anti-social behaviour, and crime and disorder within communities. Alcohol can also affect work and lead to lost productivity and ultimately to homelessness and isolation.

10. Alcohol is one of the major causes of avoidable ill-health in the UK. The health burden of alcohol misuse is massive, accounting for about 1 in 8 of all NHS bed days.

    'Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

    - head injuries
    - fractures
    - facial injuries and scarring

11. Short term risks from heavy drinking also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking, have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

12. Drinking large amounts of alcohol for many years will take its toll on many of the body's organs and may cause organ damage**.** Organs known to be damaged by long-term alcohol misuse include the brain and nervous system, heart, liver and pancreas. Heavy drinking can also increase blood pressure and blood cholesterol levels, both of which are major risk factors for heart attacks and strokes. Long-term alcohol misuse can weaken the immune system, making people more vulnerable to serious infections. It can also weaken your bones, placing you at greater risk of fracturing or breaking them.

13. Liver disease is the only major cause of mortality and morbidity which is on the increase in England, whilst it is decreasing among our European neighbours. Most liver disease deaths are from cirrhosis (a hardening and scarring of the liver) or its complications - people die from liver disease at a young age with 90% under 70 years old and more than 1 in 10 in their 40s.

14. Liver disease is the third biggest cause of premature mortality and lost working life however, most liver disease is preventable - over 90% are due to three main risk factors: alcohol, viral hepatitis and obesity. People who live in the most deprived fifth of areas in England are more likely to die from liver disease than those who die in the most affluent fifth. Many hospital patients come from marginalised groups with unstable accommodation, many don't speak English and many may have difficulty attending or sticking to treatment because of addiction to alcohol and or drugs.

15. The Institute of Alcohol Studies state that lifestyle-behaviour is both a symptom and cause of health inequalities. Health inequalities are systematic differences in health between different social groups within a society. Lower socioeconomic status is associated with higher mortality for alcohol-attributable causes, despite lower socioeconomic groups often reporting lower levels of consumption. Alcohol can be seen as a contributing factor for almost 50% of the indicators within the Public Health Outcomes Framework for England. As such addressing alcohol-related harm could be a key route to improving public health and reducing general

health inequalities, because such behaviours are themselves shaped by the socioeconomic contexts in which people live and work.

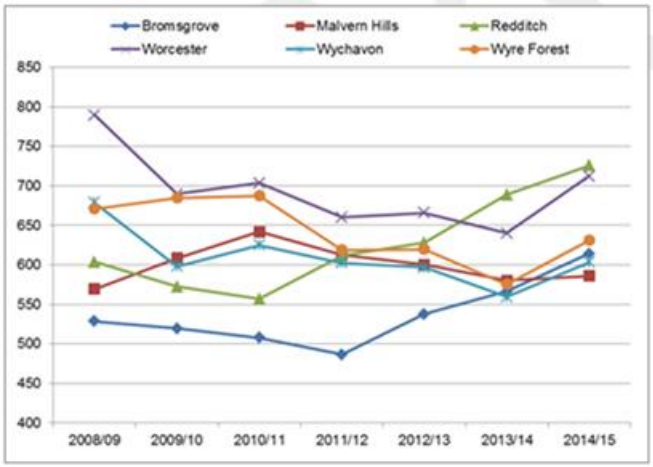
# What is the national picture?

- Most adults in England drink alcohol - more than 10 million people are drinking at levels that increase the risk of harming their health
- 5% of the heaviest drinkers account for one third of all alcohol consumed
- Alcohol is the leading cause of death among 15 to 49 year olds and heavy alcohol use has been identified as a cause of more than 200 health conditions
- Alcohol caused more years of life lost to the workforce than from the 10 most common cancers combined - in 2015 there were 167,000 years of working life lost
- Evidence strongly supports a range of policies that are effective at reducing harm to public health while at the same time reducing health inequalities - reducing the affordability of alcohol is the cost effective way of reducing alcohol harm (PHE2016).

# What is the scale of the problem in Worcestershire?

16. The chart below shows the rate of hospital admissions for alcohol-related conditions (Narrow), all ages, directly age standardised rate per 100,000 population European standard population.

**Chart 1. Rate per of Persons Admitted to Hospital for Alcohol-related conditions (Narrow definition) for Worcestershire Districts 2008/09 to 2014/15**



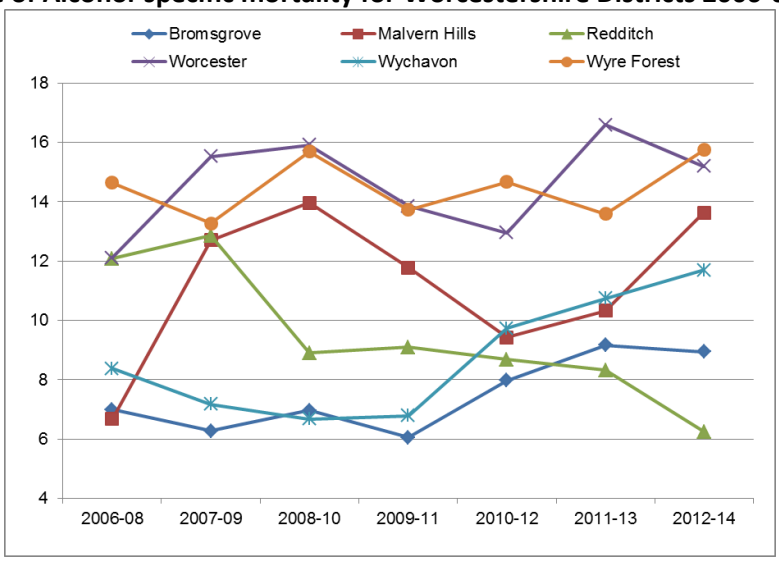

| 2014/15 directly age standardised rate of alcohol admissions per 100,000 population | |
|---|---|
| England | 641 |
| Worcestershire | 641 |
| Bromsgrove | 614 |
| Malvern Hills | 586 |
| Redditch | 726 |
| Worcester | 712 |
| Wychavon | 603 |
| Wyre Forest | 631 |

*Source:* Public Health Outcomes Framework, http://www.phoutcomes.info/, June 2016

- The latest rates of persons admitted to hospital for alcohol-related conditions in Worcester (712 per 100,000) and Redditch (726) are significantly higher than that of the National average (641). However, the 2014/15 rate for Worcester is not as high as previous levels experienced in 2008/09.
- The rates for Bromsgrove have risen each year from, 2011/12 to 2014/15

17. The chart below shows the rate of alcohol-specific mortality per 100,000 population for each of the District areas in Worcestershire.

**Chart 2. Rate of Alcohol-specific mortality for Worcestershire Districts 2006-08 to 2012-14**



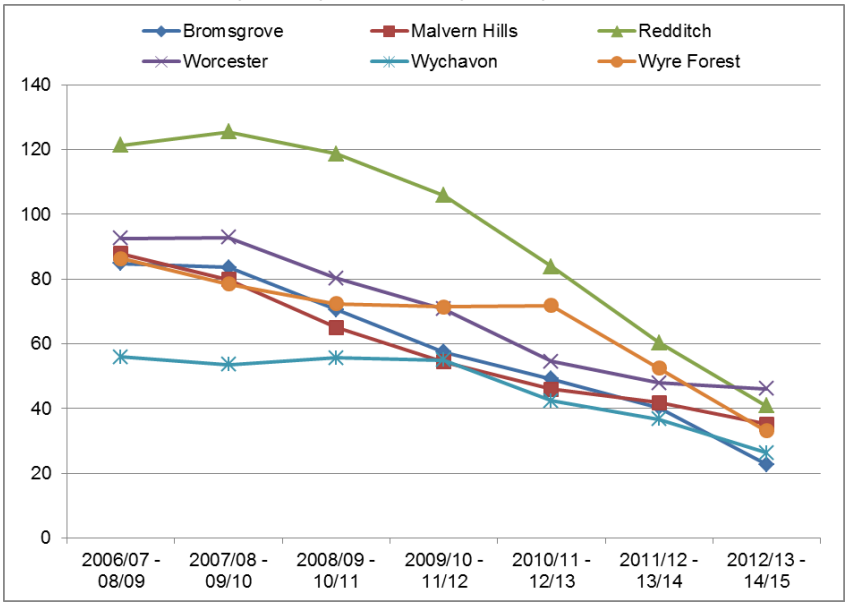

***Source:*** Local Alcohol Profiles for England, http://fingertips.phe.org.uk/profile/local-alcohol-profiles, June 2016

It can be seen that;

- The latest rate of alcohol-specific mortality for Wyre Forest has the highest rate in the county and has increased from the previous year. It is now at its highest level over the time period.
- Bromsgrove, Malvern Hills, Worcester, and Wychavon have all experienced increasing rates of alcohol-specific mortality over the period 2006-08 to 2012-14.
- In contrast Redditch has experienced a decrease in its rate of alcohol-specific mortality over the period 2006-08 to 2012-14, and now has a significantly lower rate of alcohol-specific mortality than the other districts.

18. The chart below shows the rate of under-18s admitted to hospital for alcohol-specific conditions (narrow definition) per 100,000 population for each of the District areas in Worcestershire.

**Chart 3. Rate of Under-18s Admitted to Hospital for Alcohol-specific conditions for Worcestershire Districts 2006/07-08/09 to 2012/13-14/15**




***Source:*** Local Alcohol Profiles for England, http://fingertips.phe.org.uk/profile/local-alcohol-profiles, June 2016

It can be seen that;

- The rate of under-18s admitted to hospital for alcohol-specific conditions has fallen considerably in every District over the time period.
- The rate of under-18s admitted to hospital for alcohol-specific conditions in Redditch is no longer significantly worse than the National average, as it was in previous years. The current rates for each District are now all similar to that of the National average.

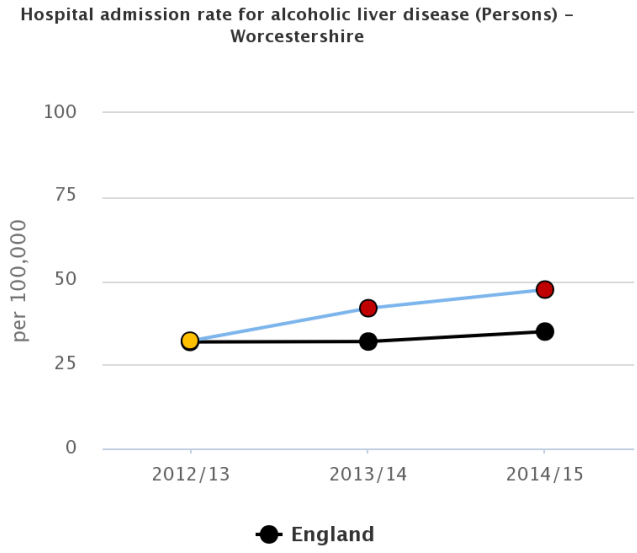
## Alcoholic Liver disease

19. Liver disease is one of the top causes of death in England. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

20. Over the last decade, the number of liver disease-related hospital admissions in England has increased, placing an ever greater strain on the health service. Liver disease disproportionally affects the poorest and the most vulnerable in society and is a major factor in generating socioeconomic health inequalities.

21. In Worcestershire hospital admissions for alcoholic liver disease are rising, the chart below shows that the hospital admission rate for alcoholic liver disease in Worcestershire has risen since 2012/13 and is now significantly above the national average

**Chart 4. Hospital admission rate for alcoholic liver disease (Persons) Worcestershire - Directly standardised rate - per 100,000**

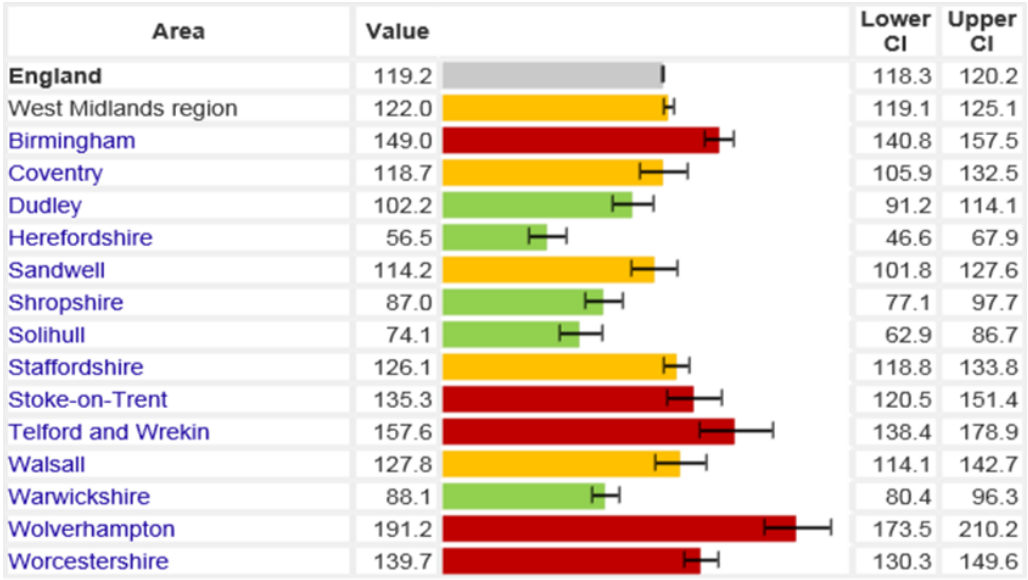



It can be seen that:

- The rate for alcoholic liver disease in Worcestershire has risen from 2012/13 to 2014/15 and is significantly higher than the national average

22. The chart below shows that Liver disease rates in Worcestershire are significantly higher than most of the West Midlands region and England.

**Chart 5. Hospital admission rates for alcoholic liver disease (persons) directly standardised rate per 100,000**



| Area | Value | Lower CI | Upper CI |
|---|---|---|---|
| England | 119.2 | 118.3 | 120.2 |
| West Midlands region | 122.0 | 119.1 | 125.1 |
| Birmingham | 149.0 | 140.8 | 157.5 |
| Coventry | 118.7 | 105.9 | 132.5 |
| Dudley | 102.2 | 91.2 | 114.1 |
| Herefordshire | 56.5 | 46.6 | 67.9 |
| Sandwell | 114.2 | 101.8 | 127.6 |
| Shropshire | 87.0 | 77.1 | 97.7 |
| Solihull | 74.1 | 62.9 | 86.7 |
| Staffordshire | 126.1 | 118.8 | 133.8 |
| Stoke-on-Trent | 135.3 | 120.5 | 151.4 |
| Telford and Wrekin | 157.6 | 138.4 | 178.9 |
| Walsall | 127.8 | 114.1 | 142.7 |
| Warwickshire | 88.1 | 80.4 | 96.3 |
| Wolverhampton | 191.2 | 173.5 | 210.2 |
| Worcestershire | 139.7 | 130.3 | 149.6 |

*Source: Calculated by Public Health England: Clinical Epidemiology Knowledge and Intelligence from data from the Health and Social Care Information Centre (HSCIC) - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates*

It can be seen that:

- Hospital admission rates for alcoholic liver disease in Worcestershire are significantly higher than many of the West Midlands region

# Tackling the Problem - National Policy

23. There is extensive evidence as to what works in terms of both preventing and treating alcohol abuse. Guidance from the National Institute for Health and Clinical Excellence (NICE) about prevention (NICE 2010a) highlights three broad areas:
    - Price (introducing a minimum price);
    - Availability (making it less easy to buy alcohol);
    - Marketing (protecting children and young people from alcohol advertising).

24. NICE recommendations for professionals from health, regulatory services, and criminal justice agencies include:
    - Extensive screening for alcohol use at the front-line, so that all those who drink too much are identified by use of a validated screening tool;
    - Delivery by the front line professionals of brief interventions where indicated by the screening tool, giving brief, structured and motivational advice, and referral on to specialist services where needed (this can reduce weekly drinking by between 13 and 34%, with 8 interventions being needed to secure one effective outcome;
    - Development of cumulative impact policies by licensing professionals where an area is saturated with licensed premises;
    - Effective enforcement by regulatory professionals of underage drinking legislation.

25. Treatment models too are founded in a clear evidence base (NICE 2010b, Raistrick 2006) with a number of key themes:

- A ‘stages of change’ approach is recommended, where the place of the service user on the stages of change is identified so that the most appropriate treatment is delivered. The four stages are pre-contemplation (including relapse), contemplation, action, and maintenance;
- A stepped care model is recommended, whereby drinkers are initially offered the least intrusive and least expensive intervention that is likely to be effective - the first treatment of stepped care should be motivational enhancement therapy, with effective treatment being often only a few sessions;
- Brief interventions in a range of settings are effective in reducing consumption for non-dependent drinkers, and effects persist for up to 2 years, with later booster sessions being needed;
- The strongest evidence is for cognitive behavioural treatments, and involving friends or family in treatment is helpful.
- Self-help and mutual aid, often based on 12 step principles, are also effective both during treatment and in aftercare.
- Medical detoxification is usually straightforward and effective;

26. The Chief Medical Officers’ guidelines for both men and women state that:
    - You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
    - If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
    - The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
    - If you wish to cut down the amount you’re drinking, a good way to help achieve this is to have several drink free days each week.
    - If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

27. Studies have found that 75-85% of high-strength cider drinkers choose it because of its low price. At typically 7.5% ABV, three-litre bottles of these ciders, which contain the same amount of alcohol as 22 shots of vodka, can be bought for as little as £3.49. This equates to just 16p per unit.

28. An evidence review by Public Health England found that “Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement … Implementing an MUP [minimum unit price] is a highly targeted measure which ensures any resulting price increases are passed on to the consumer, improving the health of the heaviest drinkers who experience the greatest amount of harm. MUP would have a negligible impact on moderate drinkers and the price of alcohol sold in pubs, bars and restaurants” (PHE 2015).

29. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 long term.28 Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services. (Young people’s drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack PHE 2015).

30. The National Alcohol Strategy was published in 2012 and outline's the government's ambitions in addressing alcohol-related harm. The strategy includes a number of interventions including the development of a minimum price for alcohol and a ban on alcohol sales offers and multi-buys.

31. A number of high impact changes were identified by the Department of Health in Signs for Improvement (2009) highlighting interventions that have the greatest impact on reducing the harm caused by excessive drinking. They include:
    - Work in Partnership
    - Develop activities to control the impact of alcohol misuse in the community
    - Influence change through advocacy
    - Improve the effectiveness and capacity of specialist treatment
    - IBA - Provide more help to encourage people to drink less
    - Amplify national social marketing priorities

32. Recently, the House of Commons Health Committee report 'Public Health post 2013 (2016), recommended that local authorities be given greater powers to directly improve the health of local communities and reduce health inequalities by including health as a consideration in licensing. It also points to the crucial importance of improving the wider determinants of health such as housing, employment, work and education and embedding health and wellbeing in local communities across all policies.

## What is Worcestershire doing now?

33. Countywide a range of initiatives and services to prevent and treat alcohol abuse are in place and a number of different agencies contribute to this. Worcestershire Public Health spends approximately £4m on prevention and treatment services and also funds related services such as domestic abuse and homelessness.

34. Local authorities have lead responsibility for commissioning specialist drug and alcohol treatment services for their local community. In Worcestershire, the Acute Trust also provides alcohol liaison nurses based in the emergency department of local hospitals. Since April 2015 Worcestershire has commissioned Swanswell Charitable Trust, to provide specialist treatment services for people experiencing drug and alcohol problems. Services for adults and young people are provided in community and primary care settings in partnership with local GPs and Pharmacists. Swanswell also work closely with the police, District Councils and local schools/colleges to deliver key harm reduction messages to children and young people, focussing on prevention.

35. A key element in the Swanswell service is the development of volunteers and peer mentors in the local community to provide additional support for people leaving specialist treatment to help them maintain recovery. They work closely with voluntary groups such as Alcoholics Anonymous and SMART recovery. Swanswell are currently piloting a project Blue Light in 2 areas of Worcestershire initially, in partnership with the national charity Alcohol Concern. The aim is to engage vulnerable people who are alcohol dependent, isolated and have not been successfully engaged in services.

36. The treatment service is actively linking with Worcestershire Health & Wellbeing Board areas of focus including addressing alcohol related liver disease, reducing alcohol related offences and tackling intergenerational alcohol abuse.

37. The Strategic Substance Misuse Oversight Group which comprises of partners including police, Children's Services, probation, District Councils, Department of Work and Pensions and the Police and Crime commissioner, provides oversight and strategic support for the alignment and delivery of health, well-being, criminal justice and community safety objectives in relation to reducing substance misuse in Worcestershire.
The group also ensures effective communication and productive joint working arrangements between key agencies and stakeholders in Worcestershire and the West Mercia Local Authority area.

38. The Safer Communities Board (SCB) provides strategic leadership for all community safety work across the county and is responsible for producing an annual Community Safety Agreement and action plan. The Board oversees the activities of the Strategic Oversight Group, It also oversees planning and delivery of local community safety priorities through the North and South Community Safety Partnerships.

39. North and South Worcestershire Community Safety Partnerships are working alongside voluntary and statutory sector partners, including Swanswell, to raise awareness of alcohol and its effects in schools and the wider community. They are also tacking alcohol related anti-social behaviour by implementing Public Spaces Protection Orders on areas with problematic alcohol consumption and disorder

40. West Mercia Police are actively working to tackle alcohol related crime and anti-social behaviour, and delivering preventative educational messages in school and colleges. As a responsible licensing authority under the Licensing Act 2003, West Mercia Police are working with licensed premises and other partners such as Public Health and Worcestershire Regulatory Services to promote responsible licensing.

41. A number of voluntary sector organisations are involved in work to tackle alcohol relate harm and assist those who are affected by alcohol. These include Street pastors who are trained volunteers from local churches operating in town and city centres across the county in response to the needs in local communities caused by crime, antisocial behaviour & vulnerability of those who've been out at bars & clubs late at night.

42. Liver disease constitutes the third commonest cause of premature death in the UK, in Worcestershire data shows that alcohol admissions for liver disease are steadily rising. The importance of prevention and early engagement is critical in educating and influencing people to make sensible decisions about their lifestyle and avoid alcohol related illness. Public Health is working with partners in improving liver health, looking at what works and what can be improved and how we get the right messages to the right people.

43. The Department of Health has highlighted the key role of local authorities in both commissioning and delivery of the Making Every Contact Count (MECC) behaviour change approach in local areas. Health chats is embedded into first year modules for Student Nurses at the University of Worcester and there is an online Every Contact Counts tool available that staff at the acute trust can access.

44. There are four school nurse teams covering Worcestershire, school nurses organise a variety of support for children and young people with additional multiple needs. They provide support and guidance to schools on public health issues, brief interventions and health promotion such as alcohol, sexual health and emotional health and well-being needs. They influence and champion health promoting activities and programmes both in and out of school and work closely with other professionals and local communities.

45. Worcestershire Acute Hospitals NHS Trust has an Alcohol Liaison Nurse Service (ALNS) across two hospital sites, with two full-time ALNs providing screening, case management support, brief interventions (BI) and referrals into community treatment services.

## The Reducing Harm from Alcohol Plan

46. In order to respond to the challenges and barriers associated with reducing the consumption of alcohol, the plan will explore innovative approaches, learning from best practice and available evidence. Partner organisations taking action is key to achieving the objectives of the plan.

47. We will focus on providing up to date information and advice and providing environments where people can enjoy themselves without causing harm to their health. We will focus attention on groups highlighted by the Health and Well-being Strategy which are;

- Middle aged and older people
- Populations with poorer health outcomes

48. The Alcohol plan will also be mindful of the evidence and data regarding younger people and the strategy will respond to any changes in the current situation.

## Objectives

49. There are four over-arching objectives for Worcestershire Alcohol Plan 2016- 2021, these are;

| |
|---|
| **Providing clear information and advice -**<br>Provide clear information and advice to all ages through social media and other mechanisms. To increase awareness and prevent harm, particularly in middle aged and older people and those with poorer health outcomes |
| **Creating a health promoting environment with partners -**<br>Lead and support work with partners in tackling alcohol related issues |
| **Promoting self-help through brief intervention -**<br>Develop and enhance the skills of professionals to enable them to provide brief interventions for those with alcohol related issues |
| **Commissioning specialist treatment for people with more complex needs requiring detoxification and relapse prevention -**<br>Ensure that commissioning meet s the needs of individuals and their families to support their recovery journey |

50. These four objectives were chosen following stakeholder consultation in June 2016. The objectives focus upon improving the way we communicate and promote healthy and responsible drinking to the residents of Worcestershire. The objectives also reflect the priorities of the Health and Well-being Strategy and the Sustainability and Transformation Plan as well as highlighting the importance of the wider determinants of health in promoting and encouraging activity to reduce alcohol harms.

51. Work to achieve these high level objectives will involve a wide range of actions from partners, including existing health and well-being programmes, such as Worcestershire Works Well, Health Checks and Health Chats programmes.

52. An example of actions to be undertaken against each of the four objectives is outlined in the table below. These actions will be reviewed on a yearly basis to monitor progress and to respond to challenges, remain appropriate and proportionate, where applicable, new actions will be agreed for the following year(s);

| **Providing clear information and advice** |
|---|
| • Use behavioural insights to gain knowledge of what messages would work and how we access middle aged and older people/populations, particularly those with poorer health outcomes, to promote behavioural change<br>• Actively promote national campaigns such as Alcohol Awareness Week, via campaigns and social media |
| **Creating a health promoting environment** |
| • Develop a bank of data to inform public health alcohol interventions<br>• Develop DPH role as a responsible licensing authority<br>• Develop a toolkit for DPH licensing<br>• Support schemes that promote responsible licensing such as Best Bar None<br>• Promote healthy workplaces through Worcestershire Works Well<br>• Work with the PCC and other partners to utilise the principles of recent guidance on tackling street drinking<br>• Address the wider determinants of health that affect populations affected by alcohol abuse, such as housing, education, employment |
| **Promoting self-help through brief intervention** |
| • Train peer supporters to deliver health messages in settings such as schools and treatment services<br>• Develop Health Chats alcohol brief intervention training<br>• Work with the university to train student nurses in delivering brief interventions<br>• Engage residents in initiatives that challenge behaviour and promote change |
| **Commissioning specialist treatment for people with more complex needs requiring detoxification and relapse prevention** |
| • Ensure effective partnership working and clear care pathway through the treatment system<br>• Ensure routine health interventions, such as the health checks programme; support work of alcohol liaison nurses and opportunities in elective and emergency hospital services robustly |

address alcohol intake through screening, delivery of a brief intervention, and sign-posting into specialist service where appropriate.

- Engage with housing providers to ensure appropriate and safe accommodation is available at different points in a client's journey;
- Review the intervention pathways for offenders at all levels of the criminal justice system, to ensure that a full and supported route into sensible drinking is promoted for all those who need it, with the full involvement of the recently elected Police and Crime Commissioner.
- Ensure effective pathway between DWP and treatment providers to maximise opportunities for employment to assist in recovery
- Maximize opportunities for peer mentors and volunteers, building community capacity to sustain an alcohol free lifestyle
- Implement the Blue Light project targeting treatment resistant drinkers

## Implementation and governance

The Plan was agreed by Heath & Wellbeing Board partners and as such there is a requirement for them to embed the objectives in their business planning and practice.

53. The Substance Misuse Oversight Group reports to the Health & Wellbeing Board, it is a multi-agency group chaired by the Director of Public Health which meets quarterly in order to implement substance misuse initiatives using a partnership approach. The Plan also seeks to work closely with the Community Safety Partnerships and the Police and Crime Commissioner in tackling alcohol abuse and preventing alcohol related crime and disorder.

54. Progress against the plan's objectives, including monitoring and evaluation of those partner initiatives that impact on the high level performance indicators, will be reported to the Health Improvement Group on a regular basis. The first annual report against performance indicators will be reported to the HIG in September 2017.

55. The key performance indicators from the Health & Wellbeing Strategy that are associated with the Alcohol Plan are:

| Performance Indicator | Measurement | Baseline |
|---|---|---|
| Age standardised mortality rate from liver disease in those under 75 years of age | Public Health Outcomes Framework (PHOF) | 15.2<br>2012-14 |
| Alcohol-specific hospital admissions - under 18 year olds | PHOF | 34<br>2012/13 - 14/15 |
| Persons admitted to hospital due to alcohol – specific conditions | PHOF | 286<br>2014/15 |
| Persons admitted to hospital due to alcohol – related conditions (broad). | PHOF | 1080<br>2014/15 |

| | | |
|---|---|---|
| Persons admitted to hospital due to alcohol – related conditions (narrow) | PHOF | 377<br>2014/15 |
| % of all those in treatment who successfully completed treatment | PHOF | 31.6%<br>2014/15 |
| Violence against the person with Injury | WMP | 3.0% per 1,000 population<br>2015/16 |
| Baseline = Age-standardised rate 100,000 population | | |

## Evidence, Strategies and Guidance


1. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An evidence review (PHE 2016)
   http://www.worcestershire.gov.uk/homepage/109/joint_strategic_needs_assessment

2. LAPE 2012, Local Authority Alcohol Profiles for England:
   www.lape.org.uk
3. NICE 2010a 'Alcohol use disorders: preventing harmful drinking' NICE PHG 24.

4. NICE 2010b 'Alcohol use disorders: diagnosis and clinical management of alcohol related physical complications ' NICE CG 100.

5. The Government's Alcohol Strategy 2102
   http://bit.ly/1GyJ77N

6. Public Health and the Licensing Act 2003
   http://www.nta.nhs.uk/uploads/phe-licensing-guidance-2014.pdf
7. Using licensing to protect public health: From evidence to practice (August 2014) Alcohol Research UK
   http://alcoholresearchuk.org/alcohol-insights/using-licensing-to-protect-public-health-from-evidence-to-practice-2/

8. Fair Society, Healthy Lives, The Marmot Review (2010)
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