Wellbeing and Health Partnership

Alcohol Strategy Delivery Board

Room 701, Civic Centre

Wednesday 24th November 2011, 14.00 -16.00

Contact Officer: **Liz Robinson, Strategic partnership Co-ordinator**

Tel: 0191 2116361 **Email: liz.robinson@newcastle.gov.uk**

Membership: M Khaw (Chair), Gill O'Neill on behalf of L Seery, M Orange, S Savage, V Air, R Bailey, T Hughes, P Orchard, S Taylor, O Batchelor, N Toner, J Mackintosh, P Hayden, B Lake

In Attendance R Hope, L Robinson, T Croft

AGENDA

	Time	Item	Lead
1.	**2.00**	Introductions and Apologies for Absence	Chair
2.	**2:05**	Minutes of last meeting held 28 September 2011	Chair
3.	**2.10**	Newcastle Gateshead Recovery Centre (to be circulated)	O Batchelor
4.	**2:25**	Christmas Night Time Economy campaign (to be circulated)	R Hope
5.	**2.35**	Preparing for Evolution Festival 2012 (Report Attached)	S Savage
6.	**2.50**	Alcohol Related Hospital Admissions (Report Attached)	M Orange
7.	**3:00**	Regulated Entertainment – Consultation Proposal to Deregulate Schedule One of the Licensing Act 2003 (verbal report)	S Savage

8	**3:10**	Balance GP Survey (Report Attached)	L Robinson
9	**3:20**	○ Feedback from Alcohol Event (Feedback from workshops attached) ○ Roundtable on Minimum Pricing	Meng Khaw and S Savage
10	**3:30**	Update on Alcohol Awareness Week (Report Attached)	L Robinson
11	**3:40**	Finance Update (Report to be circulated)	T Hughes
12	**3:55**	Any other news?	ALL
13	**4:00**	Date of next meeting 1. Review of meeting times 2. If agreed to continue cycle of bi-monthly fourth Wednesday next meeting date 25th January 2.00 – 4.00pm.	M Khaw

Wellbeing and Health Partnership

Alcohol Strategy Delivery Board

Meeting held on 28 September 2011, 2-4pm Room 701

Minutes

Item No	Item	Action
	Present: • Stephen Savage, Director of Regulatory Services & Public Protection • Viv Air, Head of Environment & Public Protection, NCC (part meeting) • Neil Toner, User/Carer Forum • Sue Taylor, Balance • Rob Bailey, Tyne Housing • Jane Mackintosh, Northumbria Probation • Margaret Orange, Treatment Effectiveness & Governance manager (Alcohol and Drugs) • Buster Lake, User/Carer Forum • Phil Hayden, Childrens Services • Darren Sweeney, Northumbria Police **In attendance:** • Liz Robinson, Alcohol Strategy Coordinator • Naomi Warne PA to Meng Khaw (Minute Taker)	

	Apologies: • Gillian Mitchell, Superintendent, Northumbria Police now to be replaced by Paul Orchard • Lynda Seery, Public Health Lead & Commissioner for Drugs & Alcohol and Offender Health • Rachel Hope, Drugs Cordinator, Safe Newcastle Unit • Meng Khaw, Director of Public Health (Newcastle) Chair • Tommy Hughes, Drug and Alcohol Commissioner • Ollie Batchelor, Executive Director, Tyneside Cyrenians	
1.	**Introductions and apologies for absence**	
1.1	SS acted as Chair for this meeting and welcomed the Board and opened the meeting with a round of introductions and apologies.	
1.2	The Board were informed that Gillian Mitchell will no longer attend the meetings and the Board will now be represented by Paul Orchard.	
1.3	The Board were informed that Buster Lake will now be a permanent Board member as a Newcastle Service User Forum representative.	
2.	**Treatment and Theme Lead Update**	
2.2	MO reported that three IBA workers have been appointed with effect from 1st October.	
2.3	Newcastle ACTS Service MO informed the Board that the full evaluation should be released next month. Wide discussion took place around this and questions were raised regarding downward trajectory information of which was originally provided via Bev Reid. MO confirmed that she would clarify with The Trust if there were any tensions regarding hospital admissions from the team. **Action: MO to contact Bev Reid Newcastle Upon Tyne Hospitals NHS Foundation Trust**	**MO**
2.4	MO reported that Newcastle and Liverpool are highest top in the PCT's with overnight hospital stays. MO explained Liverpool use holding bays whereas Newcastle do not. MO went on to explain that also another difference in Liverpool is they have employed an alcohol specialist general nurse who visits patients at home..	
	MO reported to the Board there was more need to work on expanding community detox. Concerns were raised that alcohol dependence in hospital was not being addressed. .	

2.6	MO reported the successful award of funding following submission of a bid completed with Jan Kelly and Rachel Hope on Alcohol Arrest Referral. Wide discussion took place around this and MO explained of no set structure to the process as yet and reported of only one similar pilot where low level offences would attend an education course rather than receive fixed penalties.	
2.7	MO reported that Operation Ginger is in the action plan and it was noted that MK was already taking forward discussions with the Chief Executive of the Council following the Notice of Motion	**MK**
2.8	MO reported on other IBA activity such as the Fire Service IBA work and the blue cards system and the training of UNI staff.	
2.9	In conclusion it was noted that the Treatment Group would be meeting to develop the Treatment Theme and that either end of the spectrum of treatment was covered quite well, but there was still a gap in TIER 2 and that some were not seeing IBA as the solution.	
3.	**Results from Health Related Behaviour Questionnaire**	
3.1	MO reported that the questionnaire is a study carried out with over 5000 children participating from across the city and was compiled by a research unit in Exeter. MO explained the results have formed two separate reports covering alcohol and risk taking behaviour in young people.	
3.2	MO explained that each school had received their individual results so that they could address the issues during PSHE lessons in school. MO reported that some schools have responded and would like to target the data.	
3.3	Wide discussion took place around the questionnaire and both reports, and it was suggested to discuss the second report at another Board meeting. MO reported they hope to carry out a second survey in two years time to carry out an impact study around year 8 next to year 10. **Action: MO to circulate risk taking behaviour in young people report to Board.** **Action: Risk taking behaviour in young people report on upcoming Board meeting agenda.**	**MO** **LR**
4.	**Notice of Motion Full Council 7th September**	
4.1	The Board were informed of the amended Notice of Motion. LR reported that SS and MK will be leading on all areas of work like this.	
4.2	SS reported that the aim was to create pressure and to get Local Authorities to agree on minimum pricing per unit of alcohol on a regional basis as well as lobbying nationally.	
4.3	SS reported that there will be a new night time levy legislation introduced on 1 October 2012. This will impose a night time levy after	

	12 midnight. SS explained that certain premises can opt to remain exempt, such as Best Bar None, there would be opportunities to use this levy to encourage voluntary codes on price..	
4.4	**Alcohol Policy Cabinet 14th September**	
4.5	Members of the Board agreed that the Policy Cabinet had been useful, a good range of expertise and debate.	
5.	**Update on 2011/2013 Project Spend**	
5.1	TH not present to give update, agreed by Board members to be carried over to next meeting.	
6.	**Alcohol Awareness Week (plan attached)**	
6.1	LR introduced the circulated Alcohol Awareness Week Theme.	**.**
7.	**Alcohol Strategy Board Event (plan attached)**	
7.1	LR introduced the Alcohol Event plan.	
7.2	Wide discussion took place regarding how Board members could support the event by circulating the invitations, contributing to the presentations or providing a market stall. **Action: Follow up displays for promotion**	**ALL**
8.	**Alcohol Arrest Referral News**	
8.1	Covered earlier in the meeting.	
9.	**Minutes of last meeting 27 July 2011**	
9.1	The minutes of the last meeting were accepted as an accurate record and all actions were in hand or completed.	
10.	**Date and time of next meeting**	
10.1	24 November 2011 2-4pm, Room 701	

ITEM 5

SUBJECT: **PREPARING FOR EVOLUTION FESTIVAL 2012**
REPORT TO: **ALCOHOL STRATEGY DELIVERY BOARD**
DATE: **24TH NOVEMBER 2011**
REPORT OF: **LIZ ROBINSON, PARTNERSHIP COORDINATOR**

Reason for Report

At the 27th July meeting the Board received feedback from Jill Bauld from Children's Services on Evolution Festival 2011.

An extract of the minutes is provided below. This item is coming back to the Board to discuss:

1. who needs to be involved in the planning for Evolution 2012 to address some of the issues raised and
2. what more could be done to improve the response further
3. what resources are abailable

Extract from Minutes 27th July 2011 - Feedback and lessons learnt from Evolution Festival

Jill Bauld informed the Board Childrens Services attended the festival to offer support and out reach services to youngsters who needed assistance. The Youth Service lorry was fitted out with a chill out zone, kitchen, and gaming zone. Jill reported that two staff stayed on the vehicle and two on out reach.

Jill reported that youths attend the event from all over the region and many arrived very drunk at the beginning of the day. Jill went on the report that there were many safeguarding issues and many young people were left alone and very vulnerable and the team initiated calling the parents and guardians due to the safeguarding issues.

Jill listed a number of issues:

- The location wasn't right and next year would aim to be place in a more central location.
- Will attend next year with more staff.
- More medical staff needed, due to location problem support called upon was slow in coming.
- Make sure services are on map for next year's festival.
- Concerns about the number of young girls in a vulnerable situation due to alcohol

Jill stated that Youth Workers in statutory voluntary and community sector would benefit from IBA training for next year and other festivals.

Action: Target group for roll out for IBA training.

Wide discussion took place around proxy provision, incapacitated policing at festivals and advertising at festivals.

Action: VA reported that she would go back to SS in relation advertising, signage and visibility at the event and decide on future planning.

ITEM 5

ALCOHOL RELATED HOSPTIAL ADMISSIONS 2010/11 QUARTER 4 UPDATE

Executive Summary

- The 2010/11 Q1-Q4 (annual) rate of alcohol related hospital admissions (ARHA) per 100,000 is currently 2,597 in the North East – an increase of 7.9% when compared to 2009/10 Q1-Q4. The national increase for this period is slightly higher at 8.1%. Currently the ARHA rate per 100,000 in the North East is 37.8% higher than the national average and remains the highest in the country with the North West being the next highest at 2,425 and the South East being the lowest at 1,452 per 100,000.

- At the end of 2009/10 the annual increase in the North East was 6.9%. Each successive quarter throughout 2010/11 has seen the rate of admissions increase compared to last year's annual increase. There have however been reductions in the admissions rate throughout the year with the change at Q1, Q1-Q2, Q1-Q3 being 8.8%, 8.7% and 7.5% respectively with the final annual increase at the end of 2010/11 in the North East being 7.9%. A similar trend has also been experienced nationally.

- Given the rapidly increasing ARHA rate the focus generally across the North East is not on reducing the overall number of admissions but on reducing the rate of the annual increase i.e. to stop the upward trend in the data. Therefore the PCTs that have provisionally achieved this goal are the ones that have experienced a smaller annual percentage change at the end of 2010/11 than they did at the end of 2009/10; these area are Hartlepool, Middlesbrough, North Tees, North Tyneside, Northumberland, Redcar & Cleveland and South Tyneside.

- Redcar & Cleveland and Middlesbrough PCTs have seen the greatest improvement on reducing their annual increase in ARHAs. In Redcar and Cleveland PCT the annual increase at the end of 2009/10 was 14.8% and now at the end of 2010/11 is only 5.4%. In Middlesbrough PCT the 2009/10 and 2010/11 annual increases were 16.2% and 7.4% respectively.

- Newcastle is the only PCT in the North East and one of only six nationally that has seen its ARHA rate decrease compared to this time last year. Overall Newcastle PCT has seen a 0.3% reduction in its admission rate. The next best performing PCT in the North East has been Gateshead with a 0.6% increase in its admission rate.

Background to the Former NI39 indicator

The NI39 indicator was originally introduced to provide an estimation of alcohol attributable morbidity with the intention of helping to develop national and local alcohol strategies. The indicator was based on Alcohol Attributable Fractions (AAFs) that define for each medical condition what proportion of the hospital admissions can be attributed to the use of alcohol.

The AAFs are age and sex specific to the patient and there are 47 conditions split into three sets: 13 wholly attributable conditions, 22 partially attributable chronic conditions and 12 partially attributable acute consequences. If someone is admitted to hospital for a wholly attributable condition such as alcoholic liver disease or ethanol poisoning then this admission is deemed as being 100% attributable to the use of alcohol and adds a total of one admission to the NI39 total. However, if someone is admitted to hospital for a partially attributable condition such as hypertension (high blood pressure) then only a proportion of this admission will count towards the NI39 total. If for example the patient had hypertension and for their age and gender the AAF was 0.2 or $^{1}/_{5}$, then it would take five separate admissions of this type to add one whole admission onto the NI39 total.

After all of the NI39 admissions have been totalled up they are then standardised to the European Standard population which smoothes out any anomalies in the age structure of the population between different areas, therefore allowing the results to be directly compared with each other. The NI39 indicator as such has now been scrapped but the same methodology is still used by the Department of Health to calculate ARHAs as reported in this document.

Table 1: 2010/11 Q1-Q4 Alcohol Related Hospital Admissions per 100,000 by Region

Region	Alcohol Related Hospital Admissions 2009/10-2010/11 Q1-Q4			
	Rate per 100,000		Number of Admissions	
	Rate	Change since last year	Number	Change since last year
North East	2,597	7.9%	80,669	10%
North West	2,425	5.7%	195,967	7%
Yorkshire and The Humber	1,922	10.8%	118,487	12%
East Midlands	1,813	5.7%	97,577	7%
West Midlands	1,910	7.6%	123,669	9%
East of England	1,630	10.0%	119,344	12%
London	1,912	13.5%	146,382	15%
South East	1,452	8.8%	152,802	11%
South West	1,754	9.2%	119,544	11%
England	**1,884**	**8.1%**	**1,166,896**	**10%**

- The 2010/11 Q1-Q4 rate of ARHA per 100,000 is currently 2,597 in the North East – an increase of 7.9% when compared to 2009/10 Q1-Q4. The national increase for this period is slightly higher at 8.1%. Currently the ARHA rate per 100,000 in the North East is 37.8% higher than the national average and remains the highest in the country with the North West being the next highest at 2,425 and the South East being the lowest at 1,452 per 100,000.

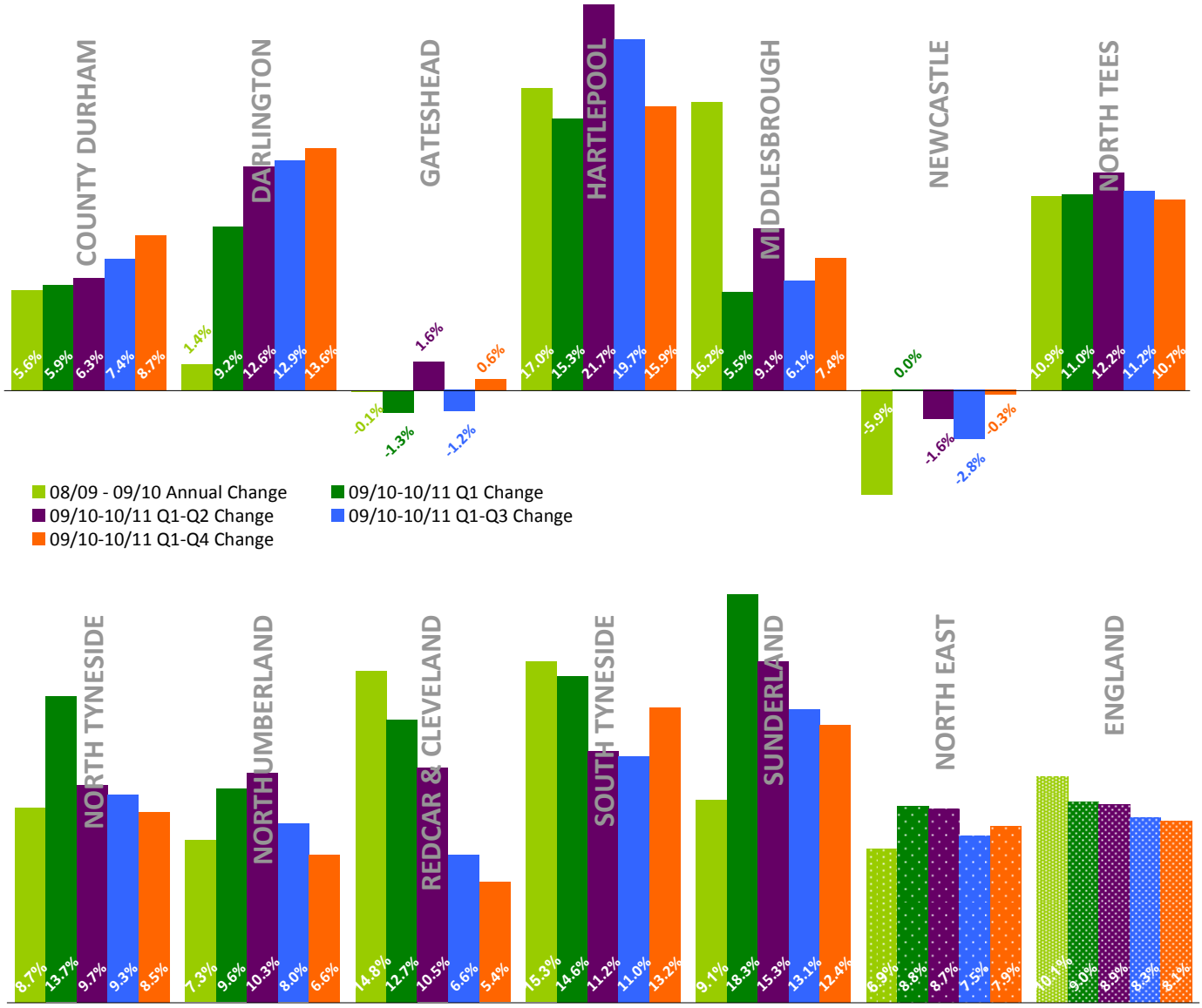
Figure 1: Alcohol Related Hospital Admissions Rate per 100,000 Population as at 2010/11 Q1-Q4 and 2009/10 Q1-Q4

- The chart above shows the rate of alcohol related hospital admissions per 100,000 population as of 2010/11 Q1-Q4 for each of the North East PCTs. (Please note that this is provisional data released by the NWPHO and could be subject to minor changes upon revision).

- The NWPHO calculates a standardised rate per 100,000 population so that at any given quarter comparisons can be made between different areas across the country. Each successive quarter these rates are summated and at the end of the financial year the total of the four rates provide the annual ARHA rate.

- The overall rate as at the end of the last complete financial year of 2009/10 is shown in white in the bottom of each bar in the chart whilst the 2010/11 Q1-Q4 (annual) rate is shown in colour at the top of each bar.

Figure 2: 2009/10 - 2010/11 Quarterly Change in Alcohol Related Hospital Admissions



- The light green bars in the above chart denoting the 2009/10 annual change for an area acts as a benchmark for the successive quarter totals. When any of the bars for the quarterly data drop below the first light green bar this indicates that the rate of increase in the area has reduced compared to the last financial year. If any of the bars for the quarterly data rise above the first light green bar then the rate of increase in the area has risen compared to the last financial year. As can be seen these trends fluctuate from quarter to quarter.

- Middlesbrough PCT had the highest admission rate in the North East as of the end of 2009/10 (see Figure 1) and experienced the second highest annual increase at 16.2% (see Figure 2). The 2010/11 Q1-Q4 data is still showing Middlesbrough to have the highest ARHA rate in the North East at 3,214 per 100,000 – which is 23.8% higher than the North East average and 70.6% higher than the national average. However, Middlesbrough PCT has seen a large reduction in its increasing rate of hospital admissions. The annual increase in the admissions rate has reduced from 16.2% in

2009/10 to 7.4% in 2010/11. A similar situation has occurred in Redcar & Cleveland where they have had their ARHA rate reduce from 14.8% at the end of 2009/10 to 5.4% at the end of 2010/11.

- Hartlepool PCT has experienced the largest 2010/11 Q1-Q4 increase in its admission rate with a change of 15.9% compared to 2009/10 Q1-Q4. However, the annual increase in Hartlepool for 2010/11 is slightly below the annual increase for 2009/10 at 15.9% and 17.0% respectively.

- Darlington PCT has seen the largest difference between its 2009/10 and 2010/11 annual rate changes with respective increases of 1.4% and 13.6% for 2009/10 and 2010/11 - a difference of 12.2 percentage points.

- Newcastle is the only PCT in the North East and one of only six nationally that has seen its ARHA rate decrease compared to this time last year. Overall Newcastle PCT has seen a 0.3% reduction in its admission rate. The next best performing PCT in the North East has been Gateshead with a 0.6% increase in its admission rate.

- As can be seen in Table 2 below the annual increase in the *number* of admissions is higher than the annual increase in the *rate* of admissions across all the areas. The increase in numbers of admissions is generally biased towards the quantities of older patients being admitted to hospital for partially attributable alcohol related conditions (as these make up the largest percentage of the overall admissions). Given that the age standardised rate per 100,000 population smoothes out age structural effects and is not as sensitive to the overall numbers of admissions the *rate* increase is therefore less than the number increase.

Table 2: 2010/11 Q1-Q4 of Alcohol Related Hospital Admissions per 100,000 by PCT

Area	Alcohol Related Hospital Admissions 2009/10-2010/11 Q1-Q4			
	Rate per 100,000		Number of Admissions	
	Rate	Change since last year	Number	Change since last year
County Durham	2,486	8.7%	15,417	11.1%
Darlington	2,417	13.6%	2,867	14.5%
Gateshead	2,541	0.6%	5,826	2.1%
Hartlepool	2,982	15.9%	3,137	17.4%
Middlesbrough	3,214	7.4%	4,921	9.6%
Newcastle	2,578	-0.3%	7,752	1.8%
North Tees	2,522	10.7%	5,569	12.3%
North Tyneside	2,880	8.5%	6,874	9.1%
Northumberland	2,140	6.6%	8,917	9.1%
Redcar and Cleveland	2,606	5.4%	4,467	7.8%
South Tyneside	2,850	13.2%	5,371	16.5%
Sunderland Teaching	2,902	12.4%	9,552	14.9%
North East	2,597	7.9%	80,669	10.0%
England	1,884	8.1%	1,166,896	10.4%

GP Research

General Practioners and Alcohol Survey

Thank you for your interest in Balance's General Practitioners and Alcohol Survey.

All information you provide by completing this survey will remain confidential and anonymous.

To start the survey, please click the 'next' button below.

Section 1: About you and your practice

1. How many years have you been practicing as a general practitioner?

Years:

Section 1: About you and your practice

2. Which age category do you belong to?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Section 1: About you and your practice

3. Are you:

- Male
- Female

Section 1: About you and your practice

4. Is your practice a:

- Urban practice?
- Rural practice?
- Mixed Urban / Rural practice?

Section 1: About you and your practice

5. Is it a:

- Solo practice?
- Group practice?

Section 1: About you and your practice

6. In which local authority area is your practice based?

- Darlington
- Durham
- Gateshead
- Hartlepool
- Middlesbrough
- Newcastle
- North Tyneside
- Northumberland
- Redcar & Cleveland
- South Tyneside
- Stockton-on-Tees
- Sunderland

Section 2: Alcohol and health promotion

7. The following are behaviours that some health professionals believe to be related to health. How important do you think each of the following behaviours are in promoting the health of the average person? ***Please select an option for each behaviour listed*****.**

	Very important	Important	Somewhat important	Unimportant
Not smoking				
Exercising regularly				
Keeping within the recommended limits for alcohol consumption				
Avoiding excess calories				

Section 2: Alcohol and health promotion

8. Doctors vary in their counselling skills and training. How prepared do you feel when counselling patients in each of these areas? ***Please select an option for each area listed.***

	Very prepared	Prepared	Unprepared	Very unprepared
Not smoking	○	○	○	○
Exercising regularly	○	○	○	○
Keeping within the recommended limits for alcohol consumption	○	○	○	○
Avoiding excess calories	○	○	○	○

Section 3: Talking to your patients about alcohol

9. Which of the following scenarios, if any, would prompt you to discuss alcohol use with a patient?

	Definitely	Probably	Probably not	Definitely not
The first meeting with a patient, after registering with the practice	○	○	○	○
When a patient presents with a physical health issue, such as hypertension or heart problems	○	○	○	○
When a patient presents with a mental health issue, such as stress, anxiety etc	○	○	○	○
A general health check appointment	○	○	○	○
When a patient is pregnant	○	○	○	○

Section 3: Talking to your patients about alcohol

10. In the past week, with approximately how many patients have you had a conversation about their alcohol use? ***Please enter number in space provided***

Number of conversations: ☐

11. In the past week, approximately how many patients have you advised to cut down their alcohol consumption? ***Please enter number in space provided***

Number of patients advised to cut down: ☐

Section 3: Talking to your patients about alcohol

12. For a healthy adult man, what would you consider to be the upper limit for alcohol consumption before you would advise him to cut down?

Please record your answer as standard drinks/units* per week or as standard drinks/units* per day

Standard drinks / units per week

Standard drinks / units per day

13. For a healthy adult woman, who is not pregnant, what would you consider to be the upper limit for alcohol consumption before you would advise her to cut down?

Please record as standard drinks/units* per week or as standard drinks/units* per day

Standard drinks / units per week

Standard drinks / units per day

* 1 standard drink = ½ pint of beer = 1 small glass of wine = 1 small glass of sherry = 1 measure of spirits

Section 3: Talking to you patients about alcohol

14. Within your practice, do you deliver Identification and Brief Advice (IBA) for alcohol?

- Yes
- No
- Don't know

Section 3: Talking to you patients about alcohol

15. Do you deliver IBAs as part of the Local Enhanced Service (LES)?

- Yes
- No
- Don't know

Section 3: Talking to your patients about alcohol

16. Inquiries in a number of countries have revealed that many doctors in general practice spend very little or no time at all on early intervention for alcohol. A variety of reasons have been suggested as to why this might be so.

For each reason, please tell us to what extent, if at all, it applies to your practice. It may be that you think that only some, or none of them apply, we're just keen to gather information on your perceptions.

	Applies very much	Applies quite a bit	Applies a little	Does not apply at all	Don't know
Alcohol is not a big issue within our practice	○	○	○	○	○
Doctors are just too busy dealing with the problems people present with	○	○	○	○	○
Doctors think that preventative health should be the patients' responsibility not theirs	○	○	○	○	○
Doctors are not sufficiently encouraged to work with alcohol problems in the current GMS contract	○	○	○	○	○
Doctors do not have a suitable screening device to identify problem drinkers who have no obvious symptoms of excess consumption	○	○	○	○	○
Doctors are not trained in counselling for reducing alcohol consumption	○	○	○	○	○
Doctors believe that patients would resent being asked about their alcohol consumption	○	○	○	○	○
Lack of community support services for those identified as needing them	○	○	○	○	○

Section 3: Talking to your patients about alcohol

17. Doctors in a number of countries have suggested a variety of things that could lead to more Doctors doing early intervention to reduce patients' alcohol consumption.

Please indicate for each item to what extent it would encourage you personally to do more early intervention to reduce patients' alcohol consumption, by selecting the appropriate response

	Encourage me very much	Encourage me quite a bit	Encourage me a little	Not encourage me at all	Don't know
Public health education campaigns in general made society more concerned about alcohol	○	○	○	○	○
Patients requested health advice about alcohol consumption	○	○	○	○	○
Quick and easy screening questionnaires were available	○	○	○	○	○
Quick and easy counselling materials were available	○	○	○	○	○
Early intervention for alcohol was proven to be successful	○	○	○	○	○
Training programs for early intervention for alcohol were available	○	○	○	○	○
Providing early intervention for alcohol was including in the Quality in Outcomes Framework (QOF)	○	○	○	○	○
General support services (self-help/counselling) were readily available to refer patients to	○	○	○	○	○
Training in Identification and Brief Advice was available	○	○	○	○	○

Section 4: Alcohol and society - Effectiveness of government policies

18. Over the last 10 years, how effective do you think the following government policies have been in reducing alcohol-related harm in England? ***Please select an option for each policy listed***

	Very effective	Quite effective	Slightly effective	In-effective	No opinion
Promotion of recommended guidelines on drinking limits and health information	○	○	○	○	○
Introduction of more flexible opening hours licensed premises	○	○	○	○	○
Sharpened criminal justice for drunken behaviour	○	○	○	○	○
Increased provision for brief interventions to prevent alcohol problems	○	○	○	○	○
Increased provision for treatment of alcohol problems	○	○	○	○	○
Introduction of local alcohol strategies	○	○	○	○	○

Section 4: Alcohol and society - Effectiveness of government policies

19. How effective do you think the following policy measures might be in reducing alcohol-related harm in England? ***Please select an option for each policy listed***

	Very effective	Quite effective	Slightly effective	In-effective	No opinion
Improve alcohol education in schools	○	○	○	○	○
Increase restrictions on TV & cinema alcohol advertising	○	○	○	○	○
Introduce measures to increase alcohol pricing	○	○	○	○	○
Further regulation of alcohol off-sales (e.g. supermarkets, off-licenses)	○	○	○	○	○
Make public health a criterion for licensing decisions	○	○	○	○	○
Statutory regulation of alcohol industry	○	○	○	○	○

Section 4: Alcohol and society - Minimum pricing

20. Have you heard of minimum pricing for alcohol?

- ○ Yes
- ○ No
- ○ Don't know

Section 4: Alcohol and society - Minimum pricing

Minimum pricing is a policy which sets a minimum price at which a unit of alcohol can be sold. Price increases are targeted at alcohol that is sold cheaply. Cheaper alcohol tends to be bought more by harmful drinkers than moderate drinkers and studies show that it is also attractive to young people. So a minimum price policy might be seen as beneficial in that it targets the drinkers causing the most harm to both themselves and society whilst having little effect on the spending of adult moderate drinkers.

21. Would you say you support or object to minimum pricing for alcohol?

- ○ Strongly support
- ○ Support to some extent
- ○ Neutral
- ○ Object to some extent
- ○ Strongly object

Section 4: Alcohol and society - Minimum pricing

22. There are a number of possible effects that minimum pricing would have. For each listed, please tell us how it would affect your level of support for minimum pricing. ***So, what effect on your support would it have....***

	Increase support to a large extent	Increase support to some extent	Neutral	Reduce support to some extent	Reduce support to a large extent
If the cost of the alcohol-related burden to the NHS was reduced	○	○	○	○	○
If alcohol related crime and violence reduced	○	○	○	○	○
If the amount of alcohol that under 18's drink was reduced	○	○	○	○	○
If it reduced drunk and rowdy behaviour in public	○	○	○	○	○
If it only penalised heavy drinkers who bought cheap alcohol	○	○	○	○	○

Section 4: Alcohol and society - Advertising

23. Thinking about advertising and alcohol, to what extent do you agree or disagree with the following statements?

	Strongly agree	Agree a little	Neither agree or disagree	Disagree a little	Strongly disagree
Alcohol advertising currently targets the under 18s	○	○	○	○	○
There should be a ban on alcohol advertising before 9pm	○	○	○	○	○

Section 4: Alcohol and society

24. Please tell us how acceptable or unacceptable you think these scenarios involving alcohol are:

	Completely acceptable	Fairly acceptable	Neutral	Fairly unacceptable	Completely unacceptable
A woman in her 20s or 30s drinking a bottle of wine when out with friends	○	○	○	○	○
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends	○	○	○	○	○
Two couples out for dinner drinking three bottles of wine between them	○	○	○	○	○
A woman over 18 regularly drinking two glasses of wine, five nights a week	○	○	○	○	○
A man drinking two pints of beer or lager and then driving home	○	○	○	○	○
Drinking to get drunk	○	○	○	○	○

Section 5: Your own drinking behaviour

This section of the survey contains questions about your own drinking behaviour and completion is optional. Any information you do provide will remain confidential and anonymous.

25. Thinking about the past 6 months, how often have you had a drink containing alcohol?

- ○ Never
- ○ Monthly or less
- ○ 2 to 4 times a month
- ○ 2 to 3 times a week
- ○ 4 to 5 times a week
- ○ 6 or more times a week

Section 5: Your own drinking behaviour

26. How many standard drinks containing alcohol do you drink on a typical day that you drink alcohol?

- None
- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 9
- 10 or more

Section 5: Your own drinking behaviour

27. How often have you had...

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
if female 6 or more standard drinks on a single occasion in the last 6 months?					
if male 8 or more standard drinks on a single occasion in the last 6 months?					

Section 6: Awareness of Balance

28. Before receiving this questionnaire, were you aware of 'Balance', the North East Alcohol Office?

- Yes
- No

Section 6: Awareness of Balance

29. How have you heard of Balance

- [ ] Via PCT
- [ ] Direct contact with Balance team
- [ ] Via advert
- [ ] Via leaflet
- [ ] Seen / read a news article
- [ ] Other (please specify)

Section 7: And finally

30. This survey is only one element of the General Practice and Alcohol Study; one-to-one interviews are also being undertaken, to obtain more in-depth insight on what the issues are for GPs and patients with regard to alcohol and also to evaluate requirements for alcohol related services.

We would be extremely grateful if you would like to take part in this next phase of work. If you would, please provide your contact details below, so a member of Bluegrass team can get in touch to arrange a convenient time for the discussion. The interview would be by telephone.

Name:	
GP Practice:	
Email:	
Telephone number:	

31. Balance is undertaking a study into the alcohol-related costs within General Practice, which considers the topic at an individual Practice level.

If you would like to receive a copy of the report, once finalised, and have not provided your contact details above, please do so in the space below:

Name:	
GP Practice:	
Email:	

Please note: Only your contact details will be passed to Balance and for the purposes of distributing the report. Responses you have provided in this questionnaire will not be passed on.

ITEM 8

SUBJECT: **BALANCE GP SURVEY**
REPORT TO: **ALCOHOL STRATEGY DELIVERY BOARD**
DATE: **24TH NOVEMBER 2011**
REPORT OF: **SUE TAYLOR, BALANCE**

Why Balance would like to carry out the research

A recent study from Australia demonstrated that GPs (and other respected professionals) can act as compelling leaders of change with regard to public opinion. With this in mind, Balance would like to explore GP attitudes towards a range of issues highlighted in our advocacy programme, including minimum price, alcohol advertising etc - with a view to establishing whether their attitudes differ significantly from the general public (as established by Balances Public Perceptions Research). If Balance find that GPs are more supportive of a measure like minimum pricing for example, Balance can then plan to voice this in the public and political arena, as a means of influencing policy development.

Through the regional Health Leads Group, Balance have also established that colleagues would like to find out more about some of the barriers and incentives to GPs initiating alcohol-related conversations and delivering alcohol interventions as part of their role. Balance would therefore plan to include several questions in the research, aimed at exploring this theme and developing insights into motivations amongst GPs at a local level.

When would research be carried out?

Having consulted academic colleagues and GPs across the region (to ensure that the research is robust and well targeted), Balance have developed a draft questionnaire, which has been shared with Directors of Public Health. Several have subsequently passed this onto to local Clinical Commissioning Groups for comment. Balance would ideally like to circulate the research as soon as possible, but given the impending Christmas break, will probably have to wait until the New Year. We would be keen to work in partnership with PCT research and communications teams to disseminate the questionnaire, with the aim of ensuring the highest possible completion rates.

Balance are conscious that the questionnaire is fairly long and may contain questions that colleagues do not feel are particularly relevant - however, Balance would like to reiterate that this is merely a starting point. There has already been some very constructive comments from partners in other sub-regions so Balance are keen to ensure that the research meets local needs, as well as developing a firmer evidence base in relation to our advocacy programme.

A copy of the questionnaire is attached and Sue Taylor will be in attendance to answer questions.

RECOMMENDATIONS:

1. Note the plans to carry out GP Survey
2. Make any comments on content and method of dissemination.

Alcohol Event 14th November 2011

The tables below are a write up of the afternoon workshop sessions at the event on the 14th November 2011.

The Board are asked to note and comment on the results of the workshops and agree how these will be incorporated into our Action Plans.

Prevention		
Stop…….	**Go**	**Continue**
○ Stop signposting and start care co-ordination ○ Stop separating addictions ○ Only focusing on young people ○ Alcohol Advertising ○ Stop marketing/using the City Centre as a licensed area for drunken behaviour…. Why throw up at M & S front door when you couldn't your own ○ Targets that detract from issues e.g. Chlamydia = huge financial penalties ○ Rigidity of curriculum in schools ○ Confusing messages re measures/units ○ "Sexing" up alcohol on adverts and alcohol sponsoring ○ Individual campaigns and over arching strategy/approach across the City and	○ Target older population (including education) ○ IBA promoted as tool in workplace - health@work ○ Identify who to target and those as risk ○ Identify needs of the "family unit" ○ Public health messages and advertising ○ Parental alcohol awareness ○ IBA training for more staff ○ Availability for staff training ○ Segment prevention: different drinkers (binge v. regular v. student v. middle class, by age e.g. NEETs ○ Key focus for H & WB boards, then join together to go for a North East by law	○ Campaign for ban on alcohol advertising ○ Maintain and perfect IBA strategy ○ Educating young people ○ IBA training for all services ○ Continue with a strategy – but co-ordinate better and deliver better. ○ Work in schools ○ Work in workplaces ○ Learn from outcomes, street pastors pilot ○ IBA training ○ Family approach (PROPS) ○ Continue to offer IBA training to GP's ○ Continue to look at evidence base – for impact. 3 dimensional. (Value in future)

year ○ Stop focus on one group only (reduce not stop) ○ Advertising around national events – football etc.	○ Better information on bottles/in pubs ○ Prevention of model ○ Promoting Newcastle as a destination city – huge cultural offer. ○ Look at all age range ○ Social marketing approach to messages ○ Understand “outcomes” of IBA use ○ Workplace interventions (not just policy) ○ Lobbying ○ Universal approach – consistent message ○ Target key employers leading by example and learning (work place lead) ○ Training ACUTE nurses IBA ○ Occupational Health IBA NHT ○ IBA training roll out of pilot in GP’s ○ Target wider prevention (not just younger age group) ○ Learn for other pilots/projects on social marketing eg Durham recycling	

Treatment		
Stop	**Go**	**Continue**
○ Nothing in the current climate – we need to build on what we've got ○ Medical model of care and treatment ○ Thinking treatment is an a outcome - - emphasis more on NICE- de-normalise alcohol (Tier 1) ○ Disassociate drink and drugs @ Tier 3 as they are mainly 2 different populations ○ De-medicalise treatment so we treat a geography and/a pass an say cost of PTS or police time ○ Postcode lottery ○ Services being inflexible re pathways referral routes ○ Developing a range of routes adhoc – services popping up fill gaps ○ Using jargon ○ Doing things in isolation	○ Ensure what's going on fits with the "big picture" and is fit for purpose ○ Extend community detox (availability/facility) ○ Promote a menu of choices ○ Effective partnership (joined up) working ○ "Clearance Centre" similar to previous work at Guildhall – could link to work of Street Pastors ○ Ensure that DNA's don't just get discharged – need the follow ups! ○ Menu of choice for treatment options ○ Personalisation ○ CRAFT (Community + CRA Reinforcement + Family Therapy) ○ Awareness among other professionals ○ Stronger evidence base, impact and effectiveness of holistic approaches ○ All GP's to be aware of all treatment options and use IBA ○ Strengthen all activity at Tier 2:where most help is needed/get targeted	○ Social involvement – active promotion of "Social capital" ○ Extend family provision ○ Integration of service users/carers – peer support ○ Sharing good practice ○ Investment – financial staff etc. ○ Expand and build on work with wider family/support network ○ Recovery model ○ Wraparound services ○ Reinforcing mandatory training e.g. carers count (PROPS) ○ SLA's ○ Focus an integration but deliver better (e.g. youth justice) ○ Alcohol pathways (strengthen) ○ Strength on VCS ○ Mental aid ○ AA (hidden doing great job) ○ Evaluating what doing and doing it right ○ Family support visa PROPS ○ Newcastle's user forum

	○ Work with taxi trade to take home referrals from pastors. Police etc. ○ Work out how we "treated" the problems of smoking – graduation ○ Making services very easy to access – (where access, appointment reminders) ○ Routes to treatment in all target segments e.g. students, older people ○ Back to drawing board what would be a good system for high quality services "need" ○ More options for detox, specifically "community detox" ○ More nurse prescribers ○ Quicker routes for referral currently 12 weeks for SW assessment waiting list. More staff ○ Safe place for detox – in particular people such as homeless treatment then back on sheets ○ Quicker pathways and access to care. GAP before plumber. ○ Increase knowledge base of alcohol with all professionals ○ Comprehensive system of support ○ Sharing information between services (open process) ○ People stick to pathways – more robust monitoring as impact on user.	○ Peer support work ○ ACTs ○ Seamless working ○ Working together

	○ Young people's pathways development ○ Partnership work, health and social care ○ Develop alcohol treatment groups ○ Listen to those in treatment	

Law and Policy Enforcement		
Stop	**Go**	**Continue**
○ Nothing – working within government policy – need to continue to build on this work ○ Seeing alcohol as an excuse for poor safeguarding - mums not drinking with daughters under 18 ○ Thinking we shouldn't enforce ourself/selves e.g. there must be a way of stopping "carnage" – we did so for "last man standing" ○ Review licences for off-licence via police ○ Using "disaster" end to frame policy – enforce sensible norm ○ Advertising of alcohol ○ Drinks promotions ○ Drinks-on wheels ○ Selling alcohol in so many places (off-licenses and pubs only) ○ Flyers promoting cheap drinks and outlets ○ Stop cheap alcohol ○ Targeted advertising ○ Sponsorship of events by drinks	○ Build on the ongoing work – keep channels of communication open and extend if necessary ○ Enforce law around non sale to drunks (bar and highway) ○ Link IBA/s30 and train police to actually take name and address ○ Campaign for change in C+YP Act 33 to give booze to say …. Under 16's, under 10's ○ Speak ASAP to sales where we know there's a problem – off-licenses. Use information in the system ○ Assess types and degree field tools are deployed – co-ordinate response ○ Readiness for new bill ○ Campaigning for the "stops" ○ Campaign clearer unit labelling ○ Investigate work with off-licenses on adult drinking behaviour (responsible retailer) ○ Incentives for good licensing (pubs putting in good measures) ○ Minimum pricing	○ Further progress the work around the "Cardiff" model ○ Pressure on government to change policy – unit price etc. ○ Ongoing work to promote responsible drinking in the city ○ Focus on tier 1 + 2 to raise awareness … but extend to patients to change behaviour ○ Enforce ○ Encourage food condition ahead of vertical drinking pubs ○ With current health promotion ○ Taxi marshalls ○ Alive after 5 ○ Joint meetings (local authority and police) ○ Pub watch, shop watch ○ Proactive work with licenses ○ Liaise with outlets ○ Test purchase programmes ○ Best Bar None ○ Operation Ginger ○ Regular police and LA meetings

companies ○ Stop increasing drinking capacity of the city	○ Units and calories on all alcoholic drinks ○ Publicans to police their own establishment ○ Public health data/objectives into policy objectives ○ Link other areas that are re prevention into policy	○ Street Pastors ○ Proxy sales

ITEM 10

SUBJECT: **ALCOHOL AWARENESS WEEK**
REPORT TO: **ALCOHOL STRATEGY DELIVERY BOARD**
DATE: **24TH NOVEMBER 2011**
REPORT OF: **LIZ ROBINSON, PARTNERSHIP COORDINATOR**

PURPOSE OF THE REPORT

The purpose of this report is to provide you with an update on the activity that partners carried out in Newcastle during and around Alcohol Awareness week to support Balances regional campaign.

MULTI AGENCY WORK ON PUBLIC INFORMATION

In response to 'Information Revolution' (the NHS plans to reform information), partners with a role to disseminate public information on health and wellbeing have been working to improve the coordination of campaigns with a view to achieving a bigger impact and to reduce confusing health messages. Alcohol Awareness week was the first trial in promoting information together in a more coordinated way.

Based on the campaign briefing issued by Balance, partners used the same consistent messages, adapted for the audience with responsible drinking messages. Here is an idea of some of the activity that partners carried out.

Newsletters / e-bulletins and email distribution

Patient Information Centre – Information Exchange newsletter to GPs and 250 support groups, LINk (Local Involvement Network) E-Bulletin, Newcastle CVS E-inform, On the Hoof and CHYPiN (NCVS publications), Community Action on Health, HAREF(Health and Race Equality Forum), Elders Council, Newcastle Upon Tyne Hospitals Foundation Trust, Pharmacies, the Volunteer Centre and Wellbeing for Life and Safe Newcastle distribution lists.

External websites and calendars

City Council, NHS North of Tyne, Northumberland Tyne and Wear NHS Foundation Trust, LINk, Science City Community Engagement Project and Newcastle CVS

Social Media

Council Twitter and Facebook pages publicised campaign and encouraged online debate.

Staff Intranet and calendars

City Council, NHS North of Tyne, Northumberland Tyne and Wear NHS Foundation Trust

Press

An 11 page Evening Chronicle Health Supplement on Alcohol – led by NHS North of Tyne. There were early discussions on the range of activity and potential content for the supplement. This resulted in contributions from a range of partners including the City Council, the Cyrenians, the Street Pastors, the IBA Team, GP's, the Hospitals Trust, Northumberland Tyne and Wear NHS Foundation Trust. Extra copies of the supplement were printed and have been distributed to key public buildings.

Plasma screens – Council buildings, leisure centres, libraries, customer service centres, Healthworks, Universities and Sure Start Centres. Balance advert was shown on the Life Channel in GP surgeries.

Leaflets / posters –Council buildings including leisure centres, customer service centres, libraries and workplace notice boards, Northumbria Police, Northumbria Probation Service, Healthworks, schools, pharmacies and GP surgeries. The Sure Start Centre's also supported the week by setting up Alcohol Awareness displays using material from the campaign, know your limits posters, drinks wheels and drinks diaries.

Alcohol Event – 14th November
The event was attended by over 100 people, with 40 from outside of Newcastle. The Leaders speech reinforced the messages of the campaign, the campaign advert was shown and some signed up to the petition.

COMMUNITY ACTIVITY

A number of partners carried out activity during Alcohol Awareness Week and these are outlined below. Through the connections made with partners in the planning of Alcohol Awareness Week some sessions were delivered in the weeks before and after but they have included as they came about as a result of Alcohol Awareness Week discussions.

- 1st Nov - Cowgate Community Briefing on Alcohol delivered by the IBA Team and PROPS in the run up to fireworks night on alcohol awareness, the impact of alcohol on families' and carers and signposting. 20 staff, workers and volunteers from Cowgate attended and positive feedback has been received. As a follow up PROPS were also present on Bonfire Night at Cowgate Community Centre and distributed 30 packs of information.

- 11th Nov – Awareness session delivered by PROPS at Sure start (North) and 20 x carer packs provided

- 14th Nov and 16th - PROPS and Health Trainers delivered alcohol awareness sessions at Healthworks.

- 17th Nov - Attended a Surestart healthy activity session attended by over 30 mums and distributed Balance campaign material and drinks diaries and alcohol wheels.

- 5th, 12th, 19th Nov – In the city centre the youth group called "The Utter Legends raised alcohol awareness over three Saturdays. This included creating posters, watching promotional videos and clips that the media use to promote alcohol to young drinkers, collecting newspapers articles relating to the consequences of drinking alcohol and the "Wheel of Booze" game which encouraged discussion on risk behaviour and risk management.

- The Youth Service Mobile Unit carried out sessions in Byker on 17th and Benwell and Trinity School on the 18th. Sessions included a quiz entitled "Why Drink" – which asked the participants to think about and discuss why young people drink alcohol, using beer googles to monitor coordination. In Benwell the same work was undertaken with a group of Czechoslovakian young women.

- 8th and 9th December. As part of Student Safety Week Northumbria and Newcastle Universities are having Drugs and Alcohol days. The Councils Road Safety Officer, IBA Team, Safe Newcastle and the Wellbeing for Life Office will be supporting this by delivering drugs and alcohol road show's to get over responsible drinking, harm reduction, drink driving and safety messages in the run up to Christmas.

WORKPLACE

- In preparation for Alcohol Awareness Week 20 Citywide Health Advocates were trained by the IBA Team on alcohol awareness and signposting.

- A further 25 Health Advocates were briefed for half an hour on the forthcoming campaign and took campaign materials to their own workplaces. As a result one private employer is planning an alcohol awareness session at their workplace later in November and another has asked for an alcohol awareness session to be delivered by the IBA Team.

- 11th November – Civic Centre Health Event – The Health Advocates, supported by PROPs had an Alcohol Awareness Week stand in pride of place at this event. The entire event attracted over 350 members of staff; 84% feedback saying they would change something as a result of the event.

- The City Councils Corporate Management Team and over 50 staff at the Civic agreed to keep an alcohol diary for the week. Balance materials, drinks diaries and drinks wheels were also distributed to 78 elected members and staff attending the canteen at the Civic Centre.

LESSONS LEARNED

1. The theme of this year's campaign did not necessarily fit with all audiences. Question? Do we just target the audience for the campaign and miss out the rest or supplement the campaign with alcohol awareness messages which could dilute the campaign message?

2. The lateness of receiving campaign materials meant that it was difficult to get some partners to sign up to supporting the campaign. They wanted to see what they were committing to displaying and to be comfortable with the content.

3. The majority of activity involved public sector buildings and employers. We need to use other networks and channels to distribute materials and sessions to the private sector.

4. When googling Alcohol Awareness Week, the search comes up with the Alcohol Concern website, who had a different theme and materials. This was confusing for partners. Perhaps include the regional campaigns on Alcohol Awareness Weeks website.