

Bath & North East Somerset Alcohol Harm Reduction Strategy

October 2014 - 2019

Background

This document is a refresh of the Alcohol Harm Reduction Strategy 2012 (Milner et al 2012). The 2012 Strategy identified the key needs, gaps and priorities for Alcohol Harm Reduction in B&NES through extensive consultation and stakeholder engagement. Eight service and organisational development activities were prioritised in the Strategy and Appendix 1 outlines the significant progress that has been made across all eight areas over the past 2 years.

This Strategy refresh takes into account the recommendations of the following key documents:

- The Government's national Alcohol Strategy 2012 (March 2012)
- The recommendations from the Joint Scrutiny Inquiry Day on Alcohol Harm Reduction in B&NES (Oct 2013)
- The recommendations from the LGA Peer Challenge Report on B&NES Health & Wellbeing Board (Feb 2014)

High level recommendations include:

- Greater emphasis on prevention of alcohol harm through national and local policy
- Developing a clear narrative about what a healthy drinking environment in B&NES looks and feels like
- A local licensing policy that considers a broader range of issues and impacts including health
- Embedding screening and brief advice across the system
- Ensuring high quality accessible treatment services, which have recovery at their heart.

This document outlines the key structural and service developments locally which will contribute to and influence delivery of this Strategy. Its structure reflects the B&NES Council and B&NES Clinical Commissioning Group intention to apply an Outcomes Based Accountability model to commissioning and performance management.

National Context and Trends

Alcohol is the third greatest overall risk to health after smoking and raised blood pressure (WHO 2009)

Reducing alcohol-related harm, by encouraging a more sensible drinking culture, will help B&NES Council meet its statutory duty to achieve the indicators outlined in the Public Health Outcomes Framework for England 2013 – 2016. These include reducing the number of:

- people killed or seriously injured on our roads
- alcohol related hospital admissions
- falls and injuries among the over-65s
- deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease
- low birth weight babies
- violent crimes (including sexual violence) and domestic abuse
- pupil absences
- chlamydia diagnoses among young people aged 15–24 years

Overall alcohol consumption is reducing but we are still drinking twice as much compared to 1960's levels. 91% more alcohol was consumed in 2010 compared to 1960

Alcohol was 45% more affordable in 2011 compared to 1980 – as real household income has risen significantly

Mortality from liver disease is regarded as one of the best barometers of alcohol related ill health. Between 1970 and 2000 UK deaths from liver disease in people aged under 65 years increased fivefold, while death rates from other diseases have declined.

The majority of drinking takes place in the home.

Nationally violent crime has been reducing since 2001

The Government's Alcohol Strategy (March 2012) strengthened and extended powers for local areas to restrict alcohol sales late at night and the option to introduce a late night levy on premises.

There is a growing number of older people with increasingly complex issues.

The clustering of unhealthy behaviours such as smoking, unhealthy eating, alcohol misuse and lack of physical activity are widening health inequalities.

There is significant cross over between mental health issues and alcohol and substance misuse.

Local Developments supporting delivery of this Strategy

Joint Health and Wellbeing Strategy 2013 – 2016 – This Strategy prioritises alcohol harm reduction within its theme of Keeping People Healthy. In April 2013 a Joint Working Framework was agreed between the Council and the CCG, setting out the mechanisms that will deliver integrated commissioning of services across health, public health, adults and children's services. This aims to improve outcomes and service user experience across the system, make the most efficient and effective use of our combined commissioning resource and to help deliver the Joint Health and Wellbeing Strategy.

Connecting families programme has been introduced to engage with 215 of the most complex families living in the local area to support them to make positive change and live full and active lives. Substance misuse, domestic violence and mental health problems are among the issues families are dealing with. This programme will support reduction in substance misuse amongst adults and children in these families and facilitate access into treatment where appropriate.

Domestic violence

Working with the Interpersonal Violence and Abuse Strategic Partnership (IVASP) B&NES Council is taking a whole system approach towards developing a new model of helping victims of domestic abuse. This work is aligned with new Police neighbourhood-based operating models, the PCC's Integrated Victims strategy and approach ('Lighthouse') and B&NES work to developing a Multi-Agency Safeguarding Hub.

The Family Nurse Partnership (FNP) was introduced in 2013. FNP is an intensive preventative programme for teenage mothers. Starting in early pregnancy and based on a therapeutic relationship, it supports the clients' intrinsic desire to be the best mother that she can be by offering holistic support and guidance until the child is two years old. The team screen for alcohol use and drug use on entry to the service and work with clients to reduce consumption to safe levels.

Integrated Commissioning of Substance Misuse Services

Substance misuse services were re-commissioned during 12/13. The process was a joint one between children's services and adult services. This has enabled a more integrated service to be designed with a single point of access and improved transition between children and adult services for example.

The Local Picture

Admissions for alcohol related conditions have risen by an average of 12% each year since 2002/03 in line with national trends, but remain lower than regional and national rates. 60% of all alcohol related hospital admissions are people over 60

People living in the most deprived areas of Bath and North East Somerset are significantly more likely to be admitted for an alcohol related condition than those living in the least deprived areas.

Bath and North East Somerset has significantly higher rates of under 18's admitted to hospital for alcohol specific conditions than nationally. Approximately 45% of young people's admissions are children under 16 and the majority of admissions are girls.

60% of adults seen by the RUH alcohol liaison service (from Dec – June 2013) were also experiencing mental health issues.

The total estimated cost in B&NES of the harm arising from alcohol-use disorders is some £45.0 million a year, of which £21.3 million is a result of crime and £5 million healthcare costs. (Cabinet Office 2003)

There has been a 26% reduction in the number of crimes linked to the Night Time Economy in B&NES between 2008 and 2013

24% of the B&NES adult population is estimated to be drinking at increasing or high risk levels, which is similar to national estimates.

The estimated number of people in B&NES dependent on alcohol is 6,854 of all people aged 18 - 64 years. During 12/13 there were 388 people in treatment for alcohol misuse in B&NES. This represents 5.7% of the estimated population of dependent drinkers locally. Numbers in treatment have risen significantly since 2009 and this trend has continued in 13/14.

In 2013, 22% of B&NES secondary school pupils (Yr8 and Yr10) reported 'drinking alcohol in the last week' compared to 30% in 2011.

Community Voice

There is a significant difference in self-reported exposure to alcohol (drinking in the last week) for primary school pupils who qualify for free school meals compared to those who do not qualify for free school meals.

Girls self-report higher levels of drinking and are over represented in treatment services for alcohol misuse and also in alcohol related hospital admissions.

Qualitative feedback from young people using treatment services (Project 28) is consistently positive and satisfaction is high

High self-esteem amongst B&NES secondary school girls dropped from 42% in 2011 to 33% in 2013.

When asked in 2012 about drunk and rowdy behaviour in public places in their local area, 21% of voice box survey respondents believed it was either a very big problem, or a fairly big problem.

For further detail on local needs go to www.bathnes.gov.uk/jsna

Gaps in services and commissioning

68 people including councillors, officers, stakeholders and residents attended a Scrutiny Inquiry Day in Oct 2013 where a range of recommendations were made under the following themes:

- More education programmes that encourage a voluntary shift in attitude toward alcohol
- Improved and more frequent alcohol screening mechanisms
- Greater emphasis on prevention of alcohol harm through national and local policy
- More accessible training that emphasises issues and the effects of alcohol related harm
- Improved engagement at local level through more positive and proactive information sharing and publicity
- Community safety approaches that encourage collective and integrated working across partners and stakeholders

What works in preventing alcohol related harm

The National Institute for Health and Care Excellence (NICE PH 24) recommends the following evidenced based approaches to reducing alcohol related harm in the population:

- Price increases
- Restricting physical availability
- A reduction in drink drive alcohol limits
- Control on advertising
- Identifying problems sooner
- Good quality treatment services
- Good quality communication/education programmes

The top four of these recommendations are predominantly reliant on action at a national level and reiterate the importance of lobbying national government on the key issues of price, availability, advertising and regulation. Effective local approaches to tackling alcohol related harm are identified in the Outcomes Frameworks below.

Strategic Vision:

A cultural environment where everyone can have fun and enjoy themselves safely, with or without alcohol.

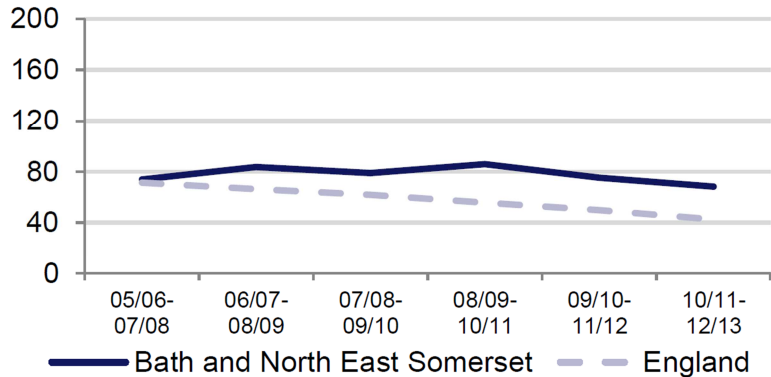
Outcomes we want to achieve:

- Children grow up free from alcohol related harm
- Communities are safe from alcohol related harm
- People can enjoy alcohol in a way that minimises harm to themselves
- People can access support that promotes and sustains recovery

Each of the above outcomes and their associated indicators for monitoring progress are outlined in the Outcome Framework below:

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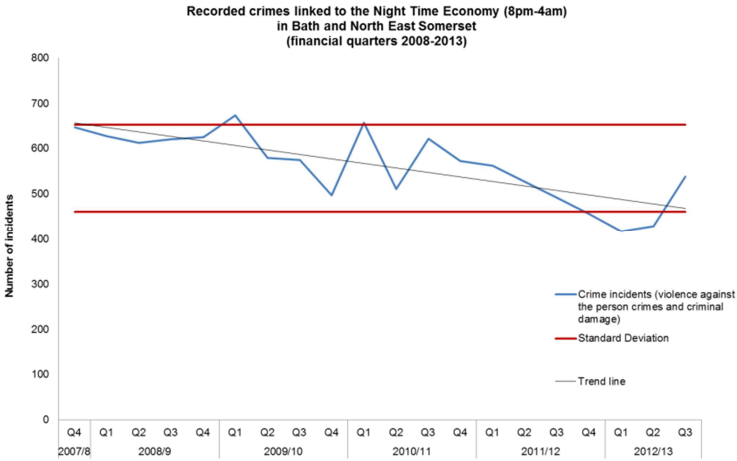
Outcome Framework: Children grow up free from alcohol related harm

Outcome & Indicator	Baseline and story behind it	Partners	What works to do better locally?																					
<p>Outcome: Children grow up free from alcohol related harm</p> <p>Indicator: Alcohol specific hospital admissions to U18's</p> <p>Population: B&NES residents population under 18 yrs</p>	<p>Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)</p>  <table><caption>Estimated data from graph: Rate per 100,000 population</caption><thead><tr><th>Period</th><th>Bath and North East Somerset</th><th>England</th></tr></thead><tbody><tr><td>05/06-07/08</td><td>~75</td><td>~65</td></tr><tr><td>06/07-08/09</td><td>~85</td><td>~65</td></tr><tr><td>07/08-09/10</td><td>~80</td><td>~60</td></tr><tr><td>08/09-10/11</td><td>~85</td><td>~55</td></tr><tr><td>09/10-11/12</td><td>~75</td><td>~50</td></tr><tr><td>10/11-12/13</td><td>~70</td><td>~45</td></tr></tbody></table> <p>Story behind the baseline: (examples of contributory factors)</p> <p>Alcohol seen as a supermarket commodity - normalised</p> <p>Fall in price of alcohol</p> <p>Alcohol drug of choice - rise in binge drinking culture amongst girls in particular</p> <p>Pre-loading culture</p> <p>Trend towards stronger drinks and larger glasses</p> <p>Marketing of alcohol to children (alco-pops etc)</p> <p>Deprivation link – young people in most deprived quintile of B&NES are significantly more likely to be admitted to hospital for alcohol specific condition than those in the least deprived quintile.</p> <p>Levels of self-reported drinking have reduced amongst B&NES secondary school pupils.</p> <p>Girls are over represented in drinking and smoking behaviours, hospital admissions for alcohol and in treatment services for alcohol misuse.</p> <p>Girls also over represented in self-harm admissions</p> <p>MSN and Radstock higher rates of admissions</p>	Period	Bath and North East Somerset	England	05/06-07/08	~75	~65	06/07-08/09	~85	~65	07/08-09/10	~80	~60	08/09-10/11	~85	~55	09/10-11/12	~75	~50	10/11-12/13	~70	~45	<p>Children & Families services</p> <p>Schools</p> <p>Colleges</p> <p>Parent support organisations</p> <p>Connecting families team</p> <p>Social care teams</p> <p>RUH</p> <p>License holders</p> <p>Retailers</p> <p>Parents</p> <p>Youth services</p> <p>Sexual health services</p> <p>Drug and Alcohol service providers</p> <p>Voluntary orgs</p> <p>CAMHS</p> <p>School nursing & health visiting</p> <p>Children's centres</p> <p>Maternity services</p> <p>Community Alcohol</p> <p>Partnership MSN</p>	<p>Screening for alcohol misuse in young people's settings</p> <p>Targeting of high risk /vulnerable groups</p> <p>Support to children whose parents misuse substances.</p> <p>Multi agency working strategically, with families and in communities</p> <p>Holistic approach to health education in schools via PSHE/DPH award</p> <p>Social marketing campaigns aimed at parents/carers and young people</p> <p>Enforcement of underage sales, proxy sales and responsible retailing law</p> <p>Commitment to lobby on:</p> <p>Minimum unit pricing</p> <p>Restrictions on advertising and sponsorship of alcohol</p>
Period	Bath and North East Somerset	England																						
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<p>Data issues/gaps:</p> <p>Are high admissions a result of lower thresholds or protocol at RUH?</p> <p>School survey data shows reduced levels of reported drinking and drunkenness amongst young people during period 2011 to 2013</p> <p>Missing ED attendances therefore underestimating scale of alcohol misuse</p> <p>What % of those being admitted are:</p> <ul style="list-style-type: none">known to servicesRepeat attendersaccess or need treatmentLooked after children																								

Outcome Framework: Children grow up free from alcohol related harm

Current good practice in B&NES on protecting children from alcohol related harm	Gaps/Needs Identified
<ul style="list-style-type: none"> • Holistic approach to promoting health and wellbeing across educational settings in B&NES through the Director of Public Health Award and PSHE& Drugs Consultant • Specific resources developed for primary schools on alcohol and campaigns/initiatives such as alcohol drama project for Secondary Schools • High Quality Treatment services delivered through DHI/Project 28, including family support and supported transition from children to adult treatment services. • Drink Think Alcohol Screening Tool and Training Programme – embedding screening on alcohol misuse amongst the children and young people workforce – working especially well amongst school nursing and sexual health services. • Young carers support group. • B&NES Connecting Families programme working intensively to support 200 most vulnerable families • The Family Nurse Partnership working closely with up to 100 young pregnant women (under 25's) to support health in pregnancy • Self-harm register introduced at RUH with the aim of reducing repeat attendances for self-harm 	<ul style="list-style-type: none"> • Strengthen preventative work which targets both young people and parents/carers. • Develop targeted education programmes for specific vulnerable groups, including: younger children by encouraging schools to start introducing topics sensitively from primary school age and encourage schools to facilitate further work through Personal Social Health Education. • Better knowledge of the causes of self-harm through alcohol use. • Mainstream screening and brief advice across key children's services providers. • Develop a clear referral pathway for children's workforce when working with young people misusing alcohol. • Prioritise support to children whose parents are misusing alcohol. • On-going commitment to enforcement of underage sales, responsible retailing and action on irresponsible promotions.
<p>Key Priorities</p> <ul style="list-style-type: none"> • Improved understanding of U18's hospital admissions – why is B&NES an outlier on this indicator? • Better knowledge of self-harm through alcohol use • Refresh drug and alcohol needs assessment for children and young people 	

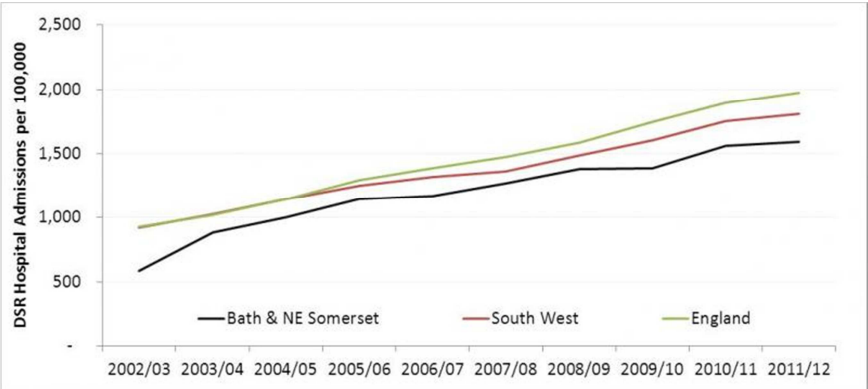
Outcome Framework: Communities are safe from alcohol related harm

Outcome & Indicator	Baseline and story behind it	Partners	What works to do better locally?
<p>Outcome: Communities safe from alcohol related harm</p> <p>Indicator: Night Time Economy related Crime and Disorder</p> <p>Population: B&NES residents population 18+yrs</p> <p>Offences of violent crime and criminal damage occurring between the hours of 20:00 and 04:00 taking place outside of the home not otherwise defined as domestic violence or hate crime</p> <p>Data issues/gaps:</p> <p>This definition is designed purely to assess levels of offending within the public realm where alcohol can be deemed likely to have been a contributing factor with a moderate degree of statistical certainty</p> <p>Data needed on assaults presenting at RUH & location</p>	 <p>Story behind the baseline: (examples of contributory factors)</p> <p>Relaxation of regulation on availability/sales over time Increase in licensed outlets Fall in price of alcohol Increase in drinking in the home/pre-loading Population drinking twice as much per head than in 1960 Trend towards stronger drinks and larger glasses Higher proportion of young people (aged 18 – 21) in B&NES due to student population Attracts large numbers of people from surrounding areas due to range of offer 80% of crimes committed by Men, majority aged 16 – 27yrs 60% of offenders have problem with alcohol misuse. There has been a 26% reduction in the number of crimes linked to the Night Time Economy in Bath and North East Somerset over the 5 year period between 2007/08 - 2012/13. Downward trend in drink driving offences from 177 in 10/11 to 142 in 12/13</p>	<p>Police Transport Police Licensing Environmental Health Trading Standards Community Safety License holders Bath Improvement District Avon Fire & Rescue Probation Road Safety DV support organisations Social services D&A Treatment providers Assc. Of Town Centre Management Tourism & Leisure Universities & Colleges Student Community Partnerships Youth Offending teams Connecting families team</p>	<p>Multi agency working strategically and in communities</p> <p>Best practice schemes with licence holders e.g. Night watch/Pub watch</p> <p>Proactive management of the Night Time Economy</p> <p>Enforcement of underage sales and responsible retailing regulations</p> <p>Licensing policy to reflect health and community impact.</p> <p>Working with offenders</p> <p>Drink Driving campaigns & enforcement</p> <p>Working with Domestic violence perpetrators</p> <p>Commitment to lobby on:</p> <p>Health objective in Licensing Act</p> <p>Reduction of blood alcohol levels for driving</p>

Outcome Framework: Communities safe from alcohol related harm

Current Good Practice on Alcohol Related Community Safety in B&NES	Gaps/needs identified:
<ul style="list-style-type: none">• Active multi-agency partnership focussing on the Night Time Economy with governance links to Responsible Authorities Group• A range of good practice initiatives to manage the night time economy including Taxi Marshalls, Safe and sound paramedic response team, Street Pastors, Pubwatch and Nightwatch.• Bath City Centre has retained its Purple Flag Status since 2010. The Purple Flag status is similar to Blue Flag for beaches, it indicates that Bath City Centre is a safe, inclusive and diverse entertainment centres for all visitors.• Midsomer Norton Community Alcohol Partnership has made significant improvements to the night time economy in MSN through community focussed activity, awareness raising, working with traders and license holders and introduction of Street Marshalls and Designated Public Place Order.• Training programme delivered by the Drug and Alcohol Action Team including 'Toxic Trio' training• Alcohol Treatment Orders implemented via the probation service alongside a range of behaviour change programmes with offenders• A River Safety working group which co-ordinates action to improve safety along the Avon.• Avon Fire & Rescue Service campaign and schools work with young people and students on alcohol and water safety	<ul style="list-style-type: none">• Develop a vision of what B&NES' night time economy will look like (including an overview of cultural expectations). This high-level vision to be supplemented by district level aspirations (such as Bath, Keynsham, Midsomer Norton, Radstock)• Appraisal of the impact of Night Time Economy initiatives in reducing alcohol related crime and anti-social behaviour• Refresh the B&NES licensing policy to acknowledge prevention of alcohol harm• Explore the option of including a condition in a license around minimum unit pricing, high strength alcohol restrictions and/or irresponsible promotions where the evidence suggests this would be appropriate.• Improve the information available to residents about making complaints and contributing to licensing reviews.• Refresh existing information about licensing contacts and processes in the B&NES Connect magazine and on the B&NES website.• Extend existing initiatives, or foster new approaches in encouraging collective working between all alcohol traders (both on and off-trade).• Ongoing commitment to enforcement of underage sales, responsible retailing and action on irresponsible promotions.
<p>Key Priorities - Developing a vision of the B&NES Night Time Economy</p> <p>Joint Strategic Needs Assessment update for Night Time Economy</p> <p>B&NES Licensing Statement Review</p>	

Outcome Framework: People can enjoy alcohol in a way that minimises harm to themselves

Outcome & Indicator	Baseline and story behind it	Partners	What works to do better locally?
<p>Outcome: Safe, healthy and responsible alcohol consumption amongst B&NES population</p> <p>Indicator: Alcohol Related Hospital admissions</p> <p>Population: B&NES residents population 18+</p>	<p>B&NES Alcohol Related Hospital Admissions 02/03 – 11/12</p>  <p>Story behind the baseline: (examples of contributory factors)</p> <p>Relaxation of regulation on availability/sales over time Increase in licensed outlets Fall in price of alcohol Increase in drinking in the home Population drinking twice as much per head than in 1960 Trend towards stronger drinks and larger glasses Marketing of alcohol to women and children (alco-pops etc) Older population - living longer with increasing complexity of conditions Clustering of risk behaviours (smoking/drinking/obesity) Deprivation link - People in most deprived quintile of B&NES are more than 4 times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived quintile.</p>	<p>CCG/primary care Sirona AWP RUH Drug & Alcohol Treatment providers Mental health service providers Public Health Older people's services Employers</p>	<p>Making every contact count - Routine screening and brief advice for alcohol misuse across frontline services</p> <p>Alcohol liaison services in hospital</p> <p>Improving access to treatment services</p> <p>Targeting of high risk /vulnerable groups</p> <p>Multi agency working strategically and in communities</p> <p>Workplace initiatives</p> <p>Social marketing campaigns</p> <p>Licensing policy to reflect health and community impact</p>
<p>Data issues/gaps:</p> <p>Missing ED attendances therefore underestimating impact on health services and opportunities for earlier intervention (est 15-20% of ED attendances alcohol related)</p> <p>Local prevalence data for adult drinking patterns not collected.</p>			<p>Commitment to lobby on:</p> <p>Minimum unit pricing Health objective in Licensing Act Restrictions on advertising and sponsorship of alcohol</p>

Outcome Framework: People can enjoy alcohol in a way that minimises harm to themselves

Current Good Practice in B&NES	Gaps/needs identified:
<ul style="list-style-type: none"> • Annual Training programme for frontline staff focussing on Identification and Brief Advice – over 400 people trained in 2013/14 • Alcohol Liaison Service introduced at Royal United Hospital in 2013 which aims to reduce bed days, attendances, admissions and increase engagement with community based treatment services. The service contributed towards a 65% reduction in patient hospital spells following intervention. • Screening for alcohol misuse introduced into the NHS Health Check programme from April 2014 – approximately 6000 people aged 40 – 74 will be screened annually. • Screening for alcohol misuse has been introduced into community and inpatient services in Avon and Wiltshire Partnership Trust. • Healthy lifestyle services and physical activity teams using evidenced based screening tool (AUDIT) as part of their client assessment. 	<ul style="list-style-type: none"> • The Every Contact Counts approach to mainstreaming screening and brief advice on alcohol misuse needs supporting across the key service providers in acute care, social care, community service and mental health. This approach needs to be implemented across both adult and children and young people's services. • Develop targeted education programmes for specific vulnerable groups, including older working age and over 65's • Encourage improved workplace health by developing a simple toolkit that local employers can use in the workplace. This initiative seeks to raise awareness about alcohol use in employees and colleagues • Training need for professionals around preventing and minimising the harm of alcohol misuse in older age. • Increase social marketing campaigns using innovative approaches eg scratch cards/apps to encourage self-assessment of drinking levels. • Improve the quality of data on alcohol related attendances from RUH
<p>Key priorities</p> <p>Introduction of screening and brief advice across mental health services Introduction of screening within RUH Emergency Department Improved data on alcohol related hospital attendances at RUH</p>	

Outcome; People can access support that promotes and enables sustained recovery

Outcome & Indicator	Baseline and story behind it	Partners	What works to do better locally?														
<p>Outcome:</p> <p>People can access support that promotes and enables sustained recovery</p> <p>Indicator: Numbers in treatment: increase by 100 by Q4 2014-15 (baseline 2012-13 = 388)</p> <p>40% of alcohol clients will successfully complete treatment (baseline 2012-13 = 30.1%)</p> <p>Population: All B&NES resident population</p>	<ul style="list-style-type: none">Numbers in treatment over time – adults/childrenTrend over time and comparison to national <div><p>Q4 2013/14 Numbers in Alcohol Treatment Year to Date</p><table><thead><tr><th>Period</th><th>Numbers in treatment</th></tr></thead><tbody><tr><td>end of year 2011/12</td><td>212</td></tr><tr><td>end of year 2012/13</td><td>388</td></tr><tr><td>Q1 2013/14</td><td>278</td></tr><tr><td>Q2 2013/14</td><td>359</td></tr><tr><td>Q3 2013/14</td><td>400</td></tr><tr><td>Q4 2013-14</td><td>453</td></tr></tbody></table><p>Legend: Blue bars = Numbers in treatment; Red line = Target 100 additional in treatment</p></div> <p>Story behind the baseline: (examples of contributory factors)</p> <p>Numbers of opiate users in treatment declining</p> <p>Numbers of alcohol users increasing</p> <p>Increasingly complex clients – mental health problems/poly drug use</p> <p>Recovery based model introduced nationally and locally</p> <p>Capacity to work with treatment resistant drinkers limited</p> <p>Welfare benefit changes have increased stress on families & individuals</p> <p>Stigma attached to ‘needing help’ from services for alcohol misuse</p> <p>Older people - loneliness and isolation could lead to increased alcohol misuse</p> <p>% of those who have both drug & alcohol problem in treatment higher in B&NES</p> <p>% of male deaths due to alcohol are higher in B&NES than regional average (LAPE 2014)</p>	Period	Numbers in treatment	end of year 2011/12	212	end of year 2012/13	388	Q1 2013/14	278	Q2 2013/14	359	Q3 2013/14	400	Q4 2013-14	453	<p>Primary Care/CCG</p> <p>Sirona</p> <p>AWP & other mental health providers</p> <p>Connecting families team</p> <p>Social care teams</p> <p>RUH</p> <p>Probation</p> <p>Universities</p> <p>Workplaces</p> <p>Housing services</p> <p>Youth services</p> <p>Sexual health services</p> <p>Drug and Alcohol service providers</p> <p>Voluntary orgs</p> <p>CAMHS</p> <p>School nursing & health visiting</p> <p>Children’s centres</p> <p>Maternity services</p> <p>Children & Families services</p>	<ul style="list-style-type: none">Routine screening for alcohol misuse in frontline servicesClear pathways into treatment – inc hospital liaison servicesRecovery at the heart of the treatment modelMutual Aid – SMART, AA etc.Working with families/carersTargeting of high risk /vulnerable groups – mental health, homeless, offenders, domestic violence perpetratorsDevelop approaches to working with treatment resistant drinkersCommitment to aftercare, housing, employment etc <p>Commitment to lobby on:</p> <ul style="list-style-type: none">Minimum unit pricingRestrictions on advertising and sponsorship of alcohol
Period	Numbers in treatment																
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<p>Data issues/gaps:</p> <p>% dependent population accessing treatment – no agreed way to calculate this figure</p>																	

Outcome Framework: People can access support that promotes and sustains recovery

Current good practice in B&NES	Gaps/needs identified
<ul style="list-style-type: none"> • Integrated commissioning model for both Adult and Children's treatment services. • Single point of entry and effective partnership working between main providers • Increased capacity for alcohol treatment since 2013 • Alcohol Liaison Service introduced at Royal United Hospital in 2013 which aims to reduce bed days, attendances, admissions and increase engagement with community based treatment services. • Good cross-council working e.g between drug and alcohol team and housing to support community detoxification • Investment in community based detoxification facilities has recently strengthened as a cost effective approach to treatment that supports earlier discharge from hospital and more seamless care. • Annual training programme for GP's, pharmacists and other frontline health and social care workers 	<ul style="list-style-type: none"> • Increased referrals to alcohol team via RUH and GP's - capacity issues likely to be an issue longer term • Explore options to working with treatment resistant drinkers, including training, pathways and commissioning of services. • Accessibility of services for specific groups - e.g. older people, working adults; men • Increase referrals from those working with DV perpetrators • Dual diagnosis - training need for professionals • Embed the use of World Health Organisations alcohol 'AUDIT' screening tool at assessment and at review for all drug and alcohol clients.
<p>Key Priorities</p> <p>Capacity and Engagement: Increase alcohol treatment capacity and engagement by priority group alcohol clients</p> <p>Client outcomes: Increase the % of alcohol clients who successfully complete treatment</p> <p>Support the workforce: Drug and alcohol training programme focus – alcohol & mental health, older people</p> <p>Treatment resistant drinkers project – complete workshops and respond to findings/recommendations</p>	

Key Indicators we will monitor to measure progress on this Strategy:

Alcohol Specific Hospital Admissions of under 18 year olds
Night time economy related crime and disorder (8pm – 4am)
Alcohol related hospital admissions
Percentage of people leaving treatment successfully

How will this be delivered:

The B&NES Alcohol Harm Reduction Steering Group will co-ordinate delivery of this Strategy through a Outcomes Action Plan. Each outcome will have a lead officer who will take responsibility for driving forward the relevant actions to achieve the outcome. The Group will co-ordinate directly with key partnerships on delivery of outcome action plans including the Young People's Substance Misuse Group, Night Time Economy Group and the Responsible Authorities Group, Joint Commissioning Group for Substance Misuse.

Governance and reporting

The Group will report to the Responsible Authorities Group twice yearly
The Group will also report to the Children's Trust Board twice yearly within the context of the Children and Young People's Plan.
The Group will report to the Health & Wellbeing Board twice yearly and via the Board's Joint Annual Account.

Review timetable

This Strategy will be reviewed after 3 years to ensure it continues to reflect local and national priorities.

References

For more information on local statistics quoted in this report please visit the Bath and North East Somerset Joint Strategic Needs Assessment Wiki page at www.bathnes.gov.uk/jsna

Milner et al. (2012) Alcohol Harm Reduction Strategy for Bath & North East Somerset

Cabinet Office Strategy Unit, London, 2003. Alcohol misuse: how much does it cost?

World Health Organisation (2009) Global Health Risks: Mortality and Burden of Disease attributable to selected major risks

The Government's Alcohol Strategy (March 2012)

A Review into Alcohol Harm Reduction in B&NES (2013) B&NES Scrutiny Team

National Institute for Health and Care Excellence (PH24) Alcohol Use Disorders – preventing harmful drinking

Appendix 1 Service & Organisational Development Recommendations (2012) and Actions completed

Service and Organisational Development Recommendations (2012)	Actions completed
Increase alcohol treatment capacity for people in B&NES who misuse alcohol	Drug and Alcohol Treatment services were re-commissioned from April 2013 and included the development of a dedicated Alcohol Team and additional capacity for community based alcohol detoxification. An Alcohol Liaison Team based at the RUH has been funded by the CCG from April 2013. This team also provides additional capacity within recovery services to facilitate access to community treatment. There has been a significant rise in numbers of people accessing treatment services for alcohol misuse in 13/14 and also an increase in client outcomes with more clients successfully leaving treatment having addressed their alcohol misuse.
Roll-out of identification of people in B&NES who misuse alcohol and are offered brief interventions	Identification and brief advice training for alcohol misuse has been delivered to over 700 local professionals since 2011/12 including GP's, pharmacists, health, housing and social care workers. Alcohol screening has been introduced into the NHS Health Check from April 2014 which means over 6000 40 -74 year olds will be screened each year. Screening has been introduced into inpatient and community mental health services from April 2014.
Identification, risk reduction and support of children of problem drinkers	Hidden Harm work with CYPS and the DAAT to safeguard children Young Carers Support Group set up by DHI/Project 28 to support young people affected by parental alcohol and drug misuse FAM (Families Also Matter) support services set up by DHI to support the families who are affected by alcohol and drug misuse
Set up Alcohol Harm reduction Group	The Alcohol Harm Reduction Steering Group has been in place since April 2011. The group has driven Strategy implementation and has co-ordinated the multiagency response to local challenges and opportunities. The Group reports directly to the Health and Wellbeing Board and from April 2014 will also report directly to the Children's Trust.

<p>Clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that the local statutory agencies expect</p>	<p>The B&NES Night Time Economy Group has championed the Purple Flag as the vehicle for promoting Bath City Centre as a diverse and well managed town centre at night. Bath has achieved Purple Flag Status for 3 years in a row and in 2013 celebrated Purple Flag Week through a range of high profile events and publicity to celebrate those achievements as well as conveying important safety messages. This included the development of a 'Great Night Out' leaflet highlighting harm reduction messages and local facilities such as taxi ranks.</p>
<p>Local Indicators and information sources for alcohol misuse priorities identified through the Joint Strategic Needs Assessment</p>	<p>Local data on hospital admissions, crimes in the night time economy, treatment outcomes and community feedback have been collated and presented within the Joint Strategic Needs Assessment Wiki page on Alcohol.</p> <p>The Councils Joint Strategic Needs Assessment is highly accessible to local partners and regularly updated.</p>
<p>A comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners and providers.</p>	<p>The re-commissioning of drug and alcohol treatment services emphasised joint working across the treatment system and the development of a single point of entry for both the public and professionals. Training for professionals on pathways and referral processes has been extensive since April 2013 including a Treatment system launch conference and Focus on Recovery Conference.</p>
<p>Big Society initiatives and engage local communities and citizens on reducing alcohol related harm</p>	<p>The Midsomer Norton Community Alcohol Partnership is a key example of how a local community has taken ownership of a problem and drawn in resources from a range of agencies and sources with the aim of tackling underage drinking and anti-social behaviour in the MSN night time economy. A range of effective interventions have been delivered including training for local license holders, a Designated Public Place Order and Street Marshall initiative.</p> <p>Multi agency working has also increased the reach and impact of a range of harm reduction campaigns that have been run annually, including Dry January, Love Your Liver, Make it a night to remember and 'Don't make river water your last drink'</p>