Executive summary
This document is a refresh of the Alcohol Harm Reduction Strategy 2012 (Milner et al. 2010). 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 Local Government Association (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.

The Local Picture
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.

The estimated number of people in B&NES dependent on alcohol is 6,854 of all people aged 18-64 years.

There were 388 people in treatment for alcohol misuse in B&NES during 2012/13.
National Context and Trends

Alcohol is the third greatest overall risk to health after smoking and raised blood pressure (WHO 2010).

Reducing alcohol related harm, by encouraging a more sensible drinking culture, will help Bath and North East Somerset Council (B&NES) meet its statutory duty to achieve the indicators outlined in the Public Health Outcomes Framework for England 2001 – 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
- violent crime diagnoses among young people aged 15–24 years
- pupil absences
- children with learning difficulties
- self-harm (suicide and self-harm) in England 2013 – 2016. These include reducing the number of:
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  - deaths from cardiovascular disease including heart disease and stroke, cancer and liver disease
  - low birth weight babies
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  - pupil absences
  - children with learning difficulties

In 2010 compared to 1960.

There has been a 26% reduction in the number of crimes linked to the Night Economy in B&NES between 2008 and 2013 and £5 million healthcare costs. (Cabinet Office 2003)

The total estimated cost in B&NES of the harm arising from alcohol-use were also experiencing mental health issues.

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-mediators amongst 14+ secondary school girls dropped from 42% in 2009 to 30% in 2013.

When asked in 2012 about drunk and rowdy behaviour in public places in their local area, 23% of vegetable nursery respondents believed it was either very big problem, or a fairly big problem.

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

The majority of drinking takes place in the home.

Nationally violent crime has been reducing since 2001.

The Government’s Alcohol Strategy (Ward 2010) 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.

The majority of admissions are girls.

Approximately 45% of young people’s admissions are children under 16 and the majority of admissions are girls.

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

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91% 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 RHA alcohol liaison service from Dec – June 2013 were also experiencing mental health issues.

The local picture

Admissions for alcohol related conditions have risen by an average of 1% 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.

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The total estimated cost in B&NES of the harm arising from alcohol-use were also experiencing mental health issues.

The estimated number of people in B&NES dependent on alcohol is 6,854 of all people aged 18 – 64 years. During 2013/14 there were 398 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 remained significantly since 2009 and 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 31% 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.

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Local developments supporting delivery of this Strategy

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, making the most efficient and effective use of our combined commissioning resource and to keep delivery 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 to treatment where appropriate.

Domestic violence
Working with the Interpersonal Violence and Abuse Strategic Partnership (NASS) 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 they 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 2013. 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.

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

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.

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

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WHAT WORKS IN PREVENTING ALCOHOL RELATED HARM | STRATEGIC VISION

The National Institute for Health and Care Excellence (NICE) PH24 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 targeting young people
- 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.

Local developments supporting delivery of this Strategy | GAPS IN SERVICES AND COMMISSIONING

Bath & North East Somerset | Alcohol Harm Reduction Strategy | Bath & North East Somerset | Alcohol Harm Reduction Strategy
Outcome & Indicator
Outcome: Children grow up free from alcohol related harm
Indicator: Alcohol specific hospital admissions to RUH
Population: B&NES resident population under 18 yrs

Data issues/gaps:
Are high admissions a result of lower thresholds or protocol at RUH?
School survey data shows reduced levels of reported drinking and drunkenness amongst young people. Are high admissions a result of data issues/gaps?

What works to do better locally?
Screening for alcohol misuse
Targeting of high risk / vulnerable groups
Support to children whose parents misuse substances
Multi agency working strategically, with families and in communities
Holistic approach to health education in schools
Social marketing campaigns aimed at parents/carers and young people
Enforcement of underage sales,-proxy sales and responsible retailing

Outcome Framework: Children grow up free from alcohol related harm

Story behind the baseline
Alcohol misuse in children is associated with increased risk of falls, drowning, pre-loading and other accidents.

Girls are over represented in drinking and smoking behaviours, hospital admissions for alcohol and in treatment services for alcohol misuse.

Baseline
Young people aged under 18 admitted to hospital with alcohol specific conditions

200
100
0
-50
-100
-150
01/04/07-02/08 03/08-02/09 03/09-02/10 03/10-02/11 03/11-02/12 03/12-02/13
Bath & North East Somerset | Alcohol Harm Reduction Strategy | 8

Girls also over represented in self harm

Lessens the severity of self harm

Young people in most deprived quintile of Bath and North East Somerset are significantly more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived quintile.

Commitment to lobby on:–

Temperature of alcohol to children

Trend towards stronger drinks and larger glasses

Girls are over represented in drinking and smoking behaviours, hospital admissions for alcohol and in treatment services for alcohol misuse.

Girls are also over represented in self harm

Better knowledge of the causes of self harm through alcohol use.

On-going commitment to enforcement of underage sales, responsible retailing and alcohol misused promotions.

Screening for alcohol misuse

What works to do better locally?

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**Outcome Framework: Communities are Safe from Alcohol Related Harm**

**Outcome & Indicator:** Communities are safe from alcohol related harm

**Indicator:** Night Time Economy related Crime and Disorder

**Population:** B&NES resident population 18yrs+

**Definition:** Residents who drink alcohol and who have problem with alcohol misuse (as classified by B&NES alcohol treatment providers)

**Data issues/gaps:** This definition is primarily derived from alcohol treatment providers and is not based on a robust data collection framework. Data needs to be updated on a regular basis.

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**Baseline:**

<table>
<thead>
<tr>
<th>Recorded crimes linked to the Night Time Economy (10pm – 4am) in Bath and North East Somerset</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
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<td>0</td>
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**Outcome Framework: Communities are Safe from Alcohol Related Harm**

**Key Priorities:**

- Developing a vision of the B&NES Night Time Economy
- Joint Strategic Needs Assessment update for Night Time Economy
- B&NES Licensing Statement review

**Gaps/Needs Identified:**

- Develop a vision of what B&NES Night Time Economy will look like (including an overview of cultural expectations). 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.
- Synthesise the Potentially Harmful Drinking Policy to acknowledge preventative alcohol harm.
- Support the option of including a clause on minimum unit pricing, high strength alcohol restrictions and irresponsible promotions where the evidence suggests this would be appropriate.
- Improve the information available to residents about making complaints and control of public drinking reviews.
- Refresh existing information about licensing contact and processes in the B&NES Guidance magazine and on the B&NES website.
- A range of good practice initiatives to manage the night time economy. (including an overview of cultural expectations). This high-level vision to be supplemented by district level aspirations (such as Bath, Keynsham, Midsomer Norton, Radstock).
- Ongoing commitment to enforcement of underage sales, responsible retailing and action on irresponsible promotions.

**Commitment to lobby on:**

- Health objectives in Licensing Act
- Reduction of blood alcohol levels for drivers
- Higher proportion of young people in B&NES due to student population
- Attracts large numbers of people from surrounding areas due to range of offers
- 26% reduction in the number of crimes linked to the Night Time Economy over the 5 year period between 2007/08 - 2012/13.

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**Sub-indicators:**

-aimed at reducing the number of crimes linked to the Night Time Economy over the 5 year period between 2007/08 - 2012/13.

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

### Data issues/gaps

- **Marketing of alcohol to women and children:** This can influence consumption patterns and raise awareness about alcohol use in employees and colleagues.
- **Relaxation of regulation on availability/sales over time:** This can lead to increased access to alcohol, which may affect consumption levels.
- **Restrictions on advertising and sponsorship of alcohol:** This can reduce exposure to alcohol-related marketing and influence attitudes towards alcohol use.

### Commitment to lobby on:

- Minimum unit pricing
- Health policy in a range of settings
- Reinforcement of advertising and sponsorship of alcohol

### What works to do betterLocally?

- **Making every contact count:** Routine screening and brief advice for alcohol misuse across frontline services.
- **Alcohol liaison services in hospital:** Providing access to frontline interventions.
- **Targeting of high-risk vulnerable groups:** Multi-agency working on vulnerable communities.
- **Workplace initiatives:** Encouraging improved workplace health by developing a simple toolkit that local employers can use in the workplace.

### Current good practice in preventing alcohol related harm in B&NES

- **Annual Training programme for frontline staff focusing on identification and Brief Advice:** Over 400 people trained in 2013.
- **Alcohol Liaison Service introduced at Royal United Hospital:** This 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 days during follow-on interventions.
- **Screening for alcohol misuse introduced into the NHS Health Check programme from April 2014:** Approximately 6000 people aged 40–74 were screened annually.
- **Screening for alcohol misuse has been introduced into community and inpatient services in Avon and Wiltshire Partnership Trust.**
- **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.**

### Improvement in community based treatment services. The service contributed towards a 65% reduction in patient hospital days during follow-on interventions.

- **Screening for alcohol misuse introduced into community and inpatient services in Avon and Wiltshire Partnership Trust.**
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Outcome Indicators

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

Indicators: Numbers in treatment; % of alcohol clients that successfully complete treatment

Population: B&NES registered population

Data Issues/Gaps:
- % dependent population
- % of those who have both drug and alcohol problems in treatment
- % of male deaths due to alcohol are higher in B&NES than regional average (LSAC 2014)
- Capacity attached to ‘needing help’ from services for alcohol misuse
- Isolation could lead to increased stress on families & older people – loneliness and vulnerability
- Welfare benefit changes have led to increased stress on families & individuals
- Dual diagnosis - training need for professionals
- Accessibility of services for specific groups - e.g. older people, working adults, men
- Increasing referrals from police 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.

Story Behind the Baseline

Numbers in treatment over time – adults & children

Numbers of alcohol users increasing

Numbers of alcohol users in treatment declining

STORY BEHIND THE BASELINE

Bath & North East Somerset | Alcohol Harm Reduction Strategy

Outcome Framework: People can access support that promotes and enables sustained recovery

What works to do better locally?
- Routine screening for alcohol misuse in frontline services
- Clear pathways into treatment including hospital liaison services
- Recovery at the heart of the treatment model
- Work with families/ carers
- Targeting of high risk / vulnerable groups - mental health, homeless, offenders, domestic violence perpetrators
- Develop approaches to working with treatment resistant drinkers
- Commitment to aftercare, housing and employment

Baselines

Q4 2013/14 Numbers in Alcohol Treatment

In year to date

Number in treatment

Target 100 within and beyond alcohol treatment

Commitment to lobby on:
- Alcohol & mental health workforce: drug & alcohol training programme focus – Alcohol & mental health workforce
- Increased expansion of mental health support
- 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.

Current good practice in treatment and recovery service in B&NES

- 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

A unique service introduction at Royal United Hospital in 2013 which aims to reduce bed days, attendances and increase engagement with successfully treated clients
- 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.

Increased capacity for alcohol treatment since 2013

Annual training programme for GP’s, pharmacists and other frontline health and social care workers

Stigma attached to ‘needing help’ from services for alcohol misuse

Supporting the workforce, Drug and alcohol training programme focus – alcohol & mental health, older people

Capacity and Engagement

- Capacity increases the % of alcohol clients who successfully complete treatment
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Gaps/Needs Identified

- Increased referral to alcohol team via RASH and GP’s - capacity issues likely to be an issue longer term
- Explore options to working with treatment resistant drinkers, including training pathways and community workshops
- Accessibility of services for specific groups - e.g. older people, working adults, men

Commitment to aftercare, housing and employment

Bath & North East Somerset | Alcohol Harm Reduction Strategy

Outcomes: Increase the % of alcohol clients who successfully complete treatment

Targets: Increase in % of alcohol clients who successfully complete treatment

Key Priorities

Outcomes: Increase alcohol treatment capacity and engagement by previously treated or alcohol clients

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

Service and Organisational Development Recommendations (2012)

- Increase alcohol treatment capacity for people in B&NES who misuse alcohol
- Roll-out of identification of people in B&NES who misuse alcohol and are offered brief interventions

Actions completed

- 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. The team also provides additional capacity within recovery services to facilitate access to community treatment. The Board has also been set up to create a more joined up approach to alcohol misuse.
- Identification and brief advice training for alcohol misuse has been delivered to over 700 local professionals since 2011/12 including GPs, 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.

References

- The Government’s Alcohol Strategy (March 2012)
- A Review into Alcohol Harm Reduction in BANES Q1 2013.” BANES Scrutiny Team
- National Institute for Health and Care Excellence (2014) Alcohol Use Disorders – preventing harmful drinking

Appendices

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 BANES Alcohol Harm Reduction Steering Group will co-ordinate delivery of this Strategy through an 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, Responsible Authorities Group and the Joint Commissioning Group for Substances.

Governance and reporting

The Group will report to the Responsible Authorities Group twice yearly.

The Group will also report to the Children’s Trust 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.
Appendix 1 Service & Organisational Development Recommendations (2012) and Actions completed

Service and Organisational Development Recommendations (2012)

Actions completed

Clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that the local statutory agencies expect

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 series of high profile events and publicity to celebrate these 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.

Local Indicators and information sources for alcohol misuse priorities identified through the Joint Strategic Needs Assessment

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.

A comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners and providers

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.

Big Society initiatives and engage local communities and citizens on reducing alcohol related harm

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.

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’. For further information