

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

Agenda Item 56

Brighton & Hove City Council

Subject:	Health and Wellbeing Overview and Scrutiny Committee update report on Alcohol		
Date of Meeting:	26 February 2013		
Report of:	Tom Scanlon, Director of Public Health		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The information below sets out the current work streams of the Alcohol Programme Board, which was set up following the Alcohol Intelligent Commissioning Pilot in 2010.

2. RECOMMENDATIONS:

- 2.1 That the following information is noted.
- 2.2 Committee members consider focusing on the following priority areas in any future panel work:
- 2.2.1 Development of alcohol free events (see point 3.17)
- 2.2.2 Development of best practice retailers (see point 3.18)
- 2.2.3 Improving the environment by encouraging responsible drinking (see point 3.35)

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Alcohol, its costs and benefits, and its relation to inequalities

3.1 Brighton and Hove scores poorly on virtually all alcohol impact indices. Each week in the city there are typically:

- Two deaths associated with alcohol use;
- 98 alcohol-related inpatient admissions to hospital of Brighton and Hove residents;
- 66 alcohol-related ambulance call outs;
- 46 alcohol-related attendances at A&E by adults;
- 7 alcohol-related attendances at A&E by young residents (13-18 years);
- 11 young people attended to by the weekend Alcohol Rescue Service *Safe Space*.

3.2 The costs to Brighton and Hove of alcohol misuse are estimated at £107M per year: £10.7M due to the health impact, £24.5M due to economic effects and £71.8M as a result of crime.

3.3 Alcohol is also an important contributor to health inequalities and it is often the most vulnerable who are victim, either by direct consumption or by way of collateral damage. Alcohol-related death rates in Brighton and Hove are twice the national average, with most deaths occurring in residents from deprived parts of the city. Alcohol-related attendances at A&E are 50% higher in city residents from the most deprived quintile. Children in Brighton and Hove are almost twice as likely as children in England to report that they have been drunk three or four times in the last four weeks (9% versus 5%) and half of domestic violence cases involve alcohol consumption either by the adult victim or perpetrator.

3.4 At the same time, the city benefits from alcohol sales in trade, tourism and employment. Over 30,000 university students study in Brighton and Hove and along with residents and visitors enjoy the city's night-life and leisure opportunities. There are 7,200 local people employed in alcohol sales and 2.5% of city employees work in bars. The annual turnover from this is estimated at £329M.

3.5 The challenge is then how to deal with the problems that alcohol presents without prejudicing employment, diminishing a vibrant city atmosphere and compounding economic difficulties.

Intelligent Commissioning Pilot

3.6 For many years alcohol consumption has been recognised as a serious public health issue in Brighton and Hove. It is also well established that the sale of alcohol through pubs, clubs and restaurants is very important to the economy of the city. The 2010 Alcohol Intelligent Commissioning Pilot came at an opportune time as the Public Health Directorate through the PCT had just received some funding and support via the national *Healthy Places, Healthy Lives* programme which in turn emerged from the Marmot Review of Inequalities. The Intelligent Commissioning Pilot and *Healthy Places, Healthy Lives* initiative worked in tandem.

3.7 A comprehensive needs analysis was undertaken by multidisciplinary team across the city and views were gathered from members of the public, community and voluntary sector organisations and professionals. Members of the alcohol industry were also engaged in a wider alcohol debate following the introduction of the Public White Paper *Healthy Lives, Healthy People*.

3.8 The results of this engagement and needs analysis exercise was the establishment, for the first time, of an Alcohol Programme Board with very senior input from across the city (Health, City Council, Police) to lead a programme of work in tackling the adverse consequences of alcohol consumption in Brighton and Hove. There are four 'domains' of work within the Programme Board Action Plan:

- The drinking culture
- Availability of alcohol
- The night time economy
- Early identification, treatment and aftercare

Each domain has an identified lead and for each action activities, anticipated outcomes, milestones, resource implications, leads and key performance indicators were identified.

3.9 The needs assessment and consultation conducted during this pilot identified the heavy burden on city services and the lives of families and communities which result from alcohol misuse. The reduction of alcohol related harm in the city was confirmed as the overarching

outcome to be achieved for the city. The intelligent commissioning process pulled together for the first time all relevant partners – a significant departure from the ‘old way’ of commissioning. This allowed partners to look at the issues with fresh eyes resulting in a range of lessons learnt which are reflected in the work plan of the Alcohol Programme Board.

The Alcohol Programme Board

3.10 In late 2010 a city Alcohol Programme Board was established. The Board was jointly founded on the NHS *Healthy Places Healthy Lives* initiative and the Local Authority *Intelligent Commissioning* process. The purpose of the Board was to bring together senior leaders with a shared responsibility for tackling the problems that alcohol brings whilst seeking to minimise any impact on related benefits. Membership of the Programme Board is diverse. It is chaired by the Director of Public Health with senior input from across health, licensing, the police, probation and community safety. To cover the breadth of issues that are encountered when looking to address alcohol related harm, there is also membership from the two universities situated in Brighton and Hove, and from all organisations commissioned to provide support and treatment to people with alcohol related issues. In the last year representatives from the retail industry have joined the Programme Board, and now the Chair of the Brighton and Hove Licensees Association and the Licensing Manager from Sainsbury’s are members.

3.11 The Brighton & Hove Alcohol Programme Board has the following responsibilities:

- To agree and assure delivery of an Alcohol Strategy for Brighton & Hove, for all ages.
- To be guided by learning from best practice in commissioning in order to deliver services in relation to the implementation of the relevant priorities of the Alcohol Strategy.
- To make recommendations for the commissioning of services that take into consideration and have a demonstrable impact in reducing the health inequalities gap within the City and reduce alcohol-related crime and disorder.
- To performance manage progress against agreed/high level outcomes, targets and indicators, highlighting and raising issues of concern.
- To identify lead responsibility (communications expert) and target audience for a communications plan to support the Alcohol Strategy

The key initiatives within the four domain groups for 2012/13 are described below.

Domain 1: Addressing the drinking culture

Lead: Communications Team

3.12 Brighton & Hove wears the image of a party town, with hoards of late night revellers keeping weary residents awake into the small hours. But is this perception true? The key objective in this domain is to *‘create a cultural shift away from problematic drinking through community engagement and mobilisation’*. The first task was to determine what local residents and visitors actually thought about alcohol and the role it plays in the city, for no-one had really asked the question before. Funded through the Healthy City resources, a ‘Big Alcohol Debate’ ran from October 2011 to January 2012 and asked contributors a number of open questions including *‘What would you do about alcohol in Brighton and Hove if you were in charge?’*

3.13 The debate used established and new methods to capture a range of views: postcard and on-line surveys, focus groups, a mobile ‘Big Brother’ style video pod and, to launch the debate, a 24 hour mass ‘twitterthon’, with participation from residents, retailers, A&E staff and the police.

3.14 The debate and very successful ‘twitterthon’ saw more than 154,000 exchanges. The age profile of survey respondents corresponded with the city’s demography with 50% of respondents aged 25-44 years. Alcohol was reported as important in the lives of 41% of respondents and not important in the lives of 45% of respondents.

3.15 It is fair to say that the viewpoints expressed in the debate have been overwhelming in favour of much tougher measures to deal with alcohol and in particular the socially disruptive

effects of alcohol. A number of themes emerged:

- The city needs to promote more **alternatives to alcohol** including late-night solutions to encourage a broader mix of people into the city centre. For example, alcohol-free venues such as cafes, tea houses and other attractions should be encouraged to stay open late and there should be more city sponsored activities that aren't alcohol-driven. Many residents are discouraged from coming into the city in the evening because of alcohol-fuelled disruptive behaviour which affects even events which are supposed to be 'uncontaminated' by alcohol such as *White Night*.
- The city's **licensed premises should support other activities** like sport (go-karting, football, roller skating) and cinema and not focus solely on alcohol consumption. Licensed premises should also be required to support alcohol support services such as Safe Space in West Street and police and local authority initiatives to tackle problem drinking.
- There should be greater support for **local community bars** as opposed to bars and clubs in the town centre to encourage more local sociable drinking as an alternative to low-cost drinking at home, or binge drinking in town centre
- Licensed premises should be **prevented from inappropriately advertising and marketing alcohol** in a way that encourages problem drinking such as cheap shots, happy hours or special offers
- There are **too many licensed premises** across the city and measures should be taken to restrict the growth of more licensed premises as well as **curtailing the licensing hours** of those premises operating. Many residents avoid parts of the city because of a fear of being a victim of an alcohol-related incident.
- There should be **more education about the adverse effects of alcohol** consumption. People drinking on the streets and causing problems should be required to undertake some sort of education about the effects of their drinking on their own health and the wellbeing of others.

A number of potential measures are emerging from the debate, some of which already are being addressed and others which merit further consideration.

Education

3.16 Parents and older siblings are often involved in the purchasing of alcohol for younger people. A programme of work specifically targeting these groups is under development. The Healthy Schools Programme has made links with education systems in other areas. One area with a very strong abstinence message for young people is Rotterdam. A parent 'contract', with parents agreeing to not provide their children with alcohol has been signed in some schools. The possibility of developing something similar in Brighton and Hove is under discussion, with a view to changing attitudes towards young people drinking alcohol.

Alcohol free events

3.17 Developing an extended programme of specific alcohol free events for young people including 'dry' club nights at city venues, and for older residents and families to promote more people participating in a more diverse night-time economy is a priority for the Alcohol Programme Board. The 'Pink Fringe' is an example of an alcohol free event which was run along side the annual St James' Street Party at Pride. Organisers applied for an Arts Council Grant and set up a number of events including historic walks and talks on the history of Brighton as a Spa town. These events took place alongside the traditional 'Pride' events, and the aim was to offer an alternative to people visiting the area. Anecdotal feedback was positive and the hope is that the Pink Fringe, and other alcohol free events, will expand in 2013.

Best Practice Retailers

3.18 Work is underway to develop a network of designated best practice retailers who are branded as such and commit to specific measures such as better proxy purchase detection, corralled drinking areas, limited alcohol promotion and better information for consumers (units of alcohol and associated calories purchased). As a member of the Alcohol Programme Board,

Sainsbury's have indicated that there is scope to work with Brighton and Hove to limit the availability of alcohol during high profile events. This could include a temporary suspension of alcohol sales during Pride from Sainsbury's close to potential hotspots. Support for the Bevendean Community Pub Project, or 'The Bevy', is a further example of a best practice retailer. A community group are working to re-open the pub as there is nowhere for the local population to go to socialise. The plan is to have community run pub, alongside a café for those who do not want to drink alcohol. Meeting rooms will be available and utilised for health promotion type sessions such as smoking cessation and health MOTs/trainers. There will also be a community kitchen offering training opportunities. The community group is also keen to provide somewhere for teenagers such as a milk/coffee bar. The suggestion is that the venue will become a community hub, with interchangeable space to suit the needs of the local population. Local Police are involved in the development to address any potential issues that may arise in a project such as this. The Alcohol Programme Board are supporting the project by funding a film following the evolution of the project from concept to reality, and by ensuring healthy living initiatives are available in the pub once opened to support the community to live healthy lives and develop community resilience.

Domain 2: Availability of alcohol

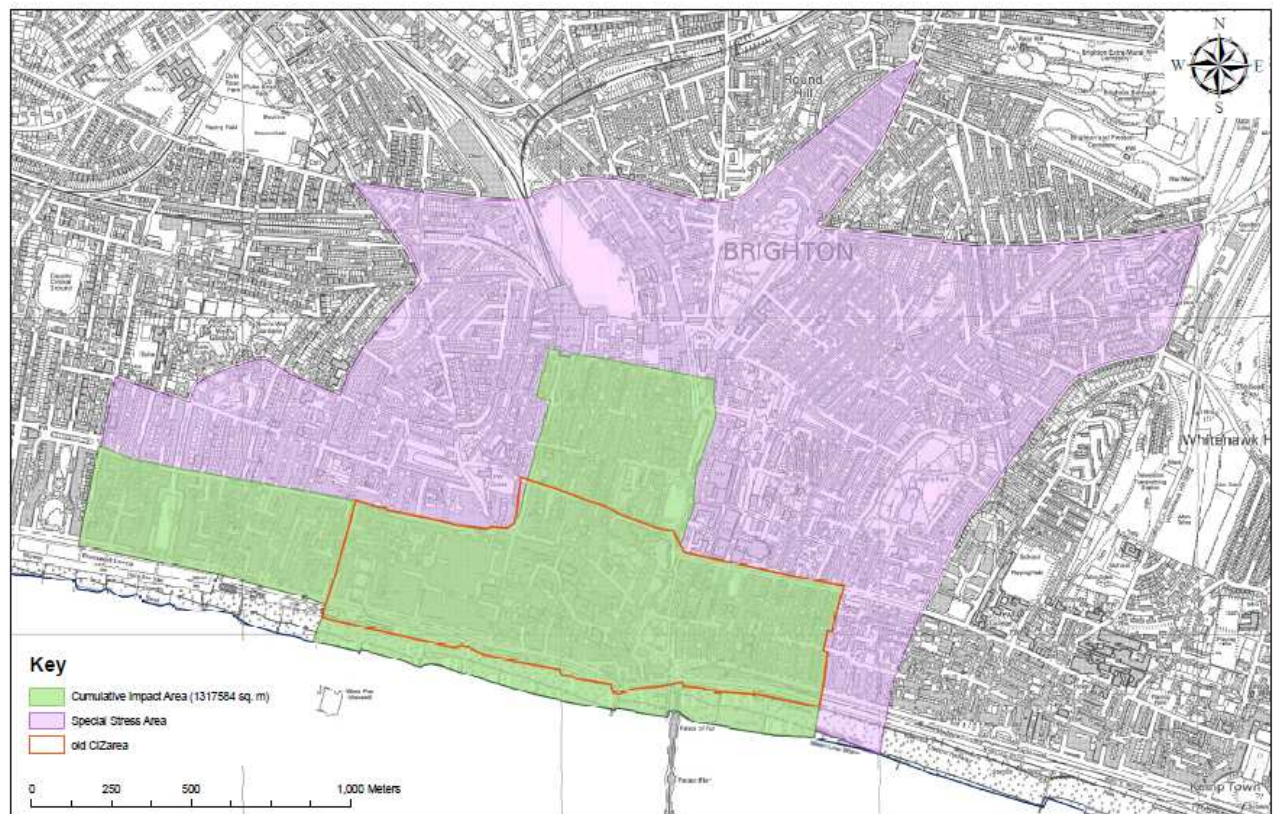
Lead: Licensing Team

3.19 The key objective of this second domain is to 'reduce the consumption of alcohol across the city focusing in particular on young people and heavy drinkers'.

Cumulative impact zone

3.20 In keeping with interim findings from the Big Alcohol Debate, the boundaries of the cumulative impact zone were reviewed and with the approval by the Licensing Committee, extended from 0.8% to 1.5% of the city area. The map below sets out the expanded cumulative impact zone and the special stress area.

Cumulative Impact Zone



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Special stress area

3.21 Adjacent to the cumulative impact zone is a '*special stress area*' where operators are expected to make positive proposals to minimise any impact from alcohol use. These include additional training for staff, membership of accredited crime reduction schemes and safety measures such as the use of polycarbonate glass and lockable glass bins.

The matrix model

3.22 In order to promote '*the right type of alcohol retail establishment*' for the city a new matrix model for licensing decisions has been adopted. Three matrix criteria are:

- A. Location of the proposed establishment;
- B. Type of establishment;
- C. Hours of opening.

So for example, a restaurant would now be granted a licence to serve alcohol in a residential area until 11.30pm, in the cumulative impact zone until midnight or in the special stress area until 2am; an off-licence would only be allowed to open in a residential area and only until 8pm; and super-pubs would not be permitted a license in any location.

Advocacy

3.23 Cheap alcohol off-sales are often used by young people to pre-load and by others, including older people to drink to excess alone at home. The Alcohol Programme Board has written to the Home Secretary on two occasions supporting a minimum price per unit of alcohol, and differential VAT ratings for local pubs and off sales. Public health colleagues in Greater Manchester visited the city to discuss their work in tackling alcohol including the Greater Manchester local authority motion supporting local minimum alcohol pricing. The Director of Public Health has discussed with Manchester colleagues the establishment of a network of local authorities that support minimum alcohol pricing. This Government has now announced a national consultation on minimum alcohol pricing.

Late Night Levy and Early Morning Restrictions

3.24 These national licensing changes could result in reduced late night/early morning openings, or could result in a funding stream to pay for schemes to help reduce the negative impact of the busy night time economy e.g. fund taxi marshals and Safe Space.

Support for local residents to oppose licensing applications.

3.25 Local residents need support to be better equipped to oppose licensing applications. Programmes of education for local residents will run, to enable them to better lodge challenges to licensing proposals.

Reducing Illegal Alcohol Sales

3.26 Investigation takes place into smuggled, falsely described and illicit alcohol supplies. Work is underway with trading standards and environmental health to tackle the emerging and significant food fraud with potential public health implications. This can mean the selling of wine or beer not of the nature, substance or quality demanded by the customer. Joint work between the Council and Sussex Police has led to the development of a pilot project from the Joint Delivery Programme. The pilot begins on the 1st January 2013 and will run for three months. It will allow intelligence to be shared more successfully, and is the first of it's kind in the country.

Domain 3: Night time economy

Lead: Police

3.27 The key objective in this domain is '*to reduce the impact of alcohol harm arising out of the night time economy*'.

The Cardiff Model

3.28 In 2011, after two years of frustrated efforts attempting to secure A&E data as part of the Cardiff Model, it was finally implemented through the facilitation of the Programme Board. Patients attending A&E with an alcohol-related injury due to an assault now have their

anonymised details passed to the police. This model, first developed in Cardiff has been found to reduce assaults in some parts of the country, but in Brighton and Hove has proved valuable in checking the under-reporting of assaults. Although the data confirmed that most assaults resulting in injury were reported to police and few occur in our pubs, clubs, and bars, it provides a useful mechanism to check this assumption, as well as enabling the police to take appropriate action with the relevant licensees if assaults regularly occur in their premises. We are continuing to assess the correlation between the A&E and Police data sets twice a year in Spring and Autumn. Audit work with the Alcohol Nursing Team in A&E is also enabling us to incorporate assault activity from their referrals within these reviews.

Safe Space

3.29 The Safe Space project runs every Friday and Saturday night from St Paul's church in the city centre helping people distressed or injured as a result of alcohol use by delivering advice, medical, practical and emotion support. The service can help to reduce the number of inappropriate A&E attendances and arrests due to alcohol related antisocial behaviour. Clients are offered follow-up referrals to a wide range of services. Funding levels have been problematic in 2012/13, with a threat of closure of the service in January, February and March 2013. The partnership nature of the Alcohol Programme Board ensured that all members could be made aware of the benefits of the service, and allow additional funding to be secured to keep the service operational all year.

Quick shared solutions – the case of the Taxi Marshals

3.30 The late night taxi marshal service, which is recognised by police as an important contributor to reducing late night alcohol-related disorder and crime had its funding threatened. By being able to quickly harness resources, the Alcohol Programme Board agreed to jointly fund the service at short notice.

Alcohol Diversion Scheme

3.31 After positive feedback from pilot sites, the Alcohol Diversion Scheme was launched in Brighton and Hove. The scheme is delivered by Druglink and backed by the Home Office and Ministry of Justice. All adults arrested and given a Penalty Notice for drunk and disorderly, drunk and incapable or a Section 5 Public Order (Section 5) are offered the opportunity to attend a three hour educational course for the fee of £40, with the £80 penalty notice fee waived. The model is similar to the 'speed awareness' course offered when a person is caught speeding.

3.32 The programme Druglink delivers to attendees on the course is interactive and encourages offenders to face up to the reality not only of the stupidity of their behaviour but also to the very real danger to their own health by over indulgence in alcohol. Participants are also encouraged to think of the consequences of alcohol fuelled violent behaviour to others around them.

Student Safety Issues

3.33 Alcohol use can have a negative impact on student safety. Property such as mobile phones and wallets are often stolen from incapacitated students. Teams are working with Student Union representatives to ensure that safety messages are being disseminated to students.

Greater role for residents at the receiving end of alcohol-related disruption

3.34 Local Area Teams are working with schools and with alcohol rescue services (Safe Space / A&E worker) so that people who disrupt residents lives can have more of a picture of the impact of their unwise drinking.

Improving the environment by encouraging responsible drinking

3.35 In a move away from the traditional drinking 'environment', work has been taken forward in conjunction with the Council arts team to develop alternative events throughout the year which help to encourage responsible drinking and promote the city as a focus for cultural activity. 'White Nights' is one example of this. This work will continue with a view to developing a wider

range of activity options and alternatives, for all age groups. The aim is to establish a new 'norm' for people participating in the night time economy in Brighton and Hove.

Domain 4: Early identification, treatment and aftercare

Lead: Public Health

3.36 The key objective in this domain is *'to reduce the risk from consumption of alcohol through effective early identification and screening, and onward referral to appropriate treatment and aftercare'*. The priority areas for this domain group focus on:

1. increasing the number of people being screened and offered appropriate alcohol treatment services
2. ensuring that services commissioned provide the right support to enable people to recover from their addiction and re-integrate with the community (in line with national policy direction)
3. reducing the number of alcohol related A&E attendances and hospital admissions

Health promotion

3.37 Alcohol awareness, identification and screening training packages/support is offered to Tier 1 and 2 workforce e.g. ante/post natal staff (midwives, health visitors), police, probation, mental health staff, housing/hostel workers, domestic violence workers, social workers, health trainer, etc. This ensures that the workforce are appropriately trained to identify individuals who require some form of treatment.

3.38 The Health Promotion team also delivers a range of campaigns. These include Alcohol Awareness week, Fresher's and Christmas campaigns and bespoke alcohol awareness training courses for a range of professionals.

3.39 A recent needs assessment focusing on alcohol use in 18 to 25 year olds identified that increasing numbers of students are drinking at high risk levels. Some of these students may be inappropriately using health care services as a result of their alcohol consumption. In January 2013 a project will commence, using students in their volunteer placement post. These students will undertake a health promotion campaign, focusing on students and young people and the use of alcohol. It is anticipated that the outcome of the project will be the development of a 'tool' to be used by young people to better equip them with the information needed to inform their safe alcohol use. This could be something like an 'app' to be used on a smart phone, or using another form of social media to deliver the information. It is hoped that an associated reduction in alcohol related A&E attendances will be seen.

Community Brief Interventions

3.40 Work has taken place to ensure that appropriate community support is available to people drinking at higher risk levels, but who are not yet showing a dependence on alcohol. This early intervention should help to support these individuals to be aware of the dangers they may be putting themselves under, and to moderate their drinking behaviour. The aim of the service is to reduce the number of people drinking at high risk levels.

Specialist Alcohol Nurses in A&E

These nurses are in place to liaise with individuals attending and being admitted to hospital with an alcohol related issue. They provide brief interventions and referral support to people, where appropriate, to ensure that people requiring services are supported. The nurses liaise with individuals, often younger people and students, who have been 'binge drinking' on a night out, and drunk to an extreme level, resulting in their complete intoxication. In the past year a decrease in the number of these types of individuals being admitted for a second time due to acute intoxication has dropped. This could be a indicator that the service is having an impact.

Hostels alcohol nurse

3.42 A specialist alcohol nurse provides intensive support to hostel residents who have alcohol dependence issues. The aims of the post are to: reduce alcohol related emergency call-outs, A&E attendance and hospital admissions, improve health and increase numbers accessing treatment for these hostel residents, who often have a history of homelessness, and who are currently not accessing treatment or accessing treatment sporadically. A considerable impact has been seen, and the number of A&E attendances has dropped dramatically. A further positive impact is a considerable reduction in the number of evictions from hostels, as residents are supported to address their anti-social behaviour caused by their alcohol consumption.

Alcohol Frequent Flier Worker

3.43 The Frequent Flier worker aims to engage more assertively with individuals frequently attending A&E with an alcohol related issue. This group will have alcohol dependence issues and will be consistently failing to complete the assessment and treatment process.

National Treatment Agency work

3.44 In late 2012, the National Treatment Agency (NTA) identified Brighton and Hove as one of the 14 areas nationally to receive additional support to look at current alcohol treatment pathways and provision, and to understand what the challenges are in reducing unmet need. The 14 areas were selected because of existing action already underway to reduce alcohol related harm and because of higher than average rates of alcohol harm and treatment need. The programme of support runs from November 2012 to March 2013 and aims to provide support in the planning and delivery of an effective local response.

Actions for 2013/14

3.45 In 2013/14 the Board will continue to build on the work streams being implemented. It will also be necessary to ensure that services are delivered in line with recent national policy developments.

3.46 In 2010 the Government published a new drug strategy. The 'Drug Strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' puts the emphasis on supporting people to recover fully from their substance misuse problem (including alcohol), and reintegrate in the community. This continues to focus on the right treatment services being available, but also prioritises things such as appropriate housing, training/education opportunities and structured daily activities such as volunteering or paid employment. This strategy applies to both drug and alcohol treatment.

3.47 In 2012 the Government published a new alcohol strategy. The 'Government's Alcohol Strategy 2012' looks at how excessive and dangerous drinking can be reduced by focusing on minimum pricing and bans on multi-buy alcohol discounting. The strategy also highlights the need for strong health promotion messages, and evidenced based identification and treatment services. Again the focus is on 'recovery' and how an individual can move beyond their alcohol issues.

3.48 Consideration is being given to undertaking a procurement exercise for drug and alcohol services in Brighton and Hove. As the last procurement exercise took place in 2007, and given the recent national strategy developments, it is timely to review drug and alcohol services available locally, and undertake a re-tendering exercise to shape the future delivery of services. This would be with a view to having new contracts awarded and services operational from 1st April 2014. The work being undertaken by the NTA, as well as the existing improvement work streams, will feed into this procurement exercise.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None to this report for information.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this report for information.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 There are clear crime and disorder implications involved in the use and misuse of alcohol; please see the body of the report for more information.

Risk and Opportunity Management Implications:

5.6 None to this report for information.

Public Health Implications:

5.7 Alcohol misuse has wide public health implications, which are reflected in the Alcohol Programme Board's remit. Please see the body of the report for more information.

Corporate / Citywide Implications:

5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To draw HWOSC's attention areas that might benefit from a scrutiny panel's involvement.

SUPPORTING DOCUMENTATION

Appendices:

1. None
- 2.

Documents in Members' Rooms

1. None
- 2.

Background Documents

1. None
- 2.