

By: Overview, Scrutiny and Localism Manager

To: Corporate Policy Overview Committee
27 March 2008

Subject: **SELECT COMMITTEES - UPDATE**

Classification: Unrestricted

Summary: This report updates Members on the Select Committee Topic Review programme.

Select Committee: Alcohol Misuse

1. The Alcohol Misuse Select Committee under the Chairmanship of Mr Hirst has now completed its work and the report was submitted to Cabinet on 17 March 2008. Members will be updated on how this was received by Cabinet and a copy of the Executive Summary is attached to this report as Appendix A. The full report is available on the web <http://www.kent.gov.uk/publications/council-and-democracy/selcom-alcohol-misuse.htm> If you would like a hard copy of the report please contact angela.evans@kent.gov.uk or on 01622 221876.

Select Committee: Climate Change

2. The Climate Change Select Committee which was originally established under the remit of the Environment and Regeneration Policy Overview Committee has been reconvened and will meet on 26 March 2008 to consider an update on its recommendations one year after it met. As Climate Change now falls within the Corporate remit, a copy of these Minutes from the progress meeting will be submitted to the next meeting of this Policy Overview Committee.

Select Committee: Accessing Democracy

3. As reported at the last meeting of the Policy Overview Committee, the Accessing Democracy Select Committee under the Chairmanship of Mrs Angell has agreed its terms of reference (which were approved by POC at the last meeting). The Select Committee is starting its work and this Committee will be kept informed of progress.

Select Committee Topic Review Programme

4. (1) The Policy Overview Co-ordinating Committee (POCC) met on 14 February 2007 to consider the Select Committee Topic Review Programme. At this meeting it was agreed that the proposed topic review on Vulnerable Children would be withdrawn from the Topic Review Programme as the proposer had indicated that as considerable work had been undertaken in the Children's Families and Education Directorate, he was satisfied that a review at this time would not be appropriate and he was happy for this to be withdrawn from the Programme.

(2) There were resources available for one review to start shortly and two potential topics had been identified. These were Provision of Activities for Young People and Autistic Spectrum Disorder (ASD). After considerable deliberation, the Policy Overview Co-ordinating Committee decided that the next review to be carried out should be Autistic Spectrum Disorder (ASD), but that the review on Provision of Activities for Young People should be in the programme and should be the next review to be undertaken once resources became available.

Building Capacity for Policy Overview Committees

5. At the meeting of the POCC on 14 February, Members also received a report to aid discussion around building capacity for POC's especially this Committee. The comments made by Members of POCC will be submitted to Chief Officers Group and ultimately Cabinet for their consideration of how to best build capacity for Policy Overview Committees. Initial feedback from the CPA inspection identified strengthening the Overview and Scrutiny function. I will be keeping all the Policy Overview Committees and the Policy Overview Co Ordinating Committee informed as collectively work is undertaken to continual improve the operation and effectiveness of the Policy Overview Committees

Recommendation

2. Recommended that the update be noted.

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Background Information: *Nil*

Alcohol Misuse Select Committee

Executive Summary

1.1. Committee Membership

1.1.1. The Committee consists of eight Members of Kent County Council (KCC): Five Members of the Conservative Party, Two Members of the Labour Party and one Member of the Liberal Democrat Party.



Mrs Ann Allen

Conservative
Member for
Wilmington



Mr David Brazier

Conservative
Member for
Sevenoaks North
East



Mrs Trudy Dean

Liberal Democrat
Member for Malling
Central



Mr John Fullarton

Conservative
Member for
Broadstairs and Sir
Moses Montefiore



Mr David Hirst

Conservative
Member for Herne
Bay

Chairman



Mr Bill Newman

Labour
Member for Dover
Town



Mrs Eileen
Rowbotham

Labour Member for
Dover North



Mrs Paulina
Stockell

Conservative
Member for
Maidstone Rural
West

1.2. Scene Setting

- 1.2.1. It is widely accepted that excessive consumption of alcohol is a growing social and public-health problem in the UK, with a marked increase in the numbers drinking regularly and to excess.
- 1.2.2. This is partly attributable to the fact that alcohol has become cheaper and more readily available. Also, patterns of drinking have changed – with alcohol misuse becoming more socially acceptable, and increasing numbers of women (particularly younger women) drinking excessive levels of alcohol.
- 1.2.3. Health problems that are known to be associated with excessive alcohol consumption include:
- brain damage;
 - alcohol poisoning;
 - cancer;
 - liver disease (cirrhosis);
 - circulatory disease;
 - high blood-pressure;
 - damage to the nervous system;
 - mental-health problems;
 - impaired reproductive health;
 - elevated risk of sexually-transmitted infections (associated with more risky sexual behaviour); and
 - trauma (associated with accidents and violence).
- 1.2.4. Drinking to excess is one of the leading causes of disease, injury, disability and premature death. The annual number of alcohol-related deaths in the UK more than doubled between 1991 and 2005 (when the figure was 8,386). It is estimated that some 17 million working days, costing £6.4 billion, are lost in the UK each year due to alcohol-related sickness absence. Alcohol misuse also contributes to health inequalities.
- 1.2.5. Some public-health interventions (such as breath-testing of drivers and legal restrictions on the sale of alcohol) are known to be effective in reducing alcohol-related harm.

1.3. Terms of reference

- To map out, in respect of the administrative County of Kent, on the basis of available evidence, the extent of alcohol misuse and the public-health implications of the issue.
- To consider what public health initiatives¹ might be undertaken to address alcohol misuse in Kent, having regard to national/government policies, and existing national and local best practice.
- To explore the possible role of collaborative working (with the 12 district authorities in Kent, local NHS Bodies, schools and other partners) in delivering initiatives on this issue.
- To explore programmes currently addressing the issue of alcohol misuse in primary and secondary schools in Kent.
- To take account of the work of the Kent Drug and Alcohol Action Team (KDAAT), and consider innovative ways of delivering alcohol related services.
- To consider the impact of alcohol misuse on NHS Accident and Emergency departments – with reference to pressure on services and assaults on NHS staff.
- To identify vulnerable groups where alcohol misuse is most prevalent and focus on action that KCC could take to reach those groups.
- To explore funding streams to support the implementation of initiatives on this issue.
- To make specific recommendations on this issue for Kent County Council and partner organisations.

¹ The standard typology of public-health interventions is as follows: health protection; preventive medicine; health education; healthy public policy; community empowerment.

1.4. Recommendations

Recommendation 1

The Alcohol Misuse Select Committee recommends that:

Kent County Council (KCC) establishes, in partnership with Kent Primary Care Trusts (PCTs), an independent task board which will carry out a comprehensive and systematic needs assessment of alcohol service provision in Kent. This review should investigate, quantify and evaluate the current level of need and the financial resources available in both East and West Kent; it should consider coordination, commissioning and provision mechanisms involved; it should assess the effectiveness of local alcohol treatment systems in all the four tiers of intervention, and it should explore opportunities for savings in order to maximise budget spend on service delivery. The Kent Drug and Alcohol Action Team (KDAAT) should produce an annual updating report indicating in the various areas of operation the number of individuals receiving treatment and the reasons for their referral. (Please refer to Sections 3.1 and Section 3.2)

Recommendation 2

The Committee recommends that the needs of all those individuals requesting assistance, especially those caring for dependants, should be assessed carefully, and that treatment should be prioritised according to the importance and urgency of each situation. (Section 3.2)

Recommendation 3

The Select Committee recommends that:

The outcomes of the needs assessment should inform the production of an overarching alcohol strategy for Kent. The production of the strategy, aiming at reducing the impact of alcohol misuse in Kent, should be lead by KDAAT. The strategy should address a variety of issues including treatment services, underage drinking, public awareness, alcohol-related crime and responsible retailing. It should clearly identify effective actions to be taken, together with responsibilities and accountability of all the agencies involved in the coordination, commissioning and provision of alcohol-related services. The strategy should include mechanisms that will evaluate and monitor the progress of its implementation, and it should encourage closer collaborative ties between all the agencies involved. (Section 3.1 and Section 3.2)

Recommendation 4

The Committee urges KCC to lobby Central Government to raise the priority and profile of the issue of alcohol misuse in the UK. KCC should press for an increase in funding to finance services dealing with alcohol misuse. This

pressure should be carried out through the influence of the Local Government Association (LGA), as well as through direct contact with Central Government agencies. (Section 4.1)

Recommendation 5

KCC should ensure that the distribution of financial resources for alcohol-related services is monitored, amongst other methods, through Local Area Agreement (LAA) structures and mechanisms. KCC should prioritise the allocation of resources for these crucial alcohol services, given their impact across so many other aspects of life. (Sections 4.1 and 4.2)

Recommendation 6

The Committee recommends that:

KCC establishes closer links with local academic institutions, such as the University of Kent, in order to deal with alcohol misuse. Work should be carried out with the European Institute of Social Studies (EISS) of the University of Kent, in an effort to attract European Union funding to finance alcohol misuse services in Kent. KCC should liaise with EISS to encourage the participation of both the alcohol industry and Kent-based agencies dealing with alcohol misuse in the EU Alcohol and Health Forum. Care should be taken to present the Forum with the many projects that the alcohol industry in Kent may initiate. (Section 4.2)

Recommendation 7

The Select Committee urges that the effectiveness of GPs in early identification and referral of alcohol misusers in Kent should be improved. All GPs in Kent should be strongly encouraged to attend special training that will help them identify alcohol misusers, especially those with dependants. (Section 5.1)

Recommendation 8

GPs and other primary care staff should increase the provision of “motivational brief interventions” and advice to individuals drinking excessively, but not yet experiencing major problems resulting from excessive consumption. Funding sources to finance these brief interventions should be identified by Kent Primary Care Trusts (PCTs). (Sections 5.1 and 5.2)

Recommendation 9

The Committee urges that KCC offers immediate intervention to support those with urgent needs, such as children mistreated by alcoholic parents, young carers of misusers and misusers suffering from alcohol withdrawal crises. If during assessment a parent is identified as in need of alcohol treatment, KCC

Social Services should ensure that support is provided to ascertain that the children are properly cared for. (Section 5.3)

Recommendation 10

It is paramount that additional temporary sheltered housing should be facilitated by KCC for individuals recovering from alcohol addiction, particularly those discharged from hospitals, prisons and residential alcohol treatment, in order to prevent relapse. (Section 5.4 and Section 8.1)

Recommendation 11

The Select Committee supports the promotion of a hard-hitting health campaign targeted at the young to increase their awareness and so reduce the damaging effects of alcohol. The Committee urges that this campaign should stress personal responsibility and self esteem, give information about sensible drinking and about the variety of alcohol- related services available in the County (Section 6.1)

Recommendation 12

In order to help those seeking support, the Select Committee recommends that:

- 1. A logo, which facilitates the identification of all alcohol services in the County, is adopted. (Section 6.2)**
- 2. The “alcohol” section in the KDAAT website is developed and expanded. (Section 6.2)**

Recommendation 13

KCC should produce a directory in hard copy of all alcohol-related services available in the County which includes all voluntary sector provision, to aid partners and clients to access help for individuals in crisis. (Section 6.2)

Recommendation 14

The Alcohol Misuse Select Committee recommends that:

More consistent Personal, Social and Health Education (PSHE), which includes effective alcohol education, should be delivered in both primary and secondary schools in Kent. PSHE accreditation for both teachers and nurses should be widely supported. The organisation and promotion of this training should be carried out by Schools Drugs Education Advisers through Local Children’s Services Partnerships. The Kent PSHE Advisory Group should pay particular

attention to this recommendation when investigating young people's personal health and wellbeing in the County. (Sections 7.1 and 7.2)

Recommendation 15

The Committee recommends that the inclusion of persons recovering from alcohol addiction in the delivery of alcohol education in schools in Kent should be considered by Local Children's Services Partnerships. Guidance for schools will ensure that lessons delivered by outside speakers, including previous alcohol misusers, comply with a clear quality assurance framework. (Section 7.2)

Recommendation 16

The Committee commends that parents and Kent-based primary and secondary schools should work in partnership to promote legal, safe and sensible drinking. Schools should involve parents in their children's alcohol education by transferring learning about sensible drinking into the home. (Sections 7.2 and 7.3)

Recommendation 17

Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, should be explored for adaptation to the theme of alcohol misuse. KCC should support the delivery of these initiatives in tackling alcohol misuse. (Section 7.2)

Recommendation 18

The Select Committee commends and supports the work carried out by the Safer and Stronger Communities Group and its sub-group, in their effort to reduce alcohol-related crime linked to the night-time economy and to deal with domestic violence in Kent. It recommends that this work should be comprehensive, including the diversity of offences fuelled by alcohol misuse which are not necessarily of a violent nature. (Sections 8.1 and 8.2)

Recommendation 19

The Select Committee urges that:

Communication between agencies at county level and those at more local level should be enhanced. Better data sharing between organisations dealing with alcohol-related crime, such as the police and Crime Disorder Reduction Partnerships (CDRPs) should be secured. The sharing of best practice between Kent-based CDRPs in tackling alcohol-related disorder should be improved. Both Central Government and the alcohol industry should be encouraged to provide data and finance. (Section 8.2)

Recommendation 20

The Committee strongly recommends that the Kent-based alcohol misuse conference, including representatives of local authorities, CDRPs, KDAAT and the alcohol industry, is established. (Section 8.2)

Recommendation 21

The Alcohol Misuse Select Committee urges that:

All hospitals in Kent improve Accident and Emergency (A&E) data gathering on injuries resulting from alcohol-related violence. All A&E departments in Kent should be strongly encouraged to collect and share data with other agencies in order to pinpoint “hot spots” and sources of crime resulting from alcohol misuse, and should quantify accurately NHS costs of dealing with health consequences. (Section 8.2)

Recommendation 22

KCC should recommend that magistrates are provided by Her Majesty Court Service (HMCS) with training which will enable them to deal more effectively with alcohol-related crime. (Section 8.2)

Recommendation 23

The Select Committee supports the KCC Towards 2010 target 58 to work with off licence pub and club owners to reduce alcohol fuelled crime and disorder, anti-social behaviour and domestic abuse. In addition, we recommend that problems of drinking outside the curtilage of licensed premises should be addressed, and that KCC should seek to discourage the practices of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking by all retail outlets. (Sections 9.1, 9.2 and 9.3)

Recommendation 24

The Committee recommends that:

KCC supports, where appropriate and after other measures have been explored, the establishment of alcohol free areas and of Alcohol Disorder Zones, which can require premises failing to implement actions designed to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of the additional policing necessary to suppress the disruption. Kent Police, Trading Standards and other appropriate agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied. (Sections 9.2 and 9.3)

Recommendation 25

The Committee recommends KCC to improve public knowledge of the rights to object to licence applications for the sale of alcohol and to call for license reviews if problems of public nuisance occur. Local experience of public nuisance was previously submitted via Parish Councils, and the Select Committee recommends that KCC engages the support of the Kent Association of Parish Councils to lobby Government to reinstate Parish Councils as consultees in license applications. (Sections 9.2 and 9.3)

Recommendation 26

The Select Committee urges KCC to engage and encourage Central Government to ensure that the rate of taxation of drinks increases proportionally with their alcoholic strength. A greater part of the additional revenue accrued from alcohol taxation should be re-invested for the prevention and treatment of alcohol misuse. (Section 10.1)

Recommendation 27

The Committee recommends that KCC supports Central Government's engagement of large supermarket chains encouraging them to review their alcohol marketing strategies, including "loss leader" discounting practices, and to ensure that alcohol is not sold to under-age customers. (Section 10.2)

Recommendation 28

The Committee commends that KCC encourages Central Government to make Personal, Social and Health Education (PSHE) a statutory subject with inspection by Ofsted (please refer to Appendix 4 for related recommendations in KCC PSHE report). (Section 10.3)