By:	Andrew Scott-Clark, Acting Director of Public Health
To:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Date:	16 May 2014
Subject:	Alcohol Strategy for Kent 2014-2016
Classification:	Unrestricted

Summary

Although the majority of Kent residents drink alcohol responsibly, there are a large proportion of people for whom alcohol misuse is a problem. Liver disease is on the increase and alcohol misuse can also lead to violence and family disruption. The National Alcohol Strategy makes key recommendations on enforcement and disorder that are echoed in the Kent Strategy.

The Kent Strategy for 2014-16 goes further by pledging action to improve the current prevention and treatment arrangements in Kent. Currently there is evidence that not enough people are being referred for Alcohol Treatment and that too few people are aware of the harm that alcohol misuse is causing them. There are also a number of vulnerable groups, whose needs must be addressed.

This Alcohol Strategy has six pledges for action to reduce alcohol-related harm and six evidence-based steps that we will take. Once this strategy is endorsed by this Committee a detailed plan of action will be drawn up with partners.

Recommendations

The Cabinet Member for Adult Social Care & Public Health is asked to approve the Alcohol Strategy.

1. Purpose

1.1 To inform the Cabinet Member for Adult Social Care & Public Health about the Kent Alcohol Strategy 2014-2016.

2. Background

2.1 Although the majority of people in Kent and the UK consume alcohol responsibly, excessive consumption of alcohol is a growing problem in Kent and across the country and contributes to health issues such as liver disease and obesity. Alcohol also contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption.

2.2 Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England. Liver disease is the only chronic condition that is increasing rapidly in the UK, with a five-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years. The average age of death from liver disease is 59 years, compared to 82-84 years for heart and lung disease or stroke.

2.3 Local needs assessments show that there are an estimated **209,260** adults in Kent who are drinking at 'increasing risk' levels (22-50 units a week for men and 15-35 units for women). There are **49,843** who drink at 'high risk' levels, showing evidence of harm to their own physical and mental health, and **30,423** people have a level of alcohol addiction (dependency). This compares to around 3,000 – 5,000 people requiring drug treatment. There are, on average, **300** alcohol-specific deaths per year across Kent. However, alcohol also contributes to a greater number of deaths as misuse can increase risks of hypertension, coronary heart disease, cancers, traffic accidents and suicide. It is therefore essential that Kent has an alcohol strategy in place in order to reduce the harm associated with alcohol misuse.

3. Kent Alcohol Strategy 2014-2016

The Government's new Alcohol Strategy was written in March 2012 and prioritised reducing the:

- 1 million alcohol-related crimes
- 1.2 million alcohol-related hospital admissions nationally (Home Office, 2012).
- Stark figures on alcohol harm and the costs associated with that harm
- Costs to the economy, NHS, crime and lives.

The National Alcohol Strategy focuses on the importance of preventing and reducing the impact of alcohol on crime and disorder across the UK. It makes reference to the fact that the government has consulted on introducing a minimum price per unit, with the aim of legislating so that alcohol will not be allowed to be sold below a defined price of 45p per unit of alcohol. However, it is unlikely at the moment that this will be implemented.

The New Kent Alcohol Strategy builds on the previous Alcohol Strategy for Kent 2010-2013. It also reflects the National Strategy but puts a greater emphasis on health outcomes – reflecting the new relationship and powers of Public Health in the County Council, its links with the Health and Wellbeing Board and Kent Drug and Alcohol Team (KDAAT). Reducing alcohol-related deaths is also a key Public Health Outcome in the Public Health Outcome Framework and contributes to reducing the premature mortality rates in Kent.

3.1 The Key aims of the Alcohol Strategy for Kent 2014-2016 are to:

a) Reduce alcohol-related and specific deaths from the 2013 baseline (which is currently being calculated).The 2007 baseline is 300 deaths.
b) Continue to reduce alcohol-related disorder and violence year on year
c) Raise awareness of alcohol-related harm in the population
d) Increase pro-active identification and brief advice at primary care

e) Increase numbers referred into treatment providers from 2013 baseline (being calculated) – according to need.

3.2 The new strategy has been developed together with a wide array of partners including the police, trading standards and NHS Clinical Commissioning Groups (CCGs.) It has been revised after its public consultation via the Kent County Council website. The draft strategy has been discussed by the Kent Crime Partnership Board, KDAAT Board and is now being presented to this Committee for approval.

3.3 The new strategy will strengthen many of the positive actions of the 2010-13 strategy: namely in the area of trading standards and local alcohol partnerships. The Kent Community Action Partnerships (KCAP) were identified nationally as best practice and showed how local action between police, trading standards, industry and the community could have good results in tackling under-age sales, town centre disruption and irresponsible licence holding. The new 2014-16 strategy will expand on this by enabling more KCAP sites across Kent.

3.4 The 2014-16 Kent Alcohol Strategy goes further than the previous strategy in a number of areas, notably the health prevention and treatment pathways. Currently there is capacity in the existing Alcohol Treatment Services which is not being utilised fully. The improvements across the prevention-to-treatment 'pathway' will address this gap.

3.5 A section has been developed for each key area which explores current action, the planned activity for the future and how we will know it has been successful (Table 1).

Table 1

Alcohol Strategy Priority Areas	**Actions to Address Priority**
Prevention and Identification	Identification and Brief Advice – in Primary Care, Training, Social Marketing, Targeted promotion.
Treatment	Improve liaison at A&E, Pro-active care into and away from hospital, Creating a liaison team and after-care packages, better signposting. Better joint working and pathways into primary care.
Enforcement and responsibility:	Tackling night-time economy, reduction of violence, use of crime & community partnerships, spot checks on traders, working with industry.
Local Action:	Continue good practice using KCAP model and expand into areas where there is no KCAP. Improve data and needs assessment. Widen the partnerships. Support local schemes like street pastors and Alcohol Zones
Vulnerable groups and inequalities:	Prioritise dual diagnosis by improving the links between mental health workers and substance misuse treatment providers, domestic violence awareness campaigns and working with perpetrators. Work with the military covenant groups to increase awareness in ex-military/ veteran population.
Children and	Continue with Risk kit, lead a Kent-wide campaign, co-

Young People:	ordinate hidden harm strategy linked to KIASS, systematic screening in A&E.

3.6 The development of the Alcohol Strategy for Kent 2014-16 commenced in 2013, and took account of good practice being developed, and therefore many of the actions identified within the strategy are already underway.

- Alcohol Liaison Nurses are in place in Thanet
- An improved 'in reach' system from the community treatment provider into the A&E in Maidstone and Tunbridge Wells Hospitals is in place.
- Agreement has been reached with many Kent Clinical Commissioning Groups (CCGs) to provide improved access to 'Identification & Brief Advice' , where GPs are incentivised to pro-actively screen patients for alcohol misuse and then provide advice and/ or referral to treatment providers.

4. Implementation

4.1 A strategy implementation group will monitor progress on the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis.
The implementation group will include a range of partners from:
- Kent County Council Public Health Department
- Kent County Council – Kent Drug and Alcohol Commissioners
- Kent Police
- Kent County Council Trading Standards
- A representative from the District Councils
- A representative from primary care

4.2 The group will develop a detailed action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the strategy. They will have the role of ensuring delivery plans and individual actions are robust and enacted (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities.

The strategy implementation group will have the role of making sure that delivery plans and individual actions are robust and acted upon (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities. They will provide the reports to the KDAAT Board, and other relevant committees, and make the case for commissioning services as appropriate.

The Acting Director of Public Health would like to return to this committee in six months with an interim report on the progress of the Alcohol Treatment Pathways across the Health and Social Care system, and again in May 2015 with annual performance update on the strategy and its plan.

5. Recommendations:

The Cabinet Member for Adult Social Care & Public Health is asked to approve the Alcohol Strategy.

6. Background Documents

Appendix 1 –Kent Alcohol Strategy

Figure 1 Kent Alcohol Strategy draft

7. Contact details

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