

Wider Prevention Workshop Group Notes.

1. Contextual information

The table discussion was informed by contextual information which identified current work being undertaken on alcohol across Hartlepool Borough Council; Stockton-on-Tees Borough Council, Primary Care and Secondary care. This information is provided at appendix 1. Information covering current trends was also provided to inform the discussion.

2. Discussion

Three broad themes emerged from the discussions:

Advocacy (for changes to the legal system)

Culture Change (to reduce stigma in talking about alcohol use; and considering root causes of harmful use)

Prevention model (across all levels of prevention); raising awareness of the 14 unit lower risk limit/ what an alcohol unit is; collaborative approaches to screening and brief intervention

Broad area	Aim	Suggestions
Advocacy	To changes our laws in ways which reduce harmful alcohol use.	<p>MUP – to be promoted to the next UK Government Licencing.</p> <p>Reduce access to alcohol by reviewing licencing, with the aim of reducing the prevalence of licenced premises and reducing hours.</p> <p>Education (public information about lower risk drinking and about what a ‘unit’ is.</p>
Culture Change	To change our regional drinking culture from heavy drinking norms to lower risk use.	<p>We need to change the conversation about alcohol and challenge the positive way in which getting drunk is normalised.</p> <p>Culture change using marketing methods across all agencies to challenge cultural norms.</p> <p>Building skills and resilience in young people.</p>

		<p>Culture change with parents and families ensure risks of alcohol use by children and young people are understood.</p> <p>Support sports clubs to challenge norms about the role of alcohol in fund raising and support clubs to identify funding sources.</p> <p>Raising aspirations and purpose for people experiencing worklessness.</p>
<p>Prevention across the whole system</p>	<p>To develop a prevention model across the whole system (all partners) which uses evidence-based approaches to raise awareness of lower risk drinking; identify people at increased risk early; to intervene effectively and to support people who need it to access treatment.</p>	<p>(we need) a model for primary and secondary prevention.</p> <p>What is safe? What is a unit?</p> <p>Identify what works and start from examples of success.</p> <p>Work together to understand the impact of implementing evidenced based approach collaborative approaches e.g. brief intervention.</p> <p>Why do we wait until people are dependent on alcohol before intervening?</p> <p>Target interventions at those who are drinking at higher levels in primary and secondary care.</p> <p>Community led support is needed to reduce stigma</p>

3. Action Planning

Action planning was undertaken by a small group.

The group decided to focus on a model for primary prevention and advocacy for the introduction of MUP (indicated in bold in the table above).

Draft action plans have been produced for both of these areas. I would like to share these with and the group who contributed to them for comment and the addition of timescales.

Draft Action Plans (11.11.2019)

Alcohol 1: Advocate to all audiences which can influence national government to change the law to introduce Minimum Unit Price (MUP) legislation in England.

Contributors: Tanja Braun; Andy Copeland, Deepak Dwarakanath, Mandy McKinnon, Ian Nicholson, Steve Rose, Ken Ross.

***note: we were a small group and colleagues across the wider system may wish to contribute to this work.**

No	Task description	Owner* (s)	Due Date	Expected outcome
1	Engage with Balance (who have led work to advocate for MUP at a regional level) to establish if there is existing work which we can link into.	Stockton-on-Tees Borough Council Tanja Braun		Steer from Balance regarding the regional position and how we can link with any ongoing regional advocacy for MUP.
2	Engaging with partners across the system to provide the opportunity to engage with advocacy for MUP	Stockton Alcohol Group Andy Copeland/ Mandy McKinnon		Partners have the opportunity to advocate for MUP
2	Making the case for MUP across all partners.	Stockton Alcohol Group Andy Copeland/ Mandy McKinnon		A range of draft briefings; presentations and letters which convey key evidenced based messages to advocate for MUP and to address any potential concerns
3	Mapping audiences with whom we wish to communicate with on MUP.	Stockton Alcohol Group Andy Copeland/ Mandy McKinnon		A stakeholder map which identifies those we need to engage with on MUP and how best we might communicate with each audience. Communication methods could include: face to face meetings; presentations; letters and emails.

4	Support the Alcohol Health Alliance in national work to advocate for MUP	North Tees and Hartlepool NHS Foundation Trust Deepak Dwarakanath Stockton-on-Tees Borough Council Julia Bates		The Alcohol Health Alliance will be offered support to advocate for MUP.
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Alcohol 2: Prevention of alcohol harm across the system

Contributors: Tanja Braun; Andy Copeland, Deepak Dwarakanath, Mandy McKinnon, Ian Nicholson, Steve Rose, Ken Ross.

***note: we were a small group and colleagues across the wider system may wish to contribute to this work.**

No	Task description	Owner (s)	Due Date TBC	Expected outcome
1	Summary of the mapping for the alcohol harm prevention evidence base (which has already been completed by the Stockton Alcohol Group) to be shared with all partners	Stockton Alcohol Group Mandy McKinnon		A short summary of the evidence base for prevention will be produced to share with all partners.
2	Summary of an alcohol prevention framework and an action plan for delivery (which has already been completed by the Stockton Alcohol Group) to be shared with all partners	Stockton Alcohol Group Mandy McKinnon		A short summary of the framework and action plan will be produced to share with all partners.

3	Consider how targeted messages and alternative choices can be promoted for people who are drinking in excess of lower risk levels.	?		Options for messages to provide supportive challenge to people who are identified as drinking in excess of lower will be identified.
4	Understand the current position on alcohol of the three Health and Wellbeing Boards represented at the event on alcohol.	?		The position for each of the three Health and Wellbeing Boards will be shared with all partners.

Appendix 1

Contextual information from stakeholders.

Setting	HBC	SBC	Primary Care	Secondary Care
Examples of current work	NHS Health Checks (Commissioned by PH)	Recognised within the JSNA (alcohol related harm, alcohol related admissions, binge drinking, associated violence and abuse)	NHS Health Check (commissioned by PH)	DART (Commissioned until March 2020)
	MECC		MECC work	Staff training on Brief intervention: inclusion in staff induction. Support CQUIN Health Matters. MECC
	HBC Substance Misuse Service Provision delivering alcohol services as part of the whole package	Commissioned Alcohol Service (young people and adults); higher risk and dependent drinkers).	?Provision of local support workers attached to groups of GP practices (Stockton)	Pre-operative health optimisation
	D&A Governance Group to oversee the work delivered by Substance Misuse Programme.	Healthy Schools	Community liver screening project	Communications campaign
		Licensing and trading standards: licensing considerations and enforcement	Primary care audits (HaST) to review practice level data to help identify more patients who are currently undiagnosed with Liver Disease	On-site support services for staff Better Health at work Award
	Alcohol Strategy Group: partnership working with partners: Police around associated violent crime and social care/child/adult services around abuse		Partnership working with both LAs: Alcohol Strategy Group	
	Communications campaign		Community liver screening project	
	BHAW Award			