

**Alcohol Harm Reduction National Support Team
Visit to Stockton, Hartlepool, Redcar & Cleveland
October 2010**

Purpose of Paper

Members of the Safer Stockton Partnership are asked to note the content of this paper.

Introduction

The Department of Health Alcohol Harm Reduction National Support Team visited Stockton, Hartlepool and Redcar & Cleveland in October 2010. The Support Team reviewed information submitted to them prior to the visit to inform questioning during the visit. A wide range of information was submitted from Stockton covering young people and adults, relating to prevention, treatment and control. Approximately 30 people from Stockton were interviewed from statutory and non-statutory organisations. The Support Team is re-visiting the area on 20 December 2010 to assess/agree support requirements.

Scale of the Challenge relating to Alcohol Harm

The points below are those identified by the Support Team as being of significant challenge to the three locality areas:-

- Culture of heavy drinking linked to industrial heritage
- Impact of Comprehensive Spending Review (CSR) and reductions in public spend
- High levels of deprivation
- Stark contrast between areas of high deprivation and relative affluence
- High rates of alcohol related hospital admissions
- Local Area profiles show rising alcohol specific health harms for women (In relation to alcohol specific mortality in Hartlepool and Stockton and alcohol specific hospital admissions in Redcar & Cleveland)
- History of low levels of investment in alcohol treatment
- Different levels of alcohol treatment availability across the Tees is creating a postcode lottery
- Reliance on non-recurrent funding has a detrimental impact on recruitment and retention in alcohol services
- Significant impact of alcohol on domestic violence and safeguarding issues
- 43% of all arrests are alcohol related

Summary of Support Team Feedback to Stockton

Overall Strengths

- Use of the Cardiff Model
- Alcohol Strategy is well-embedded with strong systems for reporting on progress
- Clear commissioning cycle for the treatment system
- Well utilised Brief Intervention training programme
- Pilot alcohol work commencing in Holme House, including brief interventions and specialist post
- Innovative use of Social Networking sites to gather intelligence
- Joint commissioning between Independent Living and DAAT
- Well developed work on Hidden Harm
- Good engagement of North Tees & Hartlepool NHS Foundation Trust
- A&E referral system for young people
- Positive use of Pubwatch and associated protocols, indicative of good working relationship with industry
- Operation Exodus (Section 27 notices and confiscations of alcohol) delivered with signposting to treatment
- Generic adult social work teams have designated alcohol leads
- Daily trawl of incident records to identify issues relating to license premises

Operation Exodus was viewed by the Support Team as innovative practice to be shared nationally.

Vision, Strategy and Commissioning

The Support Team felt there is a good understanding of what needs to happen in the short to medium term to tackle alcohol harm. However, the longer-term vision of the part that alcohol plays in the regeneration of the Borough is not clear.

Recommendation: The Local Strategic Partnership develops the longer-term vision for alcohol relating to health, regeneration, community safety and children and families to inform the alcohol strategy post-2012. Support has been offered by the team in this regard.

Communication and Social Marketing

The Support Team stated that the Think B4U Drink brand recognition was strong but evaluations have not indicated behavioural change outcomes.

Recommendation: To consider how to make greater use of regional and national social marketing support materials to amplify national messages at a local level.

Alcohol Interventions and Treatment

The Support Team commended the re-design of the alcohol treatment system which became operational on 1 October 2010.

Recommendations:

- To review the activity associated with the Addictive Behaviours Service specification to separate it from expected drug activity.
- Commissioners to lead the process of care pathway development and communicate those to service users and referrers. A pathway for priority is unplanned hospital detoxifications. Support has been offered by the team relating to this.
- To secure recurrent funding for Tier 4 services from mainstream social care spend.
- Commissioners to lead on a partnership wide Dual Diagnosis Strategy following the forthcoming dual diagnosis review. The Team offered support for this.
- To address in future needs assessments and service developments the rising alcohol specific health harms for women.
- Alcohol Treatment Provision is reviewed to ensure it meets need.

Children, Young People and Families

The Support Team supported the training and provision of brief interventions to a wide range of frontline services.

Recommendations:

- To conduct a follow-up evaluation with participants 3 – 6 months after the training has taken place.
- Operational Managers to promote and monitor the use of these tools by their staff.
- Consider mainstreaming the funding of the Youth Crime Action Plan as specific funding is finishing and there is evidence it has had a positive impact on anti-social behaviour.

Additional points

The Support Team reviewed a number of areas in addition to the above, such as, use of data. Generic comments made relating to additional areas were:

- To explore staff attitudes to their own and others' drinking
- To develop an on-going programme for elected members and responsible authority staff to fully understand the licensing powers available to them.
- To engage the off-trade (such as supermarkets)
- To consider what commissioning of services can be done on a Tees-wide basis

- To have a time-limited group relating to data knowledge and capture

Overall Priority Actions

- Make a concerted effort to achieve better engagement of GPs
- Commissioners to lead on the process of alcohol treatment pathways development

Summary

The majority of the above actions/recommendations are already contained within Stockton's current Alcohol Strategy Action Plan. Any areas of good practice identified within Redcar & Cleveland and Hartlepool not already taking place in Stockton are being explored. The Action Plan will subsequently be updated as appropriate and progress reported back to the LSP.

Recommendation

Members of the SSP to:

- Note the content of this paper

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