Agenda Item No. 12

Health and Wellbeing Board

3 September 2014

Report Title	**Progress Update on Joint Health and Wellbeing Strategy Priority: Alcohol and Drugs**
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	Community/Public Health
Accountable officer(s)	Ros Jervis — Director of Public Health Tel — 01902 55(1372) Email — Ros.jervis@wolverhampton.gov.uk

---

Recommendation(s) for action or decision:

That the Health and Wellbeing Board:

1. Note the update on the key performance indicators and other issues in relation to the alcohol and drugs priority in the Joint Health and Wellbeing Strategy 2013-2018.
2. Note the new reporting dashboard, agreed at the November 2014 meeting of the Health and Wellbeing Board, which summaries progress with the Wolverhampton Alcohol Strategy 2011- 2015.The dashboard is still under development and review but represents an improvement in monitoring progress with the Alcohol Strategy.
3. Note that the Alcohol Strategy strategic leads will be undertaking a review and refresh of the strategy as it nears the end of its term.
4. The board to make comments as necessary on any issues reported in this performance update, especially the response to the minimum pricing loophole concerning super strength cider
5. The board to make comments on the Alcohol Strategy reporting dashboard.

1.0 Purpose

1.1 Alcohol and drugs is one of the key priorities in Wolverhampton's Joint Health and Wellbeing Strategy (JHWBS) 2013-2018, approved by the Health and Wellbeing Board at its September 2013 meeting. This report is to:

- Provide members of the Board with regular updates regarding the key performance indicators used in the JHWBS to monitor performance for this priority. This September 2014 update includes a 2013/14 end of year performance overview.

- Present the Alcohol Strategy reporting dashboard to the board for comment. This dashboard is still in development but will be the basis for future monitoring of the Wolverhampton Alcohol Strategy 2011- 2015.

- Provide a report to the Board on any other issues of relevance to this JHWBS priority area.

2.0 Background

2.1 The Joint Health and Wellbeing Board approved Wolverhampton's Joint Health and Wellbeing Strategy at its board meeting on 4 September 2013. One of the top five priorities identified by the Board was Alcohol and Drugs, with the following key high level targets to monitor progress:

- Reduction in three year average alcohol related mortality rates per 100,000 all ages population from a baseline of 19.6 in 2008- 2010.

- Improvement to the top quintile of performance nationally for :
  - Percentage of drug users in treatment who complete treatment and do not represent within six months (opiates)
  - Percentage of drug users in treatment who complete treatment and do not represent within six months (non-opiates)

2.2 At the meeting on 6 November 2013, the Board agreed that the implementation plan for the alcohol strand of this priority should be the Wolverhampton Alcohol Strategy 2011-2015. Reporting would be by exception and via a reporting dashboard to streamline the reporting of indicators to monitor progress with the Wolverhampton Alcohol Strategy 2011-2015. This dashboard is presented to the board for the first time as Appendix 1.

2.3 The meeting also agreed that the implementation plan for the drugs strand of the priority would be through the NACRO contract overseen by a multiagency Joint Commissioning Board.

3.0 Performance Update

3.1 Wolverhampton Joint Health and Wellbeing Strategy 2013- 2018 indicators

In relation to the indicators contained in the JHWBS, nationally validated performance feedback on drug and alcohol treatment from Public Health England is received quarterly and the summary from the latest release in May 2014 shows that:

Indicator	Current performance
Reduction in three year average alcohol related mortality rates per 100,000 all ages population from a baseline of 19.6 in 2008 - 2010	Provisional figures for 2011- 2013 shows a three year average mortality rate of15.6 per 100,000 all ages population. This continued reduction in rates is to be cautiously welcomed, and continued monitoring will establish if this downward trend is sustained
Improvement to the top Quartile nationally for the percentage of drug users in treatment who complete treatment and do not represent within 6 months (opiates)	The percentage of opiate users who completed treatment successfully and did not re-present within six months for the year ending May 2014 was 5.6%; below the top quartile range of 7.84%-11.58% and significantly below the national average. For non-opiate users the percentage of successful completions who did not re-present to treatment within six months was 32.9%; below the top quartile range of 47.96% and 65.29% and also significantly below the national average. Both indicators have seen a decrease from the previous 12 month period.
Improvement to the top quartile nationally for the percentage of drug users in treatment who complete treatment and do not represent within six months (non-opiates)	

Further reporting (by exception) and an end of year performance overview is given below for alcohol and drugs separately.

3.2 Performance Update (by exception): Alcohol

3.2.1 Reporting dashboard

The Alcohol Strategy reporting dashboard is given in Appendix 1. The dashboard is still a work in progress and may need some additions and modifications and is presented to the Board for comment on the format.

3.2.2 Exception reporting and end of year (2012/13) overview

Goal 1: A Whole Community Approach to Changing Alcohol Habits in Wolverhampton

The focus has been on providing education. This includes children, young people and their families having access to accurate and consistent information in relation to the harms of alcohol. KPIs relate to the number of schools in Wolverhampton delivering the

Wolverhampton Drug Education Programme (WDEP) or their own drug education programme as part of their planned delivery of non-statutory Personal, Social, Health & Economic (PSHE) education. Healthy Schools deliver and report on this outcome**.**

The WDEP is accessible via the www.trustdecca.com website. The programme provides lesson plans and resources from Year 1 to Year 11 inclusive. The programme is primarily designed for use within mainstream school settings and is presented in a 'spiral' format – revisiting substance related topics with age appropriate activities. It is recommended that the programme be delivered as part of a planned PSHEe curriculum. PSHEe is non-statutory – schools should aim to meet the needs of their pupils, but it is left to the individual school's discretion as to which elements of PSHEe (including drug education) they include in their curriculum.

The education also includes improving knowledge within the workforce. This is to ensure the earliest possible identification of risk and risky behaviour affecting the well-being of children & young people and enable them to receive the support they need as quickly as possible to reduce that risk. The work includes Regular drug use screening tool (DUST) and Substance Misuse training offered to schools and children's workforce.

The early identification work also involved providing opportunities for children and young people to discuss alcohol related issues. The confidential, health advice for teenagers (CHAT) was developed in six secondary schools. The service was managed by Youth Service, School Nursing and Connexions. Monitoring forms were developed to capture issues highlighted. The monitoring reports showed did not highlight alcohol.

A Goal 1 indicator previously reported on the number of CAF's from the substance misuse service. However, this service has recently been tendered, resulting in data being unavailable.

Goal 2 Developing a Well Managed Night Time Economy

Strategic Objective i) A prosperous and diverse, high quality, night time economy

- The Statement of Licensing Policy is currently under review and will be presented to the Licensing Committee on 12 November 2014 to commence a formal public consultation, this will include revisions to the Cumulative Impact Policy (CIP):

  West Midlands Police have advised that they have witnessed a reduction of violent crime and anti-social behaviour in the current CIP area. Following discussion at the Responsible Authorities Forum the draft Statement of Licensing Policy propose introducing CIP in four additional areas within Wolverhampton and extending the City Centre area to additional surrounding streets.

  The policy has allowed greater control to ensure that licensing objectives have been met and have promoted the prevention of public nuisance, crime and disorder.

- The Responsible Authority Forum and multi-agency task force are on-going to ensure proportionate enforcement. Effective intervention management is also on-going with reviews and interventions being regularly used to ensure compliance with licensing requirements.

- The National Food Hygiene Rating scheme has been adopted and went live 20/9/13 and has shown the positive impact of the revised food hygiene service which has resulted in a 100 fold increase in 4 and 5 star premises.

Strategic Objective ii) A safe and well regulated night time economy

- To reduce the sale of alcohol to intoxicated persons, all off licenses in the city are regularly visited by West Midlands Police and any issues are communicated through the Responsible Authorities Forum.

- To prevent the underage sales of alcohol, advice packs have been provided by us directly or on our behalf by West Midlands Police to new licensed premises, those who have complaints against them and those subject to review. A 'high risk list' is used to manage actions in relation to the underage sales of alcohol with 33 complaints of which 28 are for off licenses and 5 for on licenses received this year alone. They have all been sent advice letters.

- Test purchases have been carried out at 25 different premises with two underage sales witnessed at one premises. A prosecution was undertaken and a conviction was secured against the seller resulting in fine. Stringent conditions were also added to the premises licence including having CCTV and robust staff training to reduce the likelihood of further underage sales.

Strategic Objective iii) A night time economy that is supported by responsible businesses

- WCC premises adopt best practice in relation to the sales and promotion of alcoholic drinks to meet to aims of promotion a well-managed responsible business.

Goal 3: Combating Alcohol Related Crime and Disorder and Increase Community Safety

Operation Stay Safe is the deployment strategy that contains tactics for effectively policing the night time economy. This strategy is regularly updated to meet the dynamic demands created from this area of business.

The use of preventative methods is still a mainstay of the overall Alcohol Strategy. All seizures made under the powers conferred by the designated public places order (DPPO) are now collated on the Police Corvus intelligence system. This provides a single point of collation for all Officers; there have been an average of 1 entry per day (over the last 50 days) on the system detailing seizures, some entries relate to multiple alcohol seizures. Section 27 Dispersal (the power to disperse people involved in anti-

social behaviour (Asb) where alcohol is a factor) is a power that is also available to officers, there have been 27 notices issued so far this calendar year.

Officers on Wolverhampton local police unit (LPU) are now regularly wearing Lapel Cam's. Their effectiveness is monitored as part of an academic study the results of which can be reported on at a later date.

NACRO staff have been deployed as part of Operation Stay Safe (to offer educational advice), significantly during the Football World Cup. This is not a tactic that will be regularly used, however it will be considered as a tactical option for specific times of the year.

Operation Sentinel is a West Midland police (WMP) approach to highlight vulnerability. Alcohol is a factor in domestic violence incidents, and medium and high risk victims/offenders are referred to Wolverhampton substance misuse service, and there is an outstanding task to now include standard risk subjects.

The alcohol dashboard contains the relevant alcohol related statistics for Wolverhampton LPU.

Goal 4: Improving Health and Alcohol Treatment Services in Wolverhampton

Alcohol misuse poses a threat to health and wellbeing in Wolverhampton. Excessive alcohol consumption does not just cause liver disease; it causes a range of health harms, including injury due to alcohol related assaults and increases the risk of developing conditions such as hypertension, stroke and coronary heart disease and cancers. Therefore, the indicators chosen to track progress with reducing health harms from alcohol focus on alcohol related mortality which encompasses a range of conditions and also include other measure such as numbers receiving alcohol related interventions via NHS health checks; alcohol specific admissions to hospital and service users receiving treatment.

Alcohol related mortality rates

Latest (currently provisional) annual reporting for 2011-2013 shows a three year average mortality rate of 15.6 per 100,000 all ages population. This continues a steady downward trend from a peak in 2006-08 as shown in Appendix 2, Figure 1. This figure shows how Wolverhampton's position on alcohol mortality is increasingly moving towards its comparator group, Centres with Industry, which is the Alcohol Strategy 5 year target (originally a standardised rate of 15.5 per 100,000 population which we have provisionally almost reached). This seemingly sustained fall in mortality rates is welcomed and work must continue to sustain this as we are still some way from the age standardised national average of 10 deaths per 100,000 population. Appendix 2, Figures 2 and 3 show that the rate of improvement is more rapid in females where the Wolverhampton rate is below the comparator group, although rates for females are much lower than for males. For males, the reduction in mortality has shown a slight increase after a sustained fall and remains higher than our comparator group.

There is a link between deprivation and alcohol related mortality and also age as alcohol is killing people at a younger age. Appendix 2, Figure 4 shows that the main group where alcohol mortality is high is amongst our most deprived population in Wolverhampton and that the gap in mortality experience across the city remains the same or is increasing.

In terms of age distribution, Appendix 2 Figure 5 shows mortality over a 5 year period from 2009-2013 and the ages where mortality is highest are from 40 to 69. This is why alcohol is a big killer in relation to premature mortality in Wolverhampton.

Therefore, future focus on reducing mortality should continue to target males from the most deprived areas

However, whilst mortality is decreasing, alcohol related admissions are increasing. This may mean that alcohol related illness is being treated earlier and more effectively, and so the relationship between admissions and mortality may be complex and need further examination.

Alcohol treatment services

Section 3.3 below reports on alcohol treatment services as part of the three year substance misuse contract for drug and alcohol services.

3.2.4 Other issues to report to the Board

Alcohol Strategy 2011-2015 review

As the Wolverhampton Alcohol Strategy nears the end of its five year term, the Alcohol Strategy Strategic Leads meeting has decided, at its next meeting,to undertake a review of the strategic objectives that underpin each of the goals. Currently the meeting feels that these four strategic goals are still the key areas to concentrate on, but a refresh is needed, given the changing circumstances and changing needs of the city and its residents. The results of this review will be reported for approval of the Board at the next scheduled update of this priority area.

'Minimum Pricing' guidance on the sale of super strength cider

In response to concerns about alcohol fuelled violence and the public health problems associated with excessive drinking, the Government's Alcohol strategy of March 2012 included a commitment to introduce a minimum unit price for alcohol. However, in July the Government announced that it would not be proceeding with minimum unit pricing after all. Instead there would instead be a ban on the sale of alcohol below cost price (the level of alcohol duty plus VAT).

However, there has been some confusion over the duty category of some products, especially relating to the classification of super strength ciders as 'still' rather than 'sparking' which has the effect of reducing a two litre bottle of super strength cider from £6.20 to £1.60, super strength lagers and ciders can cause serious damage to health,

premature deaths and social devastation to individuals and families and are amongst the cheapest to buy.

Wolverhampton Alcohol Strategy Strategic Leads Group has produced a briefing at the request of the portfolio leader for Health and Wellbeing. The call to action, from the Portfolio Holder for Health & Wellbeing is for government to take a sensible approach and immediately clarify the duty issue on sparking ciders to include those that are causing the most harm to individuals, families and communities and that a letter should be sent to express our concerns.

.

The HWBB asked to endorse the above action.

Report on 'Get Home Safe' Christmas Campaign

Wolverhampton City Council has been running a successful Christmas Campaign for several years called 'Get Home Safe', aimed at women aged 18 – 25 who are travelling home after a night out in the city centre. In 2013 the campaign was run at lower cost and achieved better value. In 2012, the total spend for the campaign was £7,700. This year the budget totalled around £3,100 and saw an increase of 94% in users. Mobile phone users provided the key communication channel as well as Facebook reaching many more people to promote the campaign. The 2014 campaign will start around September and will be even more cost effective - for example by using Twitter.

3.3 Performance Update (by exception) Drugs

Wolverhampton City Council commenced an initial three-year contract with substance misuse and crime reduction charity NACRO to deliver a new, consolidated drug and alcohol treatment service for young people and adults on 1 April 2013. The contract is delivered by NACRO in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Aquarius. A payment by results element is attached to outcomes achieved over the period of the contract.

Performance Overview 2013/14

The first year of delivery has seen performance in successful outcomes in Wolverhampton decline significantly. The scale of the change, workforce restructure, new IT and case management systems and implementation of the operating model have contributed to this. A number of performance and quality work streams have been established to address this in addition to the quarterly contract monitoring meetings. Financial penalties will be applied to any future performance under national and cluster benchmarks.

In summary, treatment completions were statistically lower than the national average and the cluster average (drug treatment comparator areas only). Successful completion of substance misuse treatment without re-presentation to treatment for at least six months is a good indicator that an individual has recovered from substance misuse dependency. The latest representations data shows that of the opiate users who successfully completed treatment in the 12 months to September 2013, 25% re-presented to

treatment within six months; an increase on the previous period. No non opiate user representations have been reported.

Figures 1, 2 and 3 below shows trends in successful completions and representations to treatment over the past two years for opiates, non opiates and alcohol service users.

Figure 1

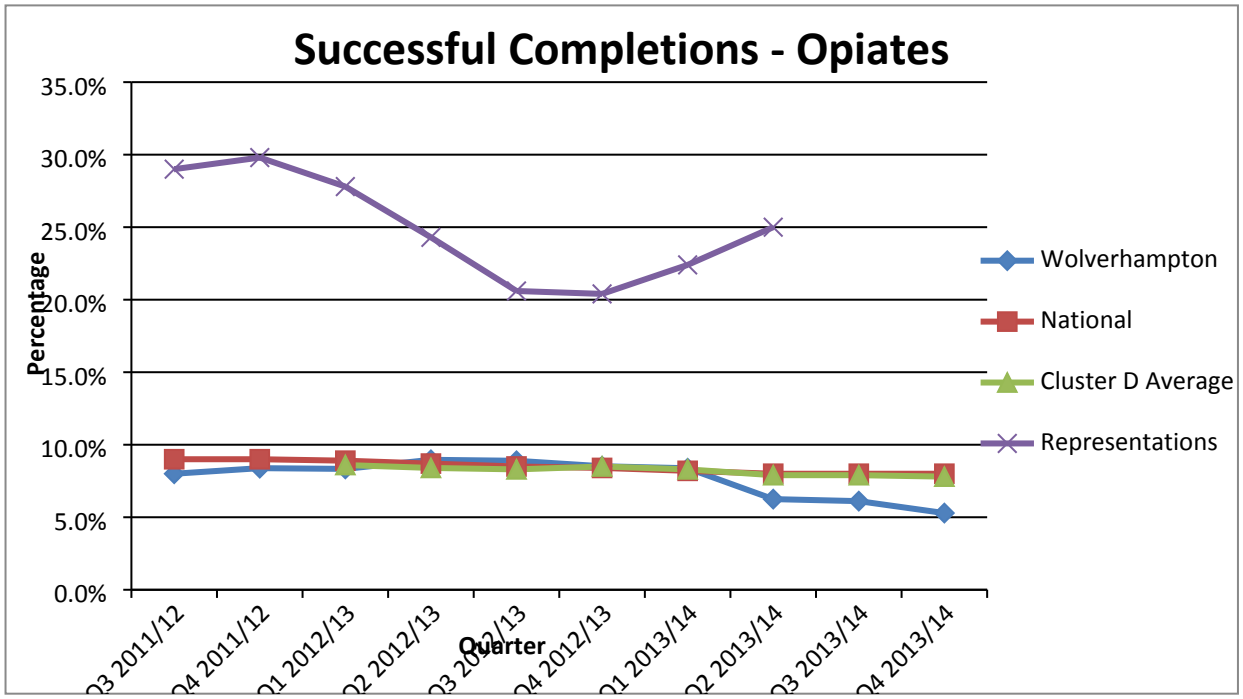


Figure 2

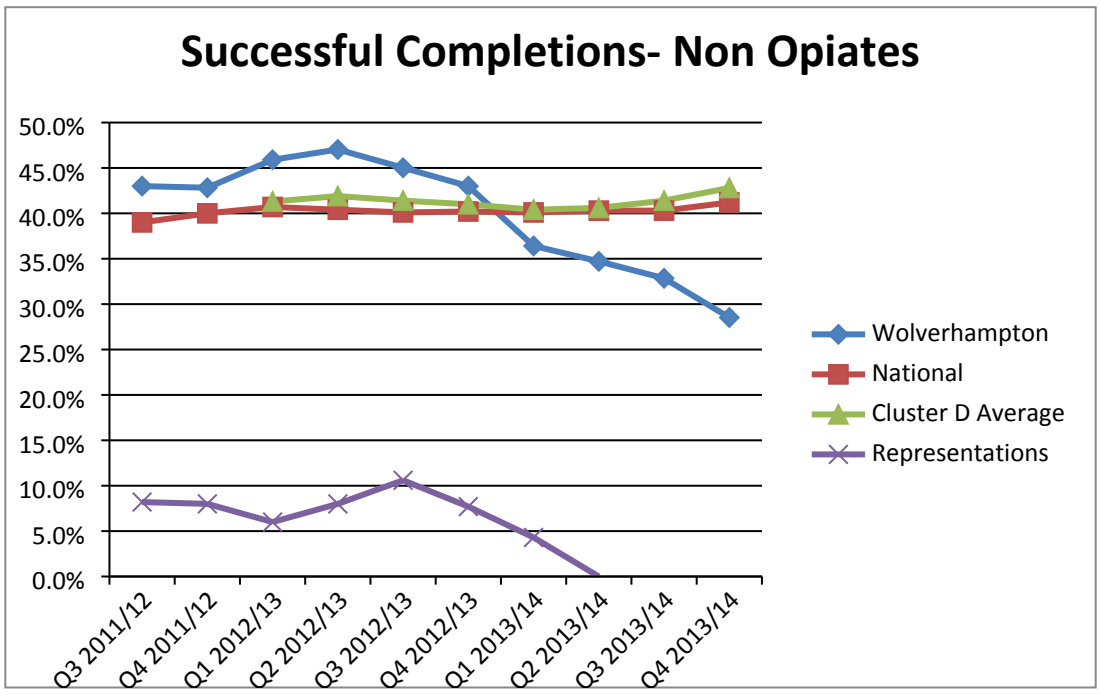
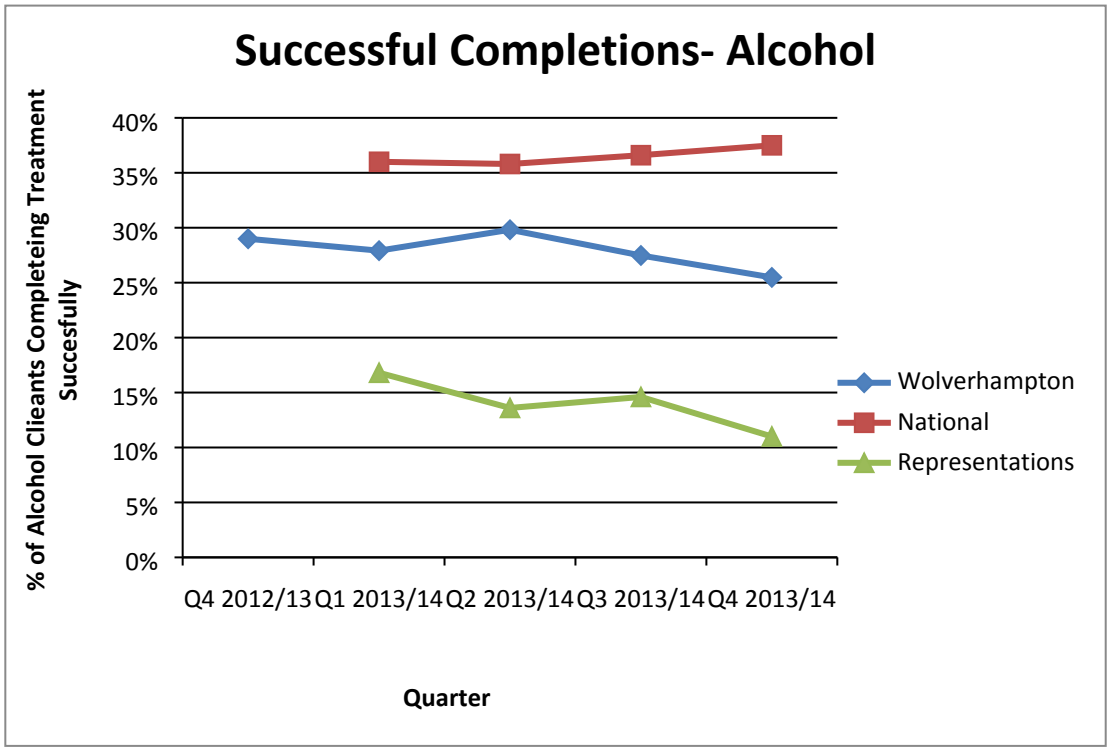


Figure 3



Exception reporting for current quarter (Q1- 2014)

In addition to the concerns around performance of the service, Public Health's quality review undertaken in June 2014 identified the following concerns and gaps:

- A significant reduction in capacity of the drug and alcohol workforce particularly nursing staff; the perception is that this is affecting the resource around clinical and risk assessments.
- Reduced staffing capacity in the criminal justice sector.
- Gaps in workforce skill set i.e. mental health awareness.
- Varied service user experience of the' treatment offer'.
- Inconsistencies in frequency of contact and the level of support offered by key workers.
- A lack of service visibility, information to the public and wider stakeholders about what the service offers

An improvement plan will be submitted by the service in August 2014.

4.0 Financial implications

4.1 There are no direct financial implications arising from this report.

4.2 Any actions arising will be delivered within the approved budgets held under Public Health, or other mainstream budgets held by services and external agencies that are responsible for delivery of specific actions.

4.3 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2014/15 is £19.3 million, of which £5.5 million is allocated against the NACRO contract..

[NM/20082014/P]

5.0 Legal implications

5.1 There are no direct legal implications arising from this report. However, a number of the actions contained within the Wolverhampton Alcohol Strategy Action Plan will require specific legal involvement on an individual, case by case, basis.

[RB/18082014/D]

6.0 Equalities implications

6.1 The broad aims and objectives of the Joint Health and Wellbeing Strategy and Wolverhampton Alcohol Strategy are intended to reduce the harmful impact of alcohol (and drugs) on health & wellbeing and reduce health inequalities.

7.0 Environmental implications

7.1 There are direct environmental implications arising from this report as several actions contained within the Alcohol Strategy and action plan seek to improve environmental conditions, particularly within the City Centre.

8.0 Human resources implications

8.1 There are no direct HR implications of this performance update report.

9.0 Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of background papers

10.1 Papers to Health and Wellbeing Board
REPORT TO THE SHADOW HEALTH AND WELLBEING BOARD – Wolverhampton Alcohol Strategy 2011 – 2015. 5 September 2012

REPORT TO THE HEALTH AND WELLBEING BOARD – Joint Health and Wellbeing Strategy Update. 1 May 2013

REPORT TO THE HEALTH AND WELLBEING BOARD – Alcohol Strategy – Progress Update. 3 July 2013

REPORT TO THE HEALTH AND WELLBEING BOARD - Wolverhampton Joint Health and Wellbeing Strategy 2013 – 2018 and JSNA. 4 September 2013

REPORT TO THE HEALTH AND WELLBEING BOARD - Progress Update on Joint Health and Wellbeing Strategy Priority: Alcohol and Drugs. 6 November 2013

10.2 Papers to Licensing Committee
REPORT TO LICENSING COMMITTEE – Wolverhampton Alcohol Strategy 2011 – 2015. 27 June 2012

REPORT TO LICENSING COMMITTEE - Wolverhampton Alcohol Strategy 2011 – 2015. 27tJune 2012- Update Report. 13 February 2013

REPORT TO LICENSING COMMITTEE – Alcohol Strategy: Progress Update. 22 May 2013

REPORT TO LICENSING COMMITTEE – Update on Wolverhampton Alcohol Strategy 2011 – 2015 18 December 2013

10.3 Papers to Cabinet
REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 21 February 2012

REPORT TO CABINET – Section 75 Agreement With Wolverhampton City PCT. Wednesday 11 April 2012

REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 27 November 2012

10.4 Papers to Health Scrutiny Panel
REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse Services Consultation Findings. Thursday 12 April 2012

REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse Service Contract Award and Mobilisation. Thursday 7 February 2013

Wolverhampton City Council

Wolverhampton Alcohol Strategy 2011/2015
Alcohol Strategy Leads Performance Report

Goal	Indicator	Target	Benchmark	2011/12	2012/13	2013/14 Q1	2013/14 Q2	2013/14 Q3	2013/14 Q4	2013/14 final	Commentary
Goal A Whole Community Approach to Changing Alcohol Habits in Wolverhampton	No of schools delivering the Wolverhampton Drug Education Programme or other drug education programme as part of planned delivery of non statutory PSHE education	Target relates to 13/14 % schools			30/09/13					31/07/14	
	- Primary schools (43 schools)	59			48					58	
	- Secondary schools (13 schools)	76			76					**76**	
	- Special schools (5 schools)	85			50					**33**	
	- PRUs (4PRUs)	100			50					100	
	- Total schools	65			52					61	
Goal 2: Developing a Well Managed Night Time Economy	Reduced number of vertical drinking establishments within the city centre. (to 36 by 31.3.2014	36	43	39	39.00	39	39	39	39	39	
	Increased number of restaurants in the city centre. (to 30 by 31.3.2014)	30	27	27	28.00	28	28	30	31	31	
	No of premises licence reviews.	_	_	_	_	_	2	5	7	7	
	Implement national food hygiene rating scheme.	Y	N	N	N	Completed				Y	

	Increased number of 4 and 5 star food premises in city centre (to 70 by 31.3.2014)	70		28	36	59.00	_	70	107	127	127	
	Number of premises deemed 'High Risk' and requiring multi-agency visit (to 10pa by 31.3.2014)	10pa		18	6	5.00	_	6	10	11	11	
	Number of city centre premises subject to formal enforcement action.	9pa		13	6	0.00	_	2	2	2	2	
	No of off licences identified where u/age drinking / sales identified as an issue.(to 18pa by 31.3.2014)	18		27	23	3.00	_	_	20	26	26	
	No of off licences visited.(ALL identified above)	All above		All	All	1.00	_	_	13	20	20	
Goal 3: Combating Alcohol Related Crime & Disorder and Increase Community Safety Due to Alcohol Misuse	Wolverhampton - VWI						447	483	475	417		Performance in the last quarter of 2013-14 showed a reduction towards the lower control limit, with February in particular recording low levels.
	Wolverhampton - Alcohol ASB						199	184	193	152		Levels followed a decreasing trend throughout the financial year, with levels remaining below the long term average during Q4
	City Centre - VWI						69	56	86	68		Performance showed more control in the City Centre than the LPU as a whole during Q4, with

													levels remaining controlled
	City Centre - VWI NTE						44	36	64	54			Performance mirrored that of VWI across the LPU. Of note, the proportion of City Centre VWI that was NTE related increased during Q4 to 79%
	City Centre - Alcohol ASB						62	47	55	60			Levels were more controlled in the City Centre compared to the whole LPU, however an increase was seen in March
	City Centre - Alcohol ASB NTE						32	25	37	42			As seen with VWI, the proportion of Alcohol related ASB committed during the NTE period has increased consistently, with 70% occurring during the NTE in Q4
	A&E Alcohol related assaults						58	70	58	50			
Goal 4: Improving Health and Alcohol Treatment Services in Wolverhampton	Number of health checks completed per annum in 16-40 year olds (Source - Lifestyles data	6000		No benchmark available	no data	no data	56	299	813	626	1794		New community locations + businesses added. Improved data collection
	Number of eligible adults achieving an improvement on the AUDIT C tool to less than 8 (sensible)	1500		No benchmark available	no data	no data	22	42	29	25	118		As above there will be a need to review benchmark/targets they are a long way from being achievable

	Reduce alcohol related age standardised mortality rates for people all ages to that of our ONS comparator group within 5 years	15.5 (07/09)		No benchmark available	19.4 (08/10)	19.06 (09/11)	16.08 2010-12				15.6* (11/13)		*provisional figure
	Reduce the rate for alcohol specific admissions by 3%	3% reduction			727	716	787				787		no longer presented as a rate but as actual number of admissions annually
	% of all service users in alcohol treatment in any 12 month period will leave treatment successfully			33		28.00	28	29.8	27.5	25.5	25.5		

Appendix 2 Alcohol Mortality Trends

Figure 1:

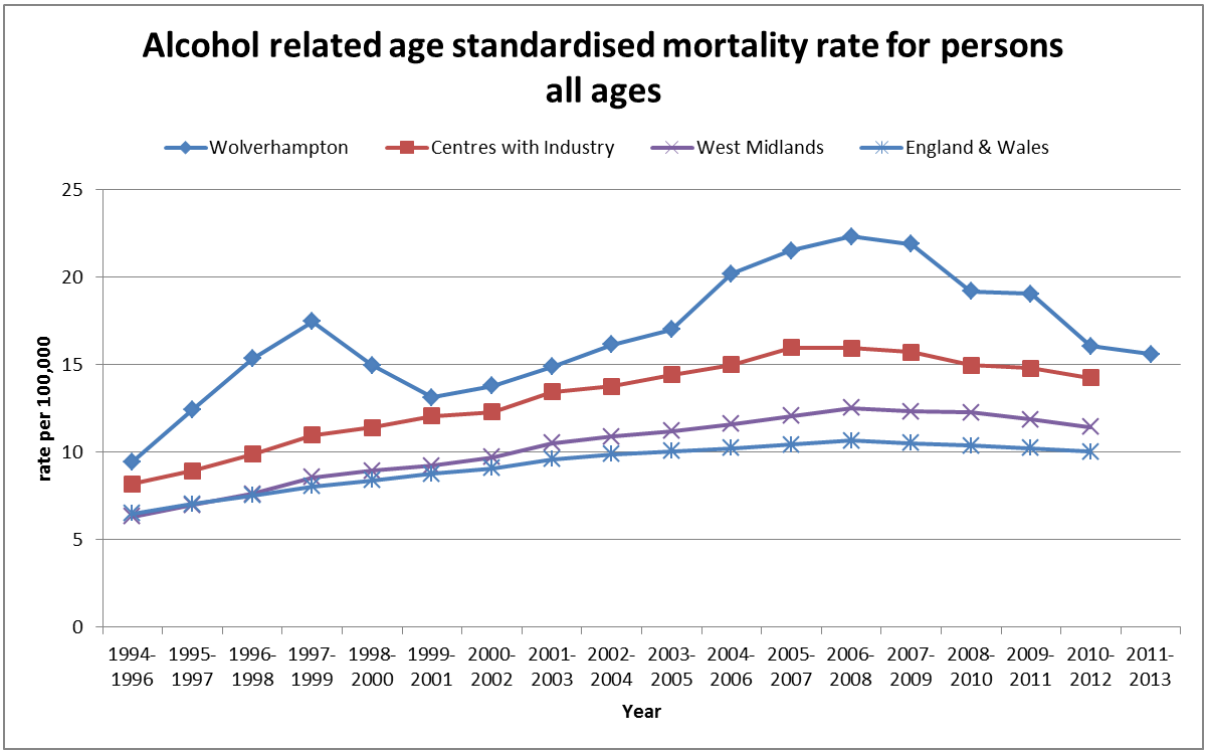


Figure 2:

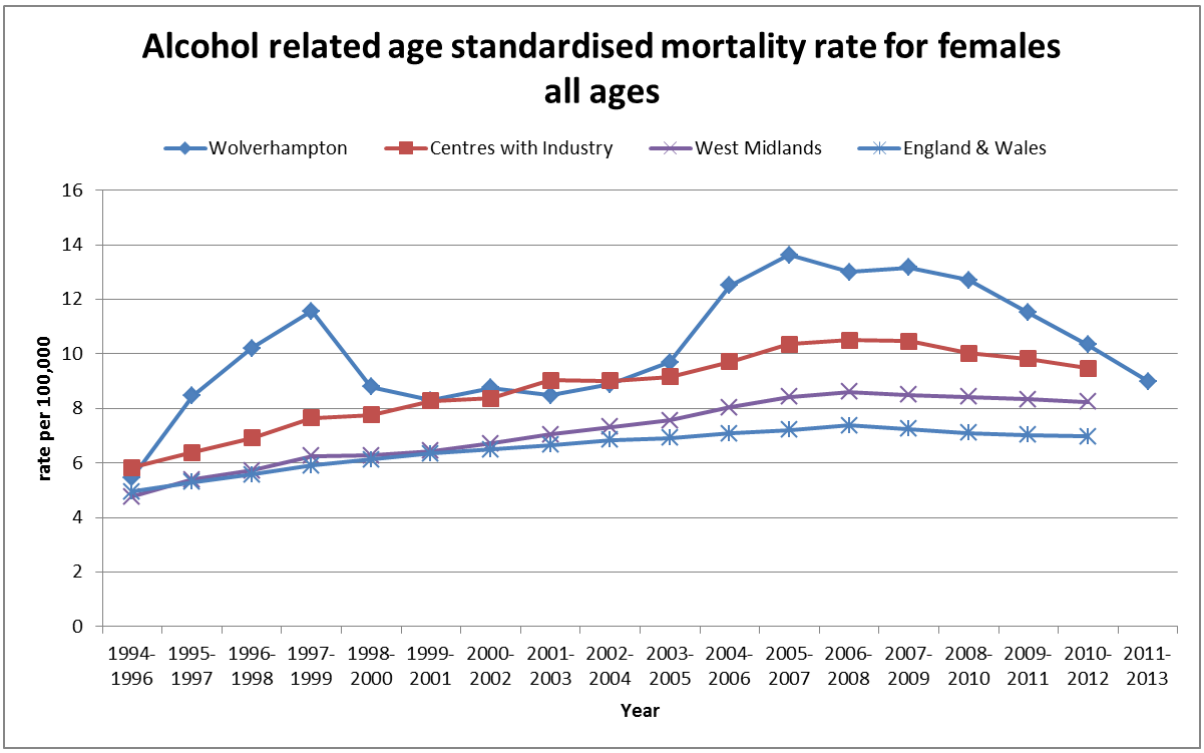


Figure 3:

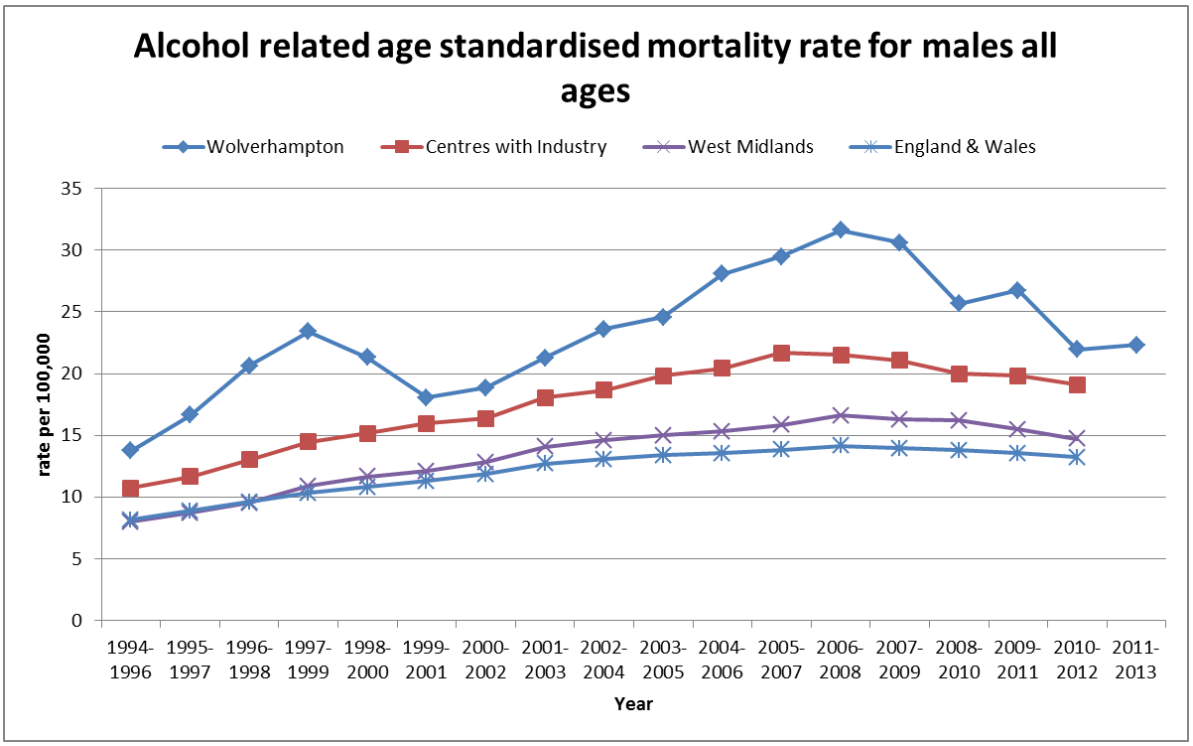


Figure 4

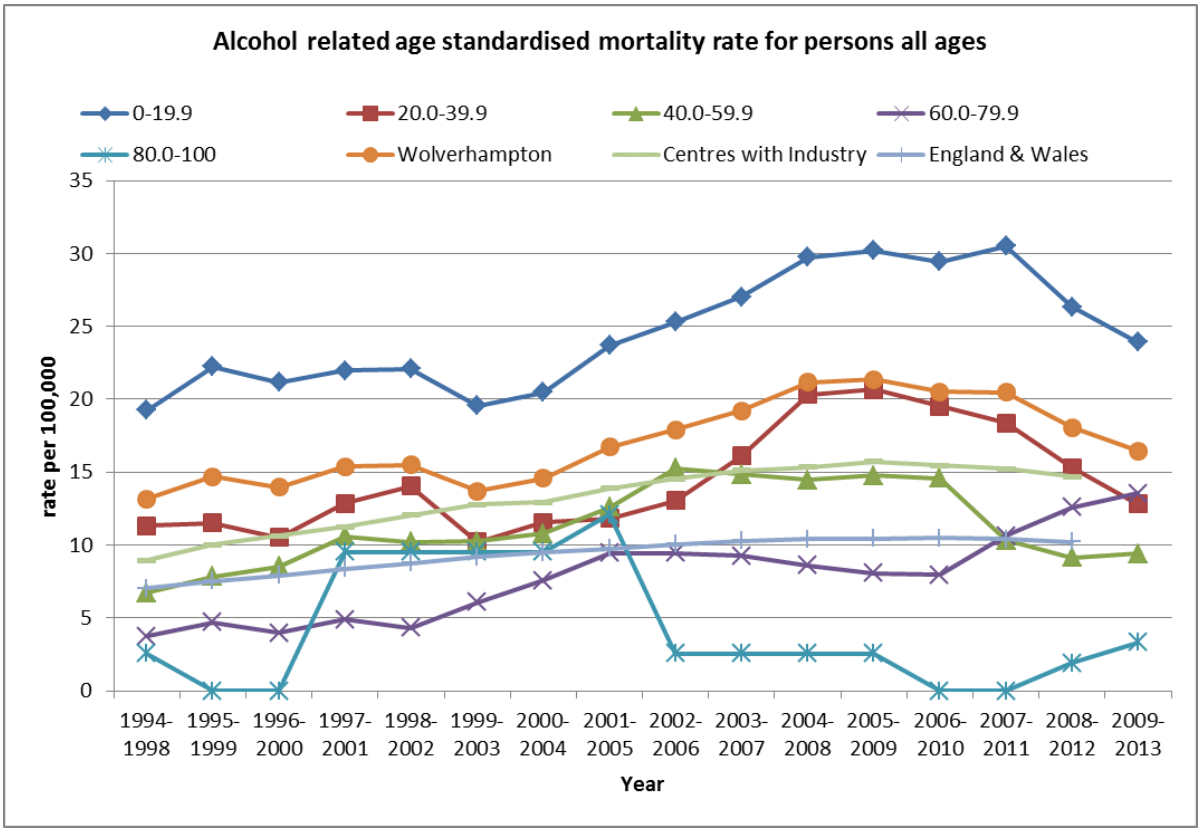
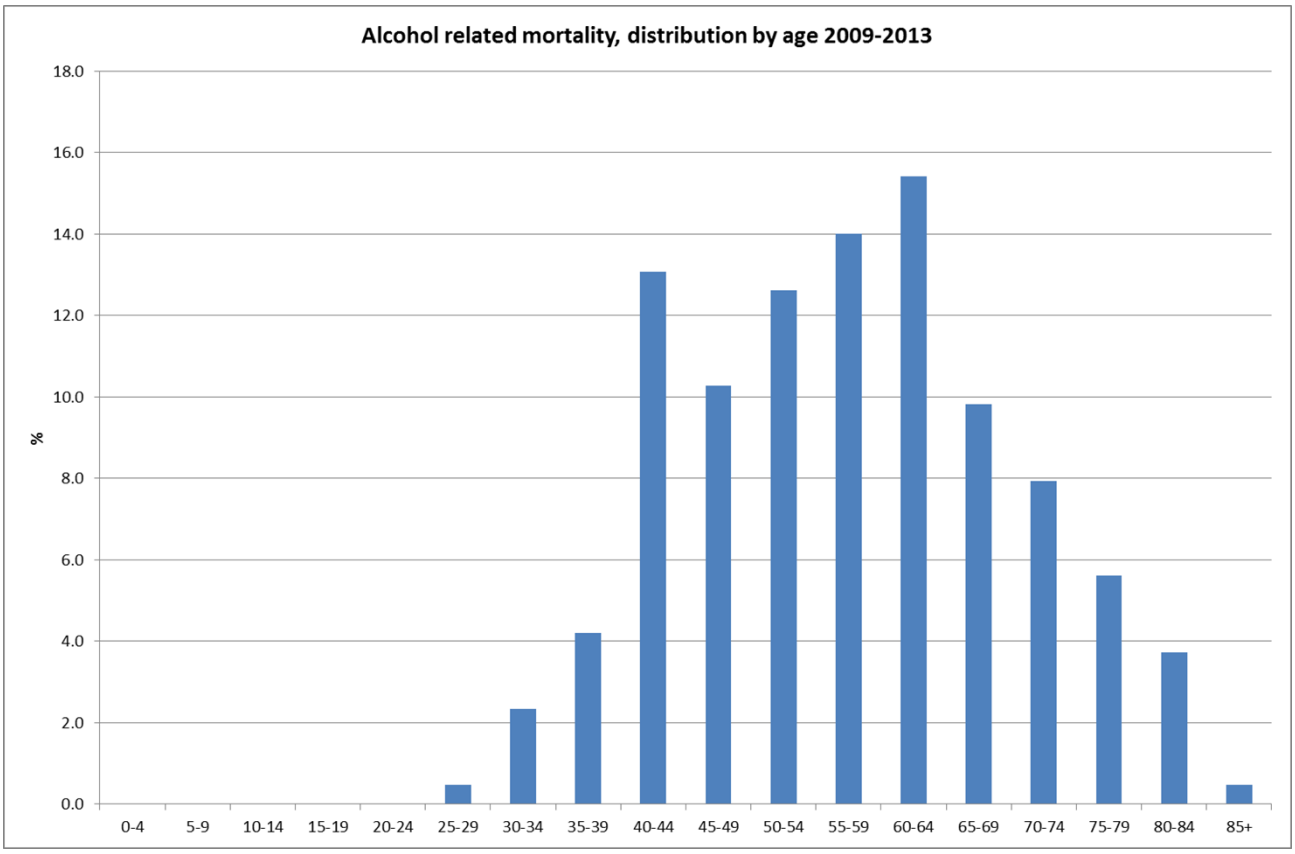


Figure 5:


Alcohol related mortality, distribution by age 2009-2013
%
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85+