

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

HEALTH AND WELLBEING BOARD ACTIONS TO REDUCE THE HARM CAUSED BY DRINKING ALCOHOL AT HARMFUL LEVELS

Purpose of the Report

1. To confirm actions agreed by the Health and Wellbeing Board to reduce alcohol related harm in Nottinghamshire through the delivery of the Nottingham and Nottinghamshire Integrated Care System (ICS) Alcohol Harm Reduction Plan and Bassetlaw Integrated Care Provider (ICP) approaches, with a key focus on identifying how Alcohol Identification and Brief Advice (IBA) can be embedded in frontline services and for employee health and wellbeing approaches.

Information

2. Substance misuse (drugs and alcohol) is one of the 14 priorities listed within the Healthy and Sustainable Places ambition of the Joint Health and Wellbeing Strategy 2018-22. Alcohol specifically has then been agreed as a priority in the Prevention Framework for Action (August 2018) of the Nottingham and Nottinghamshire ICS. The Nottinghamshire Alcohol Pathways Group is a system wide working group with the assigned overall responsibility for implementing alcohol harm reduction activity and as such have developed the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan. Bassetlaw ICP has identified two key outcomes related to alcohol harm.
3. Alcohol misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Alcohol dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health and employment and with anti-social and criminal activity that adversely affects individuals, families and communities.
4. At a workshop on the 3rd July 2019, the Health and Wellbeing Board and partners considered the harm caused by drinking alcohol. The workshop focussed on how Board members can demonstrate leadership on the issue of addressing alcohol related harm and play an important role in supporting the actions within both the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP approaches.
5. Background presentations from the Public Health team informed the board of the scale of the alcohol issue nationally and in Nottinghamshire. Local data taken from the

Nottinghamshire Substance Misuse Joint Strategic Needs Assessment (JSNA) quantified the level of need and was then followed by what public health action is being taken across the Nottingham and Nottinghamshire ICS and Bassetlaw's ICP – mostly notably working towards the Nottingham and Nottinghamshire ICS eight-point Alcohol Harm Reduction Plan by:

- i. Increasing population level understanding of risk and harm
 - ii. Preventing alcohol harm through wider related local/national policy
 - iii. Taking a systematic approach to Alcohol Identification and Brief Advice (IBA)
 - iv. Identification of 'Alcohol Champions' in key organisations across the system
 - v. Including alcohol as a priority for employee health and wellbeing
 - vi. Better communication of identified alcohol risk between some key parts of the system
 - vii. Case management in the Emergency Department of High Volume Service Users (HVSU)
 - viii. Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues.
6. The specific ask of Health and Wellbeing Board Members was to consider how they could take leadership on actions iii) and v) by embedding Alcohol Identification and Brief Advice (IBA) within the frontline services and the employee health and wellbeing plans within their organisations. Therefore, also fulfilling action iv) regarding acting as Alcohol Champions for their organisation.
7. The Health and Wellbeing Board was also informed that Change, Grow, Live (CGL) as the current substance misuse provider in Nottinghamshire have been commissioned to deliver Alcohol IBA training across Nottinghamshire from April 2019-2020. Alcohol IBA is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their alcohol consumption and so their risk of alcohol related harm. It is estimated that for every 8 people who receive alcohol IBA in key settings including primary care, one will reduce their consumption to lower risk levels. On a population level this offers significant opportunity for change.
8. Across Nottinghamshire CGL's Alcohol IBA training offer will seek not only to offer standalone training but wider support to enable and sustain a system wide IBA approach, this includes:
- 1.5 full time equivalent staff to deliver training sessions, plus ongoing costs such as marketing, travel and management of the service.
 - Helping trained professionals feel confident in undertaking IBA by providing ongoing support whenever a professional feels they need it and by undertaking regular follow up surveys to all those trained to see how they are getting on.
 - Enhanced "Train the Trainer" sessions in-order to maximise ongoing reach of Alcohol IBA Training and support ongoing continued professional development of the wider team in this area.
9. Through participation in CGL's Alcohol IBA training events professionals will be familiar with, and able to conduct an "Audit C" (the evidence-based alcohol screening tool to assess alcohol consumption, alcohol related behaviours and alcohol related problems). Professionals will be confident to offer evidenced-based brief advice and information and promote appropriate interventions and services dependant on the screening outcome. It is important to acknowledge that this project is looking to foster a culture whereby

professionals are regularly exploring alcohol use and helping people raise awareness and understanding of alcohol associated harms.

10. As part of the workshop, CGL provided an interactive session on the calorific content of different alcoholic drinks and informed the Board of recommended units per week of alcohol (14 for both men and women) as specified by the Chief Medical Officer for England. Each table was provided with an Alcohol IBA scratch card which participants could use to see how easy it is to deliver Audit C the evidence-based alcohol screening tool.
11. The workshop session then focused on round table discussions around supporting some specific actions within the Nottingham and Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP approaches notably:

To identify how Alcohol Identification and Brief Advice (IBA) can be embedded:

- Within their organisation's frontline service delivery to residents of Nottinghamshire
 - Within their organisation for the benefit of their employee's health and wellbeing (as part of current Wellbeing at Work commitments)
12. Table discussions identified which frontline professionals could be trained in alcohol IBA. Feedback identified:
 - That frontline professionals who undertake supportive assessment with residents would be in a good position to raise the issue of alcohol harm (for example adult and children social care, housing officers, neighbourhood policing, street pastors and benefits/money advisors).
 - Additionally, primary care professionals are in a prime position to raise the issue about drinking alcohol at harmful levels.
 - Simplicity of the Audit C scratch card was valued by some members as a useful tool to facilitate an alcohol discussion. However, it was acknowledged that health literacy levels within certain communities in Nottinghamshire may be low therefore expecting residents to be able complete the Audit C without support could be challenging.
 - An online IBA training offer could be beneficial to training a larger cohort of professionals.
 13. The table discussions also focused on how Alcohol IBA could be embedded within organisations for the benefit of employee's health and wellbeing, feedback included:
 - Employees in high risk jobs for example those who drive or operate machinery could be targeted for breath tests.
 - Organisations should be actively promoting healthy behaviours which include drinking at healthy levels as part of their Wellbeing at Work offer.
 - Employers should undertake health promotion days in the workplace linked to national alcohol campaigns (i.e. Alcohol Awareness Week or Dry January) or at key times of the year (for example before the Christmas party season).
 - A more proactive approach to employee wellbeing could be implemented, for example looking at patterns of sickness absence and managers observing changes in behaviours and having supportive conversations which may include asking questions around an employee's alcohol consumption.

- That questions around general health and wellbeing, including alcohol use, should be incorporated into return to work interviews and annual personal development plans. Human Resources policies may need to be changed to accommodate this.

14. While opportunities were readily identified, there was also the acknowledgement that would be some considerable barriers to overcome. Most notably:

- The long-standing culture around acceptable levels of alcohol consumption and public understanding of risk of harm from alcohol is likely to be difficult to change. Board members were encouraged to be that advocate for change and to help embed alcohol harm reduction activities in their organisation.
- It was acknowledged that the frontline staff or managers themselves maybe not comfortable raising the issue of alcohol use due to their own drinking habits. Therefore, the IBA training offer will focus on specifically helping develop that baseline level of personal understanding in the staff trained and to help develop their confidence in having such sensitive discussions with their respective service users or employees.

Reason/s for Recommendation/s

15. The Health and Wellbeing Board recognise that alcohol related harm is a key priority in Nottinghamshire and have identified these actions which when delivered by Board partners have the potential to make a positive impact on Nottinghamshire residents and employees. The overall aim being to reduce the risk of harm to individuals from their alcohol consumption by encouraging lower levels of drinking, which can result in fewer alcohol-related conditions and hospital admissions.

Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

17. There are no financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board and individual partners consider and approve the following local actions which demonstrate leadership and commitment to reducing alcohol-related harm in Nottinghamshire and are consistent with the Nottingham and Nottinghamshire ICS alcohol harm reduction plan and Bassetlaw ICP approaches:

Support and advocate for organisational cultural change regarding Alcohol

1. Health and Wellbeing Board members act as “Alcohol Champions” within their own organisations - being the named link person, actively promoting the topic of alcohol harm reduction and ensuring local actions (taken from the Alcohol Harm Reduction Plan) are delivered by the relevant officer within their organisation.

2. Health and Wellbeing Board members acknowledge their already agreed commitment in supporting the workplace health agenda by ensuring alcohol harm reduction is explicitly covered in their organisations existing employee health and wellbeing plans/activities.

Roll out Alcohol IBA training within organisations

3. Health and Wellbeing Board members engage with senior level colleagues in their organisations to identify their frontline services who could be trained in Alcohol IBA by CGL and then support CGL to make those links with key personnel, including with Human Resources leads for employee health and wellbeing.
4. Once CGL IBA training dates are in place, Health and Wellbeing Board members will champion and promote the training sessions to increase the number of staff trained in Alcohol IBA within their organisation.

Continuous improvement of Alcohol IBA training

5. Health and Wellbeing Board members commit to reporting back on the effective delivery of Alcohol IBA within their organisation, by giving future progress updates to the Health and Wellbeing Board on how Alcohol IBA training is being implemented within their frontline services and for employee health and wellbeing.

Wider system working to deliver on the Alcohol Harm Reduction Plan

6. Health and Wellbeing Board members note that public health colleagues intend to undertake a stakeholder mapping exercise to ensure appropriate partner organisation representatives are in place across the various working groups that deliver on the alcohol agenda (for example across the Healthy and Sustainable Places Co-ordination Group, the Nottinghamshire Alcohol Pathways Groups and the Nottingham and Nottinghamshire ICS Human Resources and Organisational Development Collaborative). The results of the stakeholder mapping, and in particular any gaps in representation which need to be addressed, will be shared with the Health and Wellbeing Board members once completed.
7. The Healthy & Sustainable Places Co-ordination Group will co-produce and drive forward wider local alcohol harm reduction actions (for example alcohol licensing) which were not the focus of the workshop

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Constitutional Comments (SLB 16/08/2019)

1. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/08/2019)

2. There are no specific financial implications arising from this report.

Background Papers and Published Documents

Background paper for HWB Board Workshop July 2019 attached as Appendix 1

Electoral Division(s) and Member(s) Affected

- All

See also items in the Chair's Report:

9. Identification & Brief Intervention Training in Rushcliffe
67. The range and magnitude of alcohol's harm to others
68. Drink free days 2018: campaign evaluation

Appendix 1

**ADDRESSING ALCOHOL NEED IN NOTTINGHAMSHIRE
A BRIEFING PAPER FOR THE HEALTH AND WELLBEING BOARD
AUTHORS: PUBLIC HEALTH, NOTTINGHAMSHIRE**

Purpose

1. This briefing paper is to inform the Health and Wellbeing Board workshop on 3rd July 2019. It builds upon the Board's commitment to the disease prevention agenda (including Making Every Contact Count (MECC), the Tobacco Declaration and the Workplace Health Scheme (Wellbeing at Work)). It focusses specifically on alcohol related harm and issues. It outlines the scale of the issue, local activity and services and sets out the challenges for Nottinghamshire. It sets out a proposal for the role of the Health and Wellbeing Board in aiming to reduce the harms caused by alcohol to Nottinghamshire's residents, families and communities.

Introduction

2. Alcohol misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Alcohol dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health and employment and with anti-social and criminal activity that adversely affects individuals, families and communities. Full details on need and activity in relation to alcohol issues in Nottinghamshire can be found in the [Joint Strategic Needs Assessment \(JSNA\) Substance Misuse Chapter 2018](#)
3. In addition, the [Director of Public Health Report 2018](#) focusses on violence prevention taking a public health approach and it includes a chapter specifically on alcohol related violence.
4. It is estimated that the annual cost of alcohol related harm is:
 - Cost to society: £21 billion. Nottinghamshire estimate: £250 million
 - Cost in crime in England: £11 billion. Nottinghamshire estimate: £131.2 million.
 - Cost to the NHS in England: £3.5 billion. Nottinghamshire estimate: £41.7million
5. Deaths from alcohol-related liver disease have doubled since 1980 and a quarter of all deaths among 16-24 year old young men are attributable to alcohol.
6. Alcohol contributes to more than 60 diseases and health conditions including mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression. It represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors alongside smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol misuse. Among those aged 15-49 in England, alcohol is now the leading risk factor for ill-

health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups.

7. Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 1.9 million at high risk levels. 7.3million people are estimated to binge drink.
8. There are approximately 1 million alcohol-related hospital admissions in England per year and this has been increasing consistently with significant increases regarding alcohol-related cardiovascular disease conditions.
9. Binge drinking is a major concern. Up to one-third of alcohol related A&E attendances are for those under 18. It has been reported that 59% of boys and 76% of girls are consuming more than the recommended daily amount of alcohol for adults. It is reported that an increased number of young people are obtaining alcohol from their parents.
10. Within Nottinghamshire, the JSNA Substance Misuse Chapter 2018 estimates that:
 - 131,011 adults drink at levels that pose a risk to their health and up to 21,632 are dependent on alcohol
 - Around 19,310 of those drinking at levels that may harm their health are 60+ years old
 - 5114 young people (10-17 year olds) are drinking at increasing and higher risk levels

Table 1: Synthetic estimates of alcohol use in Nottinghamshire (adults)

Drinking behaviour in adults:	Estimates:
Abstain	94,131
Lower risk Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day. Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman	358,356
Increasing risk Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women	98,563
Higher risk Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.	32,448
Dependency:	
Mild	18,171
Moderate	3,028
Severe	433

11. Alcohol related hospital admission episodes in Nottinghamshire are worse than the England average and have been since 13/14 (670 per 100,000, compared to England 632 per 100,000 in 2017/18).

12. For alcohol specific hospital admission episodes, Nottinghamshire is better than the England average at 502 per 100,000 compared to England 570 per 100,000.
13. Nottinghamshire is similar to England regarding alcohol related and alcohol specific mortality. However, alcohol related mortality for females is higher than the England average (34.1 per 100,000 compared to England 28.8. per 100,000). In 2015/17, under 75 mortality rates from liver disease considered preventable were worse than the England average (18.4 per 100,000 in Nottinghamshire, compared to 16.3 per 100,000 England). Prior to this, Nottinghamshire was similar to the England average.
14. Hospital admission episodes for alcohol related unintentional injuries are worse than the England average (153 per 100,000 compared to England 144.3 per 100,000).
15. Drug and alcohol treatment services across Nottinghamshire have been delivered by Change Grow Live (CGL) since 2014. At any one time the service has approximately 520 individuals accessing structured alcohol treatment. Over a 12 month period, approximately 1437 individuals receive structured alcohol treatment with small numbers (up to approximately 10 individuals) accessing long-term support (4 years or more in treatment).
16. As at December 2018, successful completions for alcohol treatment were at 45%, continuing to be above the national average of 39% since May 2018.
17. Addressing alcohol misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action 2017-22 brings together a strategic partnership approach to tackling the harms caused by substance misuse, including alcohol. The overall vision of this Framework for Action is to:

‘Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire’.
18. Ensuring the delivery of the key priorities in the Framework (which are based on the substance misuse JSNA recommendations) is the responsibility of the Nottinghamshire Substance Misuse Strategy Group which is a sub group of both the Safer Nottinghamshire Board and The Health and Wellbeing Board. The Substance Misuse Strategy Group is a partnership group which includes Nottinghamshire County Council Public Health, the Office of the Police and Crime Commissioner, the local Community Safety Partnerships and Nottinghamshire Police. Activity under the Framework for Action is managed via three themed work streams: Reducing Demand, Restricting Supply and Reducing Harm, each with an organisational lead.
19. Alcohol is also a local priority within the Nottinghamshire Integrated Care System (ICS) (<http://www.stpnotts.org.uk/>). The Nottingham and Nottinghamshire Alcohol Pathways Group (as the ICS delivery group for this work stream) has developed an 8 point plan to address alcohol related harm across the city and county:
 - a. Increase population level understanding of alcohol risk and harm
 - b. Prevent alcohol harm through wider related local/national policy
 - c. Embed a systematic approach to Alcohol Identification and Brief Advice (IBA)
 - d. Identify ‘alcohol champions’ in key organisations across the system
 - e. Include alcohol as a priority for employee health and wellbeing

- f. Ensure better communication of identified alcohol risk between some key parts of the system
 - g. Case manage Emergency Department (ED) High Volume Service Users (HVSU)
 - h. Agree and embed pathways for service users with co-existing mental health and substance misuse issues.
20. [Bassetlaw Integrated Care Partnership \(ICP\)](#) highlights alcohol as a concern within its Outcome Framework and has indicators to reduce the percentage of people binge drinking and alcohol related hospital admissions.
21. Progress has already been made in a number of these areas.

Opportunities for consideration

22. The Board, can play an important role in supporting the actions within the Nottinghamshire ICS Alcohol Harm Reduction Plan and Bassetlaw ICP notably:

To identify how Alcohol Identification and Brief Advice (IBA) can be embedded:

- a. Within their organisation's front line service delivery to residents of Nottinghamshire
- b. Within their organisation for the benefit of their staff's health and wellbeing (as part of Wellbeing at Work)

Conclusion

23. This offers an opportunity for the Board to build upon their commitment to the disease prevention agenda and demonstrate leadership on the issue of alcohol and to highlight the importance of addressing alcohol related harm in Nottinghamshire.

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Relevant Background Papers

[Nottinghamshire Substance Misuse Joint Strategic Needs Assessment Chapter:](#)

[Nottinghamshire Director of Public Health Annual Report 2018:](#)

[Approaches to Disease Prevention - Putting the Building Blocks in Place](#)

Report to the Health and Wellbeing Board

26 April 2019

[Wellbeing@work introduction & toolkits](#)

[Preventing deaths from liver disease](#)

Presentation to Health and Wellbeing Board on liver disease, October 2017

[Nottinghamshire ICS:](#)

[Bassetlaw ICP Place Plan](#)