

Health and Wellbeing Board 16th November 2017

SHROPSHIRE ALCOHOL STRATEGY UPDATE

Responsible Officer Jayne Randall

Email: Jayne.randall@shropshire.gov.uk Tel: 01743 253979

Summary

The Health & Well-Being Board agreed Shropshire's Alcohol Strategy 2016-2019 in autumn 2016. This report provides a six monthly update on implementation of the strategy, as agreed, highlighting some of the key challenges.

Recommendations

The Health & Wellbeing Board:

- a) Note progress to date
- b) Request all members of the HWBB identify a senior member of staff to champion delivery of the strategy and provide a point of contact to the Drug and Alcohol Action team.
- c) Note and support activity over the next six months

1. Background

1.1 The aim of the Shropshire Alcohol Strategy 2016 - 2019 is to reduce the burden of alcohol related harm across the life course through a consistent approach (**Appendix A**). Incorporating both environmental approaches to reducing harm and promoting opportunities to address individual risks the strategy aims to achieve the following outcomes:

- Promote Safer Communities
- Improve Health and Well-being

- Protect Children and Young People
- Create Capacity

1.2 Alcohol is a cross cutting issue, activity to implement the strategy will reflect and be replicated in the work of other strategies and work streams within the partnership. Research has also found early identification of alcohol issues can reduce future health and social care needs, reduce violent behaviour and family breakdown, therefore adoption of the principles of the strategy by all partners is key to its success.

2. Implementation Update

2.1 **Appendix B** is the latest version of the implementation plan. A short summary of exception reporting follows:

Promote Safer Communities.

2.2 In October 2017, leading barrister in licensing facilitated a local workshop to provide insight into the legislation and how responsible authorities, could respond and make objections to up-hold the four pillars of the Licensing Act 2003. Attendance at the workshop was good with local councillors, licensing committee members, local town councils, police, fire and local authority officers participating. The workshop marks the start of the consultation process for the refresh of the Shropshire Licensing Statement in 2019.

Improve Health and Well-Being

2.3 Training to support identifying and providing brief advice of people drinking at harmful levels and/or smoking was completed in June 2017 as part of the implementation of national NHS CQUIN for the Shropshire Community Health Trust. Shropshire Council Joint Training & Development Team supported this work developing and delivering sessions to nurses to support screening and delivery of brief interventions. The Drug & Alcohol Action Team and Public Health England provided resources to support pathway implementation.

2.4 Two areas have not progressed. The first is an issue to support governance and embedding the principles of the strategy into partner organisations, the DAAT still do not have identified leads for all partner agencies. It is proposed the HWBB support a second request to all partners to provide named leads with reasonable seniority to support implementation. The other area that has not progressed due to capacity is the project to manage treatment resistant drinkers across the partnership. This project will be re-started in spring 2018.

Protect Children and Young People

2.5 In June 2017, SATH and Young Addaction agreed a revised pathway for managing presentations of young people in accident and emergency where substances are indicated.

2.6 The Hidden Harm Joint working protocol between drug and alcohol services and children and family services has been refreshed and training for staff is been rolled out. The protocol provides a framework to how services will work together to identify the needs of the family where substance use is present.

2.7 A review of drug and alcohol service activity in response to domestic abuse was undertaken at the start of the year using the NICE PH50 guidance. The findings of this work have informed the development of the Shropshire Domestic Abuse strategy and supported improvements in substance misuse service delivery for identifying and managing domestic abuse. Improvement for drug and alcohol services has been the involvement in the multi-agency work of the Harm Assessment Unit, to support risk management.

2.8 Progress under the 'protect children and young people' outcome has been good overall. There has been an issue of long-term sick with a partner agency to progress the work of improving delivery of drug and alcohol education. This work primarily was to reduce the provision of 'one off' drug/alcohol education days in schools, where the evidence base suggests they are not preventative and can be counter-productive to the aims if presented by the wrong facilitators e.g. ex users, police.

2.9 In autumn 2017, it was hoped a pilot of the Mentor UK Good Behaviour Game would be rolled out to 10 priority schools across Shropshire. The Good Behaviour Game is still under evaluation nationally, however all indications demonstrate its impact on building resilience. Unfortunately, due to insufficient fund this work will not progress.

Create capacity

2.10 Shropshire is part of the national Local Alcohol Area Agreement (LAAA) programme supported by the Home Office for improving data collection amongst emergency health services, local authority and police, to support better use of resources through targeting. To date, the project group have developed a data management tool to support public health to respond to licensing applications.

2.11 The ambition to roll out IBA at an industrial scale has not been realised to date. Capacity again is an issue and the focus has been on delivering training and not developing a local workforce strategy to support implementation.

3. Challenges to implementation

3.1 Implementation of the strategy requires a robust governance framework. Attendance at the strategy meetings is sometimes poor due to capacity issues, creating difficulty to start work streams and get buy-in. To improve delivery of the strategy and identify opportunities all partners need to attend the meetings. Meetings are held on a quarterly basis, the next meeting is scheduled on 5 December 2017.

3.2 There is no dedicated budget to implement the strategy and so delivery is reliant on organisations been prepared to change their working practices. Identifying the right people to make this happen is a constant challenge. An initial request was for organisations to provide alcohol champions within their service areas who could support implementation and provide some dedicated input. Names have not been as forthcoming as was hoped and therefore some work streams have not progressed.

4. Activity over the next six months

4.1 Over the next six months the key focus will be on exploring creating capacity in the work force through the implementation of screening and brief advice. Job Centre Plus and the leaving care team within Shropshire Council have both indicated interest in developing this within their workforce. To take this forward and develop a workforce development plan to support the strategy discussions will also take place with key stakeholders to identify training leads who can support this work.

4.2 Shropshire and Telford Hospital Trust (SATH) will be introducing identification, screening and brief advice (IBA) for alcohol as part of the implementation of the national CQUIN programme for 2018-2019. Meeting dates have been set and the work starts in February 2018. Some initial conversations have also been held with the Robert Jones and Agnes Hunt Orthopaedic Hospital

4.3 Work to manage people identified as 'treatment resistant' has stalled. This cohort of people often are often the most complex and chaotic who resist all attempts to reduce their drinking behaviour. The project will be restarted in the spring of 2016

5 Strategy Updates

5.1 In April 2017, the Safer Stronger Communities Board agreed the Crime Reduction, Community Safety, Drug and Alcohol Strategy 2017-2020. It is proposed, future strategic planning for substance misuse will result in a dedicated strategy to the reduction of drug and alcohol related harms, taking a life course approach.

5.2 The 2017 National Drug Strategy was published in July. There have been no significant changes in approach, local areas are still expected to support activity to reduce demand, restrict supply and build recovery. A new performance framework will be published shortly that will include reducing hospital admissions and the prevention of homelessness to name a few. This is an attempt to ensure all stakeholders support delivery of the national strategy. As with the previous strategy, alcohol is included in its remit.