

Health and Wellbeing Board – 22 June 2015

Health and Well-being Alcohol Work Group

1. Purpose

The purpose of this report is to update the Health and Well-being Board on the progress made by the Alcohol Work Group.

2. Recommendation

2.1 That the Board note the content of the report from the Alcohol Work Group, including the attached appendices covering the needs assessment summary, hospital high volume users report and the action Plan.

2.2 That the Board approve the identified areas for action and agree to monitor the progress in 6 months time.

3. Report detail

The Health and Well-being Board decided at the meeting on 20 October 2014 to set up a time limited alcohol work group to review the range of local alcohol services, supportive legislation and inter-agency work in Walsall. The Group was led by Jamie Morris, Executive Director of Neighbourhoods, and Councillor Lane, supported by Dr Suri, deputy chair of Walsall Clinical Commissioning Group and Councillor Robertson.

A representative group was formed from council officers representing the Council from Neighbourhoods, Supported Housing, Adult Social Care, West Midlands Police and Walsall Healthcare Trust. Children's Services were invited but were unable to attend.

The group met on 3 occasions between 26th November 2014 and March 2015 and the agenda focused on the following areas; education/prevention and health promotion, clinical and psycho social treatment services, community safety and supportive legislation for trading standards, licensing and anti social behaviour.

The March Board meeting received an update of the progress of the alcohol work group and a presentation setting out the themed interventions to prevent the harm caused by alcohol in Walsall.

The group's initial discussions identified areas that required further exploration clustered around the following areas;

- a. What do we know about the prevalence and nature of the local alcohol related problems in Walsall? (Needs Assessment Summary Report **Appendix 1**)

- b. How can we raise awareness, particularly in schools, about the problems of alcohol?
- c. How can we focus more intensive support on the most complex cases?
- d. What range of services are available in Walsall addressing anti-social and criminal behaviour and specialist treatment? (**Appendix 2**)
- e. Do the council have the tools to restrict licensing applications in areas where there is already “saturation” coverage? How effective is this?

The group were satisfied that there was sufficient understanding of the local need, that good interagency coordination existed around anti-social and criminal behaviour, that opportunities to utilise licensing and trading standards powers were being used and treatment services delivered good outcomes.

The group identified the following actions set out in more detail in **Appendix 3** to further develop multiagency coordination to impact upon prevention activity, reduce demand on the hospital A&E and targeted licensing enforcement activity.

4. Impact on health and wellbeing:

The sensible and safe use of alcohol plays an important cultural and social role within our society. However the problematic use can have significant negative impact for individuals, their families and their communities if left unchallenged.

The negative impacts can be seen across the range of Marmot principles underpinning the priorities of the Health and Well-being strategy; alcohol co-morbidity with mental health problems, physical health problems as a result of harmful and hazardous drinking ultimately leads to poor health and reduced life expectancy, alcohol misuse during pregnancy can lead to babies being born with alcohol foetal syndrome, excessive parental alcohol use can be disruptive to families and impact upon parenting, increased levels of family dysfunction and domestic violence, community safety challenges resulting in increased fear and poor perceptions of rates of crime and the direct impact upon specific categories of offending.

Author

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Date 22nd June 2015

Appendix 1

Alcohol Bulletin for Walsall

1 Introduction

1.1 The Joint Strategic Needs Assessment refresh 2013¹ and the Health & Wellbeing Strategy 2013 to 2016² have identified Alcohol as a key priority for Walsall. The Health and Wellbeing Board have set up a short task and finish group that will examine in detail the issue of Alcohol in the Borough. This short bulletin will try to give a brief introduction to the intelligence related to the issue of Alcohol and how it affects the population of Walsall.

1.2 The briefing will cover intelligence of how alcohol affects the following areas: -

- Acute Hospital
- Treatment Services
- Crime including Violence and Domestic Abuse
- Licensing
- And Trading Standards

2 Executive Summary

The key points contained in this report may be summarised as follows:

- Although Walsall's rates of alcohol specific hospital admissions are higher than the national and regional rates, Walsall's rate has slowed over the last 5 years.
- From 2010 to 2012 more than 113 Walsall residents died from an Alcohol Specific condition – that is approximately 35 to 40 alcohol deaths per year. Walsall has the 86nd worst Alcohol Mortality rate in the country overall with 13.5 deaths per 100,000 population.
- Alcohol is involved in almost 6.1% of all total recorded crime in Walsall and averages about 88 alcohol related crimes a month.
- Alcohol is involved in almost 25% of all total recorded crime with injuries and averages about 21 alcohol violent crimes a month.

¹ Walsall Joint Strategic Needs Assessment http://cms.walsall.gov.uk/walsall_jsna_refresh_draft_10.pdf

² Walsall Health & Wellbeing Strategy 2013 to 2016 http://cms.walsall.gov.uk/final_2014_hws_refresh.pdf

- There are a total of 654 licensed premises in Walsall.

3 Alcohol Specific Admissions

3.1 The main Public Health Outcome for alcohol is to reduce the alcohol specific admissions to hospital (per 100,000 of the population). Although Walsall's rates are higher than the national and regional rates Walsall's rate has slowed over the last 5 years to 2170, meaning Walsall is now approaching the regional rate of 2089 and national rate of 2032.

3.2 There is a gender difference in the alcohol specific admissions to hospital with a higher rate of females in the over 60 age categories accounting for 38% of admissions in comparison to 24% for males in the same age category.

Figure 1 – Male Alcohol Specific Hospital Admissions – 2012/13

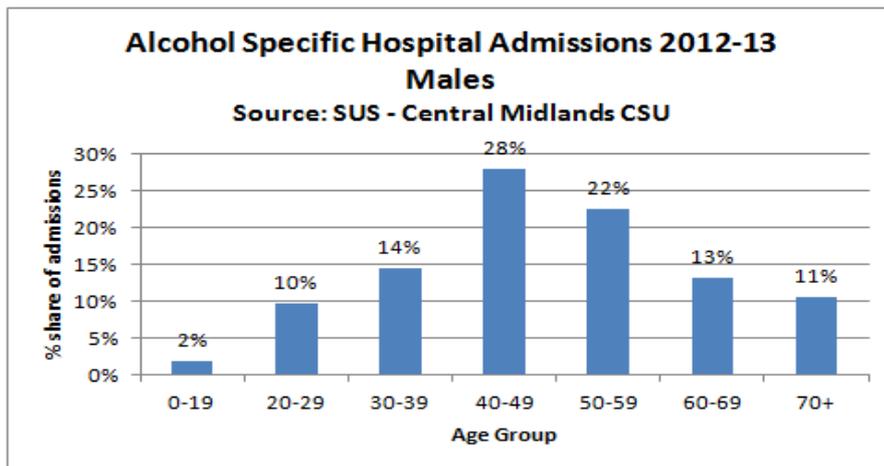
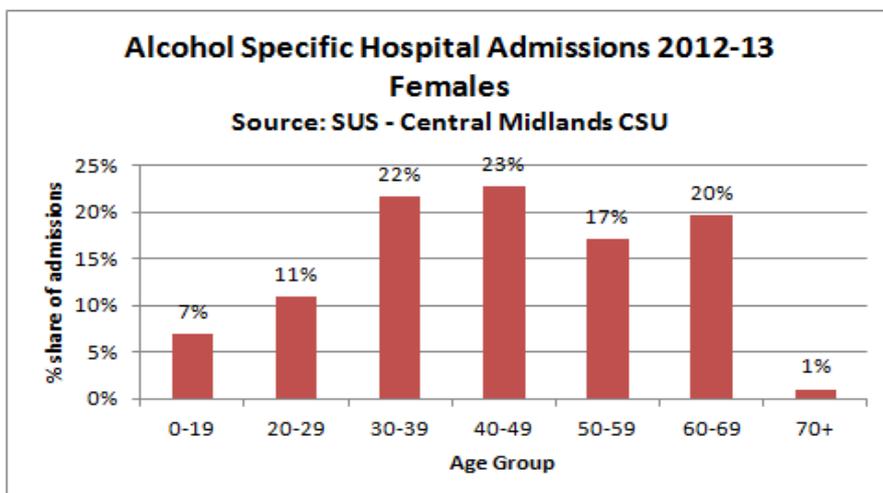


Figure 2 – Female Alcohol Specific Hospital Admissions – 2012/13



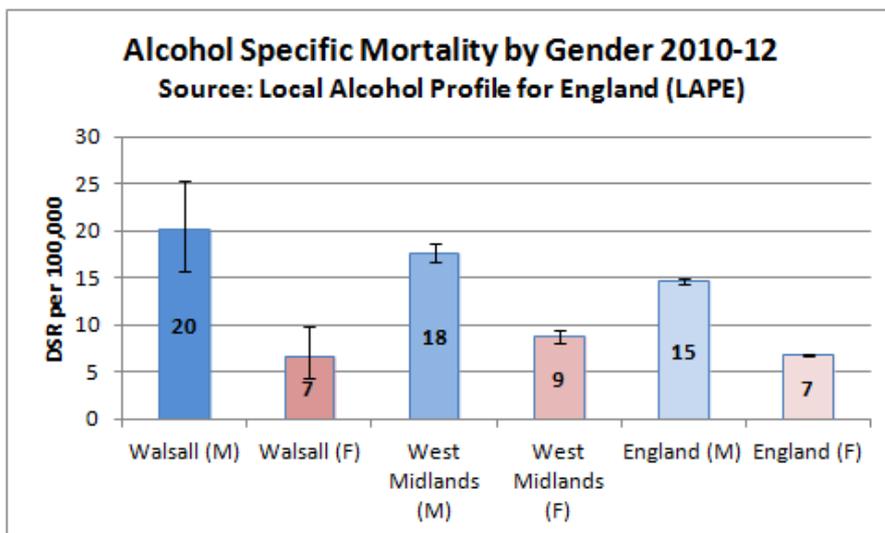
3.3 The age profile of service users entering hospital for alcohol specific conditions peaks between the ages of 40 to 49 with 79% of service users falling between 30-69

age ranges. Figures 1 and 2 above show the Alcohol Specific Hospital Admissions percentage for Walsall Men and Women by age group. The Alcohol Liaison Service, which works between the community treatment service and the Manor hospital, engaged with 745 referrals in 2013/14. There have been 351 referrals up to the end of August 2014.

4 Alcohol Related Deaths

4.1 There is also a gender difference in the alcohol mortality rates observed over the 6 year period from 2006 to 2012. In Walsall women there has been a 26% reduction against a national 3% reduction in the same period meaning Walsall's rate is now equal to the national rate and below the regional rate, whereas the rate for males has risen by 10% and is higher than the regional and national rates. Figure 3 below shows how Walsall compares with West Midlands and England.

Figure 3 – Alcohol Specific Mortality by Gender 2010 to 2012: Rate per 100,000



From 2010 to 2012 more than 113 Walsall residents died from an Alcohol Specific condition – that is approximately 35 to 40 alcohol deaths per year. Walsall has the 86th worst Alcohol Mortality rate in the country overall with 13.5 deaths per 100,000 population.

5 Alcohol Treatments

5.1 The Locally Commissioned Service, delivered from Primary Care settings, has carried out 12,097 screenings for alcohol use among patients registered with Walsall GPs in the first 6 months of the current financial year. There were also 351 brief interventions carried out in the same period.

5.2 In the twelve month period up to September 2014 there were 282 individuals in structured alcohol treatment programmes in Walsall of whom 54% exited in a care-planned way, currently the best performance area in the West Midlands. The relatively small numbers in structured alcohol treatment is due to a smaller budget for alcohol treatment, when compared with neighbouring boroughs with similar demographics.

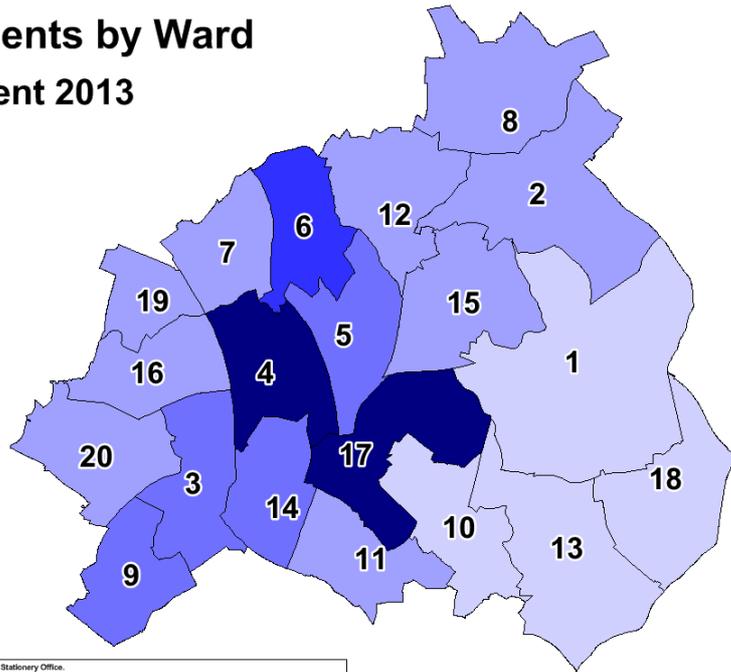
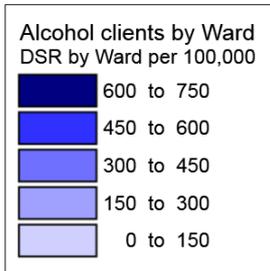
5.3 There were 251 alcohol arrestees referred from Police Custody into treatment and 83 alcohol action plans submitted to Walsall Magistrates Court, 40 of which resulted in Alcohol Treatment Requirements (ATRs) community orders being made with Walsall remaining the leading West Midlands performer. (58% of ATRs were successfully completed³).

5.4 The map in figure 4 shows the distribution of alcohol clients within the Borough, with again the higher concentration being near the central and Western areas. According to the local alcohol profiles there are an estimated 16,373 harmful drinkers, 50,628 hazardous drinkers, and an estimated of 43,088 binge drinkers in Walsall. Only 1% of the hazardous drinkers are in treatment at any one time and these tend to be the severest cases who have reached the state of alcohol dependency.

Figure 4 Walsall alcohol clients by ward 2013 (Source HALO).

³ Community Safety Performance Report – December 2013.

Walsall Alcohol Clients by Ward Individuals in treatment 2013



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Map key to wards

1 Aldridge Central And South	6 Bloxwich East	11 Palfrey	16 Short Heath
2 Aldridge North And Walsall Wood	7 Bloxwich West	12 Pelsall	17 St Matthews
3 Bentley And Darlaston North	8 Brownhills	13 Pheasey Park Farm	18 Streetly
4 Birchills Leamore	9 Darlaston South	14 Pleck	19 Willenhall North
5 Blakenall	10 Paddock	15 Rushall-Shelfield	20 Willenhall South

5.4 In the last three years there were 215 young people aged 10 to 19 years in treatment who primary substance was alcohol.

6 Alcohol Related Crimes

6.1 Figure 5 shows the total number of crimes in Walsall and also the number of crimes that are related to Alcohol during the latest 7 month period. Alcohol is involved in almost 6.1% of all total recorded crime and averages about 88 alcohol crimes a month.

Figure 5 Total Recorded Crime and Alcohol Related Crime in Walsall: April 2014 to October 2014

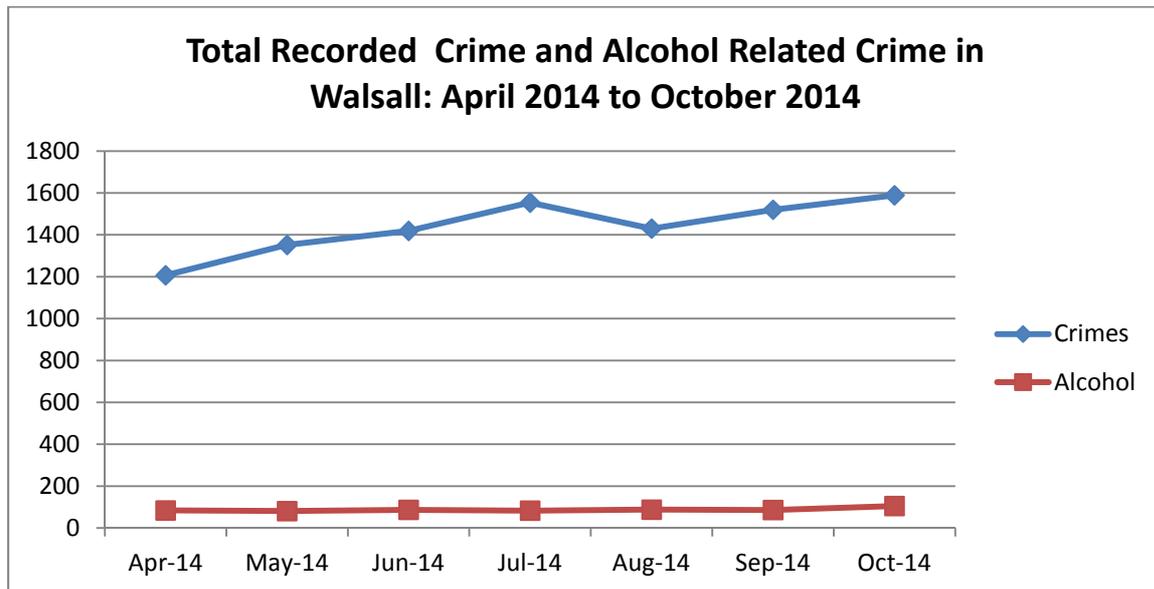
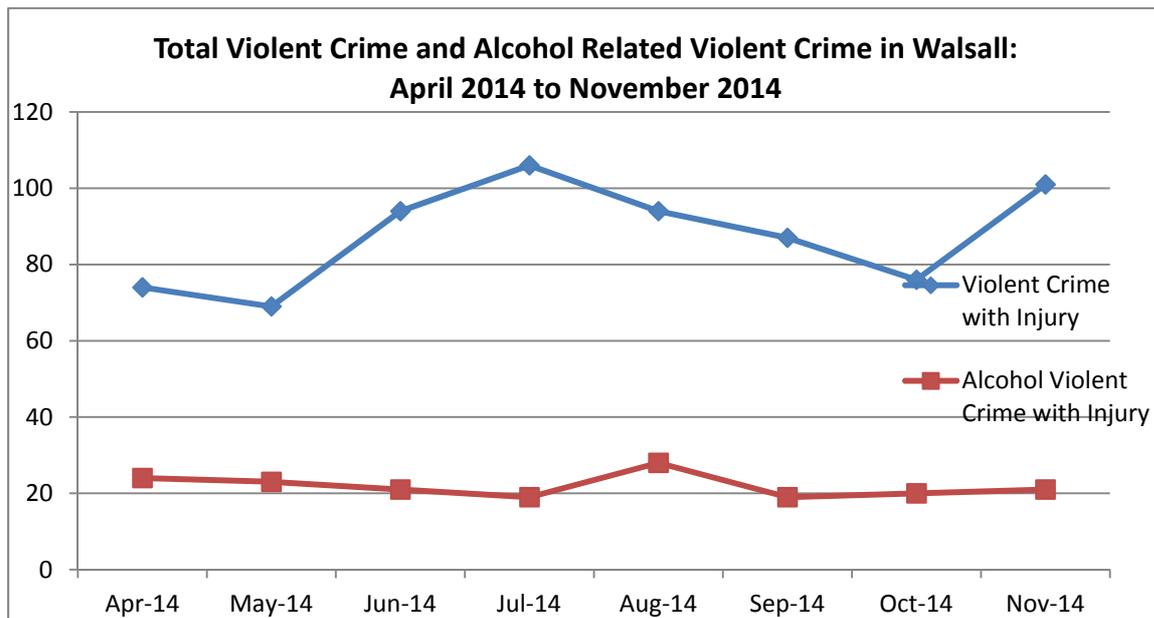


Figure 6 Total Violent Crime with Injury and Alcohol Violent Crime with Injury in Walsall: April 2014 to November 2014

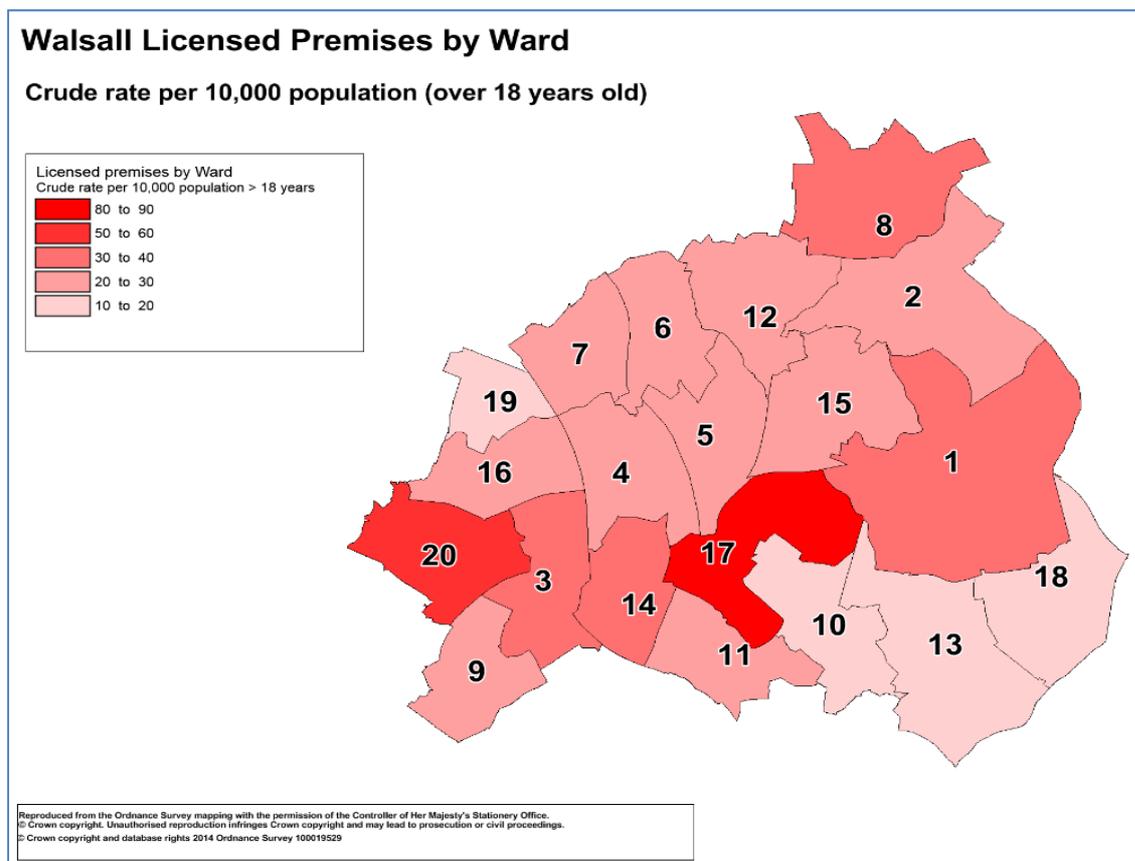


6.2 Figure 6 above shows the total number of violent crimes with injury in Walsall and also the number of violent crimes with injury that are related to Alcohol during the latest 8 month period. Alcohol is involved in almost 25% of all total recorded crime with injuries and averages about 21 alcohol violent crimes a month. Please note that the police are in the process of producing a problem profile on domestic violence.

7 Licensing and Alcohol - licensed premises.

7.1 The figure 7 below shows the density of licensed premises by Ward. It includes licenses: on the premises, off premises and both on and off premises licensing. There are a total of 654 licensed premises. 31 premises could not be mapped due to missing or invalid postcodes. Please note that the rate per ward was calculated by dividing the number of licensed premises into the ward population over 18 years old (source: Midyear estimate 2012 population). This was then multiplied by 10,000 to generate a rate.

Figure 7: Walsall licensed premises rate by ward



Map key to wards

1 Aldridge Central And South	6 Bloxwich East	11 Palfrey	16 Short Heath
2 Aldridge North And Walsall Wood	7 Bloxwich West	12 Pelsall	17 St Matthews
3 Bentley And Darlaston North	8 Brownhills	13 Pheasey Park Farm	18 Streetly
4 Birchills Leamore	9 Darlaston South	14 Pleck	19 Willenhall North
5 Blakenall	10 Paddock	15 Rushall-Shelfield	20 Willenhall South

7.2 As might be expected the highest number of licensed premises are to be found in the town centre. Willenhall South is an outlier and the 65 premises there are possibly the result of the areas strong engineering heritage that had and has an

accompanying drinking culture. Treatment services, for instance, have found that referrals for alcohol treatment are noticeably higher here than for drug treatment.

8 Trading Standards and Alcohol - Under Age Purchasing

8.1 A Briefing Paper was submitted to the Health and Wellbeing Board outlining the enforcement of legislation relating to the sale of age restricted products on 03/03/14. This included details of the test purchase operations led by the Trading Standards team and which involves using volunteers from local schools. Between Apr 1st 2013 and 31st March 2014, 21 test attempts to buy alcohol were made resulting in 3 sales. All 3 of the businesses concerned were successfully prosecuted. Between April and December 2014, 11 attempts have been made, resulting in 2 illegal sales. The test purchasing option is directed at reducing the availability of alcohol to those under 18. It should be borne in mind that it is estimated that only 6% of children who drink their alcohol from retailers.

9 Contact Details

Please contact the following members of staff if you want further information on the contents of this Bulletin: -

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Appendix 2

Mental Health/Alcohol Hospital Group

The group has met on 3 occasions and an initial group of 11 high volume users of the hospital services were identified and with the intention of putting in place an Action Plan that would be jointly enacted by the relevant agencies working with the patient. The data showed:

- 6 males and 5 females ranging in age from 21 to 74.
- They accounted for nearly 500 attendances at A&E in the previous 12 months.
- The highest number of attendances by an individual from the group was 92.
- 7 of the group have severe alcohol related issues, 5 are known to Mental health services and 2 of the group have physical and/or psychological issues unrelated to either.

Individual action plans have been completed for each of the patients. Letters will be sent to each patient's GP informing them of the action plan and meetings have been set up where a need has been identified. The systems at the Manor Hospital will carry a 'Flag' to alert staff that the patient is part of this initiative and the information that has emerged from the work of this group (name of care-co-ordinator, accommodation status, previous engagement etc) is now available to A&E and admissions staff.

The partner agencies involved in this group are of the opinion that the work carried out has proved very beneficial thus far and there is consideration of extending the work of the group to work with the next cohort of high volume users as they emerge.

Walsall's Health and Wellbeing Task and Finish Alcohol Action Plan

Prevention

Aim	Key Actions	Leads	How will it be measured	When
<p>To prevent the harm caused by alcohol misuse</p>	<p>Produce prevention promotional materials appropriate for all ages and all service settings</p> <p>Maximise opportunities to integrate alcohol awareness into the school's curriculum</p> <p>Utilize schools and Governors newsletters to raise awareness of alcohol harm</p> <p>Embed alcohol awareness into adult and children's social care staff training</p> <p>Integrate alcohol awareness into the healthy child programme (5-19)</p>	<p>Public Health Patrick Duffy</p> <p>Children's Services Janet Catto</p> <p>Children's Services Janet Catto</p> <p>Adult and Children's Social Care Andy Rust and Andrea Potts</p> <p>Public Health David Neale</p>	<p>Delivery of the product/materials</p>	<p>September 2015</p> <p>September 2015 and termly intervals</p> <p>September 2015</p> <p>January 2016</p>

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Treatment

Aim	Key Actions	Leads	How it will be measured	When
Reduce demand on hospital A&E and ward admissions for alcohol related harm	Fund a 3 month trial of a specialist alcohol nurse for evening and weekend cover of A&E.	Public Health Patrick Duffy	Reduction in hospital admissions for alcohol related issues.	August 2015
	Active use of LYNXS, A&E software to inform the joint mental health/alcohol group co-ordinated planning	Anet Baker Daniel Hodgkiss Patrick Duffy	Reduction in the number of frequent flyer attendances at A&E and/or hospital admission.	July- September 2015 for the first cohort
	Explore the funding of an alcohol 'wellness' centre to reduce pressure on volume of attendances at A&E	WHT	Reduction in number of attendances at A&E due to alternative short term 'sanctuary' option being available. Speedier discharge times for patients who need short-term 'sit up and stay' prior to going to	September 2015

			their accommodation.	
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Enforcement

Aim	Key Actions	Leads		When
Restrict the use of alcohol by hospital patients.	Trading Standards officers to negotiate the restriction of alcohol sales to hospital patients by local off-licence staff.	Trading Standards/Licensing Enforcement Lorraine Boothman	Reduction in the incidence of in-patient intoxication.	July- September 2015
	Develop hospital publicity materials to reinforce restrictions.	WHT Daniel Hodgkiss	Reduction in the incidence of in-patient intoxication	September 2015
	Request police patrol support for high risk periods.	West Midlands Police Inspector Mc Phee.	Reduction in the incidence of in-patient intoxication.	July- September 2015
	Explore funding options for a full			

<p>Investigate the viability of establishing Community Alcohol Partnerships</p>	<p>or part time co-ordinator to lead on this project. Identify a suitable area of the borough for a pilot run of the CAP</p>	<p>Public Health Patrick Duffy</p> <p>Trading Standards Lorraine Boothman</p>	<p>Reduction in under-age alcohol sales and allied anti-social behaviour.</p>	<p>July- September 2015</p>
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