



Report of Amanda Healy, Director of Public Health, Durham County Council

Purpose of the Report

- 1 The purpose of the report is to provide the Health and Wellbeing Board with the findings of the Alcohol CLear Peer Assessment on local alcohol partnership work (appendix 2) and the accompanying action plan (appendix 3) developed in response to the recommendations within the peer assessment report.

Executive summary

- 2 Durham was approached by Public Health England (PHE) in June 2018 to be a pilot area for Alcohol CLear (Challenge, Leadership and Results) and subsequently we completed a self-assessment (Sept 2018) and peer assessment (Oct 2019).
- 3 Durham has also contributed extensively to the field-testing evaluation and the final Alcohol CLear process and documentation that will be launched by PHE in Autumn 2019.
- 4 It was noted throughout the peer assessment report that our own scoring of evidence and achievements were largely in agreement with the peer assessment team and we were commended for our integrity in scoring so honestly.
- 5 The peer report highlighted our robust partnership with political and senior officer buy-in. It notes how active the public health team is across the alcohol agenda and praised the breath of work provided as evidence.
- 6 The report also highlighted several areas for improvement such as greater opportunities for senior and strategic engagement of NHS partners. It identifies the need to re-refresh our action plans and recognises several opportunities for more integrated or joint working in areas such as alcohol licensing, information sharing and commissioning.
- 7 Work to address these concerns have progressed well and we have seen progress in all recommendations covered in the Alcohol CLear

action plan. The action plan is monitored by the Alcohol and Drug Harm Reduction Group.

Recommendation(s)

- 8 Members of the Health and Wellbeing Board are recommended to:
 - (a) Note the content of this report.
 - (b) Receive an update on actions on harm due to alcohol at a future meeting.

Background

- 9 Alcohol-related harm is a major health problem. Alcohol use has health and social consequences borne by individuals, their families, and the wider community. Alcohol has a significant impact on a range health conditions and alcohol is seen as a factor in more than 60 medical conditions. The main health consequences of alcohol misuse are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and injuries.
- 10 It is estimated that 1.7% of adults in County Durham are dependent drinkers; this equates to around 7,000 people. This means County Durham is ranked in the top 30% of Local Authorities with the highest percentage of dependent drinkers.
- 11 The alcohol CLear self-assessment tool and supporting materials have been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at local level. It builds on the tobacco control CLear model and helps place-based alcohol partnerships to assess local arrangements and delivery plans.
- 12 Grounded in local priorities and objectives, it recognises the importance of local areas overarching strategic aims and is split into three sections;
 - *Challenging services* – looking at delivery against the evidence base, identifying local innovation and learning
 - *Leadership* – for comprehensive and collaborative action - reviewing local vision and the governance supporting this, planning and commissioning arrangements and partnership working
 - *Results* – understanding local outcomes and progress against local priorities through analysis of key data
- 13 The Alcohol CLear self-assessment is currently in a pilot phase that covers five areas testing the assessment tool and peer assessment process.

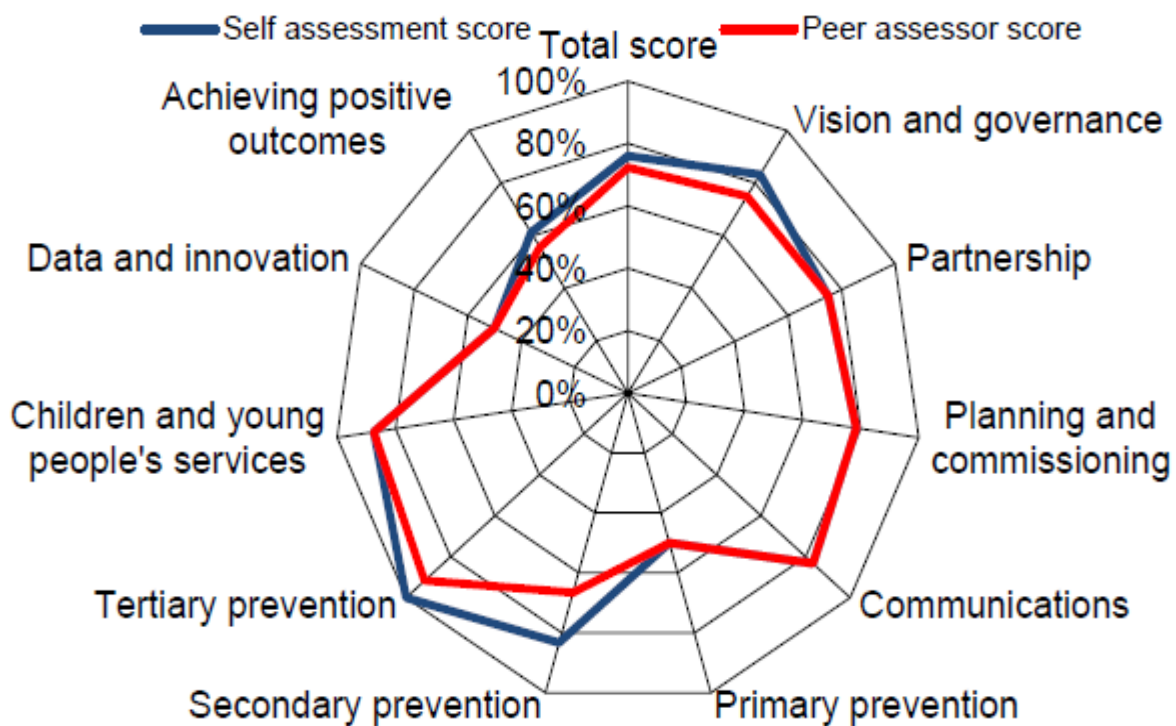
Durham self-assessment and peer assessment

- 14 Durham, through the Alcohol and Drug Harm Reduction Group, was approached by PHE to be a pilot area. To meet PHE deadlines for the pilot areas Durham submitted their self-assessment on 11 September 2018 and held the peer assessment on 9 October 2018.

- 15 All peer assessment reports from the field testing sites have seen delays due to content, format and process issues. PHE has acknowledged the patience of field tester sites. The Durham peer assessment report was received 29 January 2019.
- 16 Durham has contributed extensively to the field-testing evaluation and the final Alcohol CLeaR process and documentation that will be launched by PHE in Autumn 2019.

Main findings from the peer assessment

- 17 It was noted throughout the report that our own scoring of evidence and achievements were largely in agreement with the peer assessment team and we were commended for our integrity in scoring so honestly.
- 18 This is visible in the close alignment of our scores in relation to the peer assessors scores in the spider chart below.



- 19 The following bullet points provide an overview of what the peer assessors found:
- Durham has a robust partnership with political and senior officer buy-in
 - Durham's public health team is very active across the alcohol misuse agenda, and has strong support from the police and colleagues with a criminal justice remit
 - Key health partners (NHS) are not actively engaged strategically
 - Where there is evidence that health (NHS) are delivering interventions that reduce alcohol harm it appears that this activity is not joined up in a way that benefits partners and the population as a whole
 - Action plans supporting the strategy were described as either complete or static and examination of improvement against agreed priorities has not been rigorous recently
 - There have been difficulties for the community-based treatment services (tender and re-tendering) and performance was adversely affected as a result
 - Significant changes to the Alcohol Harm Reduction Unit have impacted on information sharing and joint working
 - Community neighbourhood teams and the Drug and Alcohol Recovery Service has worked to address visible homelessness in Durham City

- 20 The following recommendations were made by the peer assessment:
- An updated action/improvement plan should be produced to support your alcohol strategy
 - Rationalise local planning and commissioning processes at a senior level to ensure resources are identified and efficiently allocated across the partnership
 - Seek to align individual agency and partner priorities at strategic and operational levels
 - Increase engagement and ensure appropriate representation of NHS colleagues at relevant groups and commitment to the development and implementation of the refreshed action plan

- Jointly manage across the partnership the impact of anticipated but enforced changes to resources
- Consider opportunities of an integrated approach to planning, commissioning and operational activity to encourage economies of scale and to make best use of available resource and capacity
- Supporting the delivery of the Preventing Ill-Health CQUIN (Commissioning for Quality and Innovation) to encourage health practitioners in secondary care settings to embed the identification of, and provision of brief advice addressing alcohol risk into local practice
- Review the effectiveness of local pathways between secondary care and the community alcohol treatment system when alcohol dependence is identified
- Public Health to develop a more meaningful involvement in the local licensing process
- Ensure health consideration is actively embedded into the local Statement of Licensing Policy to help shape future plans
- Develop systems for co-ordinated communications to help ensure consistency in messages linked to alcohol-related harm
- Review the recording and uploading of information to the National Drug Treatment Monitoring System (NDTMS) by any partner who has direct involvement in the delivery of a recordable treatment episode to seek improvements
- Engaging clinical champions to promote work to reduce alcohol harm across the NHS, particularly within secondary and primary care settings, supporting this agenda as a health priority. This approach could be taken forward by key strategic leaders on the Health and Wellbeing Board.

21 Following the peer assessment Durham is now accredited to use the CLear logo on any of our alcohol harm reduction materials.

Current Update

- 22 An action plan has been developed to capture the peer assessment recommendations and the Alcohol and Drug Harm Reduction Group monitor the Alcohol CLear action plan.
- 23 We have seen progress in all recommendations. For example, work to engage strategic partners in the alcohol harm reduction agenda includes discussions with NHS colleagues. Representatives for the Alcohol and Drug Harm Reduction Group now include representatives from DDES Clinical Commissioning Group, County Durham and Darlington NHS Foundation Trust (Wellbeing for Life) and the CQUIN programme. These representatives have also been included in the refresh of the action plan feeding into the group to ensure awareness of work programme and opportunity for joint working. County Durham Drug and Alcohol Recovery Service (DARS) work closely with NHS partners to ensure effective referral pathways to service including visiting patients in University Hospital North Durham (gastroenterology ward) and West Park Hospital. DARS also work with Tees, Esk and Wear Valley NHS Foundation Trust and social care in the treatment and support of complex case clients (dual diagnosis).
- 24 The report has been shared at key groups:
- Public Health Senior Management Team (Feb 2019)
 - Adult and Health Services Senior Management Team (March 2019)
 - Safe Durham Partnership Board (May 2019)
- 25 The Alcohol and Drug Harm Reduction Group will continue to monitor and progress the Alcohol CLear action plan.

Contact: Jane Sunter Public Health Strategic Manager (Living and Ageing Well) Tel: 03000 266897

Sean Barry Public Health Practitioner Tel: 03000 265434

Appendix 1: Implications

Legal Implications

The Health & Social Care Act 2012 refers to Section 2B NHS Act 2006 which places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

Finance

No issues identified.

Consultation

Public Health will continue to consult with partners in the development and delivery of identified actions to reduce alcohol related harm.

Equality and Diversity / Public Sector Equality Duty

Actions from this report are targeted to reduce the health inequalities of these people suffering from or impacted by alcohol related health harm.

Human Rights

No issues Identified.

Crime and Disorder

Actions from this report are targeted to reduce alcohol related crime and disorder.

Staffing

No issues identified.

Accommodation

No issues identified.

Risk

No corporate risk issues identified.

Procurement

The report encourages economies of scale and to make best use of available resource and capacity.

Appendix 2: Durham Alcohol CLear Peer Assessment Report

Attached as a separate document.

Appendix 3: Alcohol CLear Action Plan

Attached as a separate document.