By:	Linda Smith Public Health Specialist, KCC Jess Mookerjee, Public Health Consultant, KCC
To:	South Kent Coast Health and Wellbeing Board
Date:	16 September 2014
Subject:	Alcohol Strategy for Kent 2014-2016
Classification:	Unrestricted

Summary

Although the majority of people drink alcohol responsibly, there are still a proportion of people for whom alcohol misuse is a problem. Liver disease is on the increase and alcohol misuse can also lead to violence and family disruption. In Kent it is estimated that alcohol harm accounts for approximately £108m of Health commissioning resource each year.[1]

The National Alcohol Strategy makes key recommendations on enforcement and disorder that are echoed in the Kent Strategy. The Kent Strategy for 2014-16 goes further by pledging action to improve the current prevention and treatment arrangements in Kent.

Currently there is evidence that not enough people are being referred for Alcohol Treatment and that too few people are aware of the harm that alcohol misuse is causing them. There are also a number of vulnerable groups, whose needs must be addressed.

This Alcohol Strategy has six pledges for action to reduce alcohol-related harm and seven evidence-based steps that we will take to reduce harm from alcohol consumption. Each local Health and wellbeing Board is asked to consider developing local action plans for implementation of the Kent strategy.

Recommendations

The South Kent Coast Health and Wellbeing Board is asked to:

1. note this report and consider key actions from the strategy to be taken
2. develop a Local Alcohol Action Plan to implement the Kent Alcohol Strategy
3. consider creating a multi-partner Task and Finish Group to address the six pledge areas of the Kent Alcohol Strategy

[1] Data Extracted from NHIS Alcohol Impact Model

1. Purpose

1.1 To inform the South Kent Coast Health and Wellbeing Board about the Kent Alcohol Strategy 2014-2016 that was approved by Kent Adult Social Care and Health Cabinet Committee earlier this year. Appendix 1

2. Background

2.1 Although the majority of people in South Kent Coast and the UK consume alcohol responsibly, excessive consumption of alcohol is a growing problem in Kent and across the country and contributes to health issues such as liver disease and obesity. Alcohol also contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption.

2.2 Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England. Liver disease is the only chronic condition that is increasing rapidly in the UK, with a five-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years. The average age of death from liver disease is 59 years, compared to 82-84 years for heart and lung disease or stroke.

3. Local Needs

District level information on a number of indicators is available through Local Alcohol Profile (LAPE) information. Some points from LAPE (2013) are:

LAPE data summary:

- Dover
  - has the highest rate of male mortality in the locality
  - has the highest percentage of employees working in bars in the locality
  - has 12 indicators worse than the South East region average
  - emergency admissions for those under 18 years continues to decline

- Shepway
  - has the highest rate of female mortality in the locality
  - has the highest rate of emergency admissions (narrow)[2] in the locality
  - has 13 indicators worse than the South East region average
  - emergency admissions for those under 18 years has risen for males and significantly for females

- South Kent Coast: overall emergency admission trend for those under 18 years is reducing for males but increasing for females

Further information relating to alcohol profiles is available both at ward and CCG level; (please see appendix 2 for an example selection).

[2] Diagnosis of alcohol related condition plus an external reason. See appendix 2, LAPE profile definitions

4. Kent Alcohol Strategy 2014-2016

The National Alcohol Strategy focuses on the importance of preventing and reducing the impact of alcohol on crime and disorder across the UK.

The New Kent Alcohol Strategy builds on the previous Alcohol Strategy for Kent 2010-2013.

4.1 The Key aims of the Alcohol Strategy for Kent 2014-2016 are to:

a) Reduce alcohol-related specific deaths
b) Continue to reduce alcohol-related disorder and violence year on year
c) Raise awareness of alcohol-related harm in the population
d) Increase pro-active identification and brief advice at primary care
e) Increase numbers referred into treatment providers as appropriate

4.2 The new strategy will strengthen many of the positive actions of the 2010-13 strategy: namely in the area of trading standards and local alcohol partnerships. The Kent Community Action Partnerships (KCAP) were identified nationally as best practice and showed how local action between police, trading standards, industry and the community could have good results in tackling under-age sales, town centre disruption and irresponsible licence holding. The new 2014-16 strategy will expand on this by enabling more KCAP sites across Kent.

4.3 The 2014-16 Kent Alcohol Strategy goes further than the previous strategy in a number of areas, notably the health prevention and treatment pathways. Currently there is capacity in the existing Alcohol Treatment Services which is not being utilised fully.

The development of an Integrated Care Pathway for alcohol and the introduction of a Locally Enhanced Service for Primary Care and pharmacy will help to provide the preventative element and increase earlier access to specialist treatment services.

4.4 A section has been developed for each key area (pledge element) which explores current action, the planned activity for the future and how we will know it has been successful (Table 1).

Table 1

Alcohol Strategy Pledge area	**Priority Actions to Address**
Prevention and Identification	Identification and Brief Advice (IBA) in Primary Care and pharmacies, Training, Social Marketing, Targeted promotion. The development of an integrated care pathway for alcohol, increasing access/earlier access into specialist treatment provider services. Proactive case-finding for IBA screening in Primary Care especially those with mental health conditions and vulnerable populations

Treatment	Improve liaison at A&E, Pro-active care into and away from hospital, Creating a liaison team and after-care packages, better signposting. Better joint working and pathways into primary care.
Enforcement and responsibility	Tackling night-time economy, reduction of violence, use of crime & community partnerships, spot checks on traders, working with industry.
Local Action	Continue good practice using KCAP model and expand into areas where there is no KCAP. Improve data and needs assessment. Widen the partnerships. Support local schemes like street pastors and Alcohol Zones
Vulnerable groups and inequalities	Prioritise dual diagnosis by improving the links between mental health workers and substance misuse treatment providers, domestic violence awareness campaigns and working with perpetrators. Work with the military covenant groups to increase awareness in ex-military/ veteran population.
Children and Young People	Continue with RisKit, lead a Kent-wide campaign, co-ordinate hidden harm strategy linked to KIASS, systematic screening in A&E.

4.5 The development of the Alcohol Strategy for Kent 2014-16 commenced in 2013, and took account of good practice being developed, and therefore many of the actions identified within the strategy are already underway.

- An improved 'in reach' system from the community treatment provider into the A&E in the Queen Elizabeth Queen Margaret Hospital, Margate is in place.
- Agreement has been reached with many Kent Clinical Commissioning Groups (CCGs) to provide improved access to 'Identification & Brief Advice', where GPs are incentivised to pro-actively screen patients for alcohol misuse and then provide advice and/ or referral to treatment providers.
- Five pharmacies in South Kent Coast will be offered a similar contract to undertake identification, brief advice and referral to specialist services for alcohol as part of the Integrated Care Path pilot
- A full-time alcohol intervention trainer has been appointed for workforce training
- An integrated care pathway for alcohol is due to be launched in September

5 Implementation

5.1 A strategy implementation group will monitor progress on Kent Alcohol Strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis. The implementation group will include a range of partners.

5.2 Each Health and Wellbeing Board should consider developing a detailed local action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the Kent strategy.

5.3 Each locality will be provided with the widest range of alcohol profiles at Ward and CCG level as available. This will enable each area to target areas for action and provide information to monitor progress against aims and inform commissioning intentions. [3]

6. Conclusion

Whilst much progress has been made in some areas, notably the reduction of admissions in those under 18 years, there is much work to be done to address the actual and predicted trend in hospital admissions across all ages.

By using the clear action 'road-map' of the Kent Alcohol Strategy 'Six Pledges' and 'Seven High Impact steps' and building upon the work to date and willingness to tackle alcohol related harm in our communities, it is anticipated that Kent will make good progress against the aims of the Kent Alcohol Strategy provided that:

- The importance of addressing and implementing the Kent Alcohol Strategy should be (and be seen to be) of high priority amongst organisations
- There should be a willingness to extend data capture and share data
- There should be support for workforce training
- Organisations should work together to avoid duplication and work flexibly to facilitate an integrated and comprehensive approach to tackling alcohol harm in Kent

7 Recommendations:

Members of the South Kent Coast Health and Wellbeing Board are asked to:

1. note this report and consider key actions from the strategy to be taken
2. develop a Local Alcohol Action Plan to implement the Kent Alcohol Strategy
3. consider creating a multi-partner Task and Finish Group to address the six pledge areas of the Kent Alcohol Strategy

8. Background Documents

Appendix 1 Kent Alcohol Strategy
Appendix 2 Summary local alcohol data profiles

[3] Will be made available electronically given the size of the data file

9. Contact details

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Appendix 1 Kent Alcohol Strategy 2014-2016

Kent Alcohol Strategy 2014_16.pdf

Appendix 2 Local alcohol data profiles

Table 1 Summary of LAPE profile Indicators, 2013 (Source: NWPHO, KMPHO)

Indicators	Dover	Shepway	South East region
Months of life lost - males	13.22	11.79	**9.89**
Months of life lost - females	4.29	5.14	**4.72**
Alcohol-specific mortality - males	15.57	14.72	**11.78**
Alcohol-specific mortality - females	3.59	*7.15	**5.35**
Mortality from chronic liver disease - males	20.12	17.58	**12.94**
Mortality from chronic liver disease - females	4.41	9.62	**6.92**
Alcohol-related mortality - males	*75.45	66.28	**58.49**
Alcohol-related mortality - females	24.28	31.09	**25.95**
Alcohol-specific hospital admission - under 18s	47.66	35.06	**37.30**
Alcohol-specific hospital admission - males	385.39	341.59	**375.53**
Alcohol-specific hospital admission - females	176.01	182.25	**188.37**
Alcohol-related hospital admission (Broad) - males	1448.52	1389.60	**1409.59**
Alcohol-related hospital admission (Broad) - females	693.90	773.41	**705.48**
Alcohol-related hospital admission (Narrow) - males	574.47	555.08	**495.95**
Alcohol-related hospital admission (Narrow) - females	283.27	314.24	**267.25**
Admission episodes for alcohol-related conditions (Broad)	1614.75	1759.81	**1615.65**
Admission episodes for alcohol-related conditions (Narrow)	558.39	*715.30	**513.12**
Alcohol-related recorded crimes	5.67	5.70	**4.90**
Alcohol-related violent crimes	4.47	4.47	**3.60**
Alcohol-related sexual offences	0.10	0.10	**0.11**
Abstainers synthetic estimate	14.19	15.20	**14.73**
Lower Risk drinking (% of drinkers only) synthetic estimate	73.56	73.98	**72.71**
Increasing Risk drinking (% of drinkers only) synthetic estimate	19.85	19.44	**20.54**
Higher Risk drinking (% of drinkers only) synthetic estimate	6.59	6.58	**6.75**
Binge drinking (synthetic estimate)	17.00	16.60	**18.10**
Employees in bars - % of all employees	*2.27	1.53	**1.59**

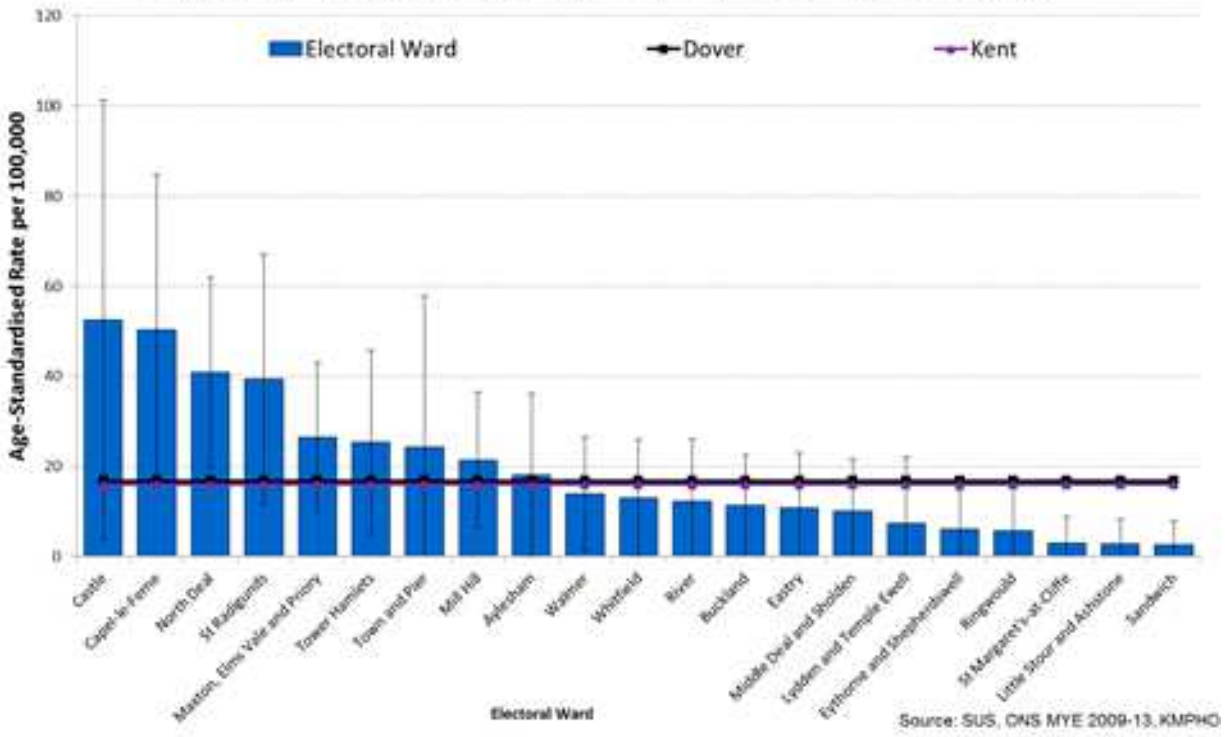
	Best locally
	Better performance than regional average
	Worse performance than regional average
	Worst locally

Tables 2, 3 LAPE locality trends and definitions

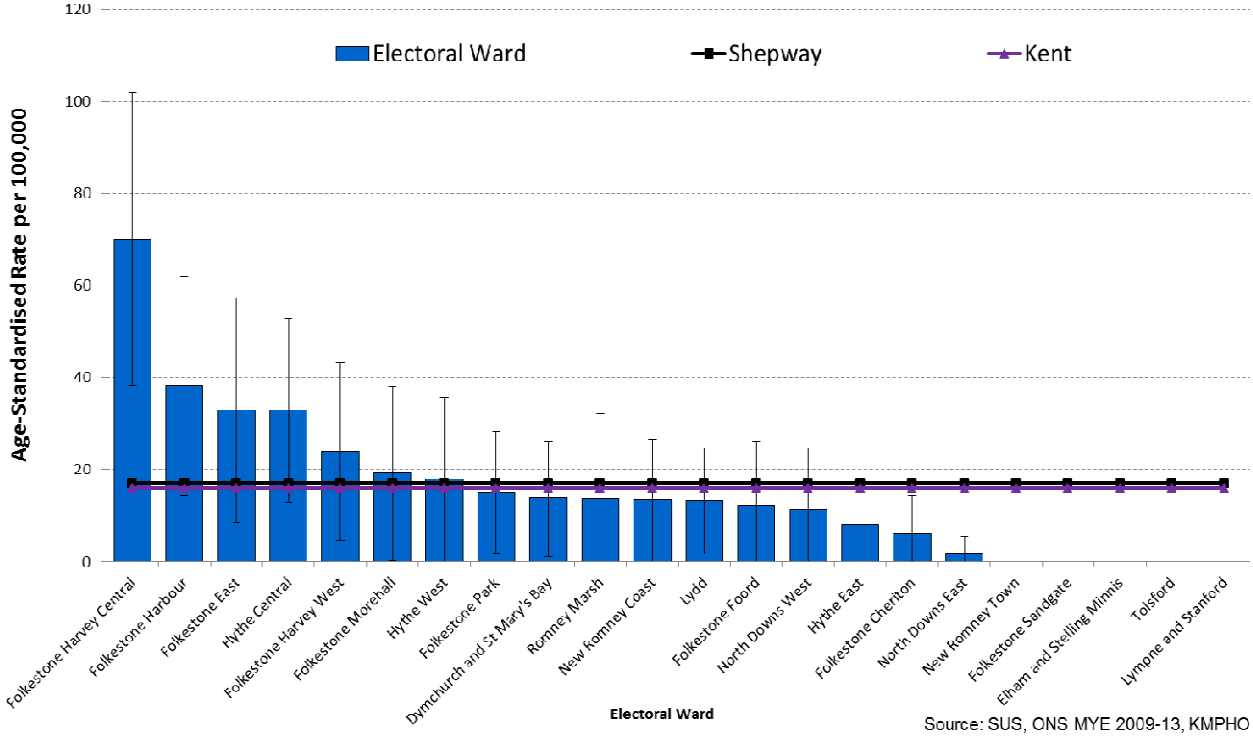
(278903734) ShepwayLAPEProfile2(

(278902250) DoverLAPEProfile2013

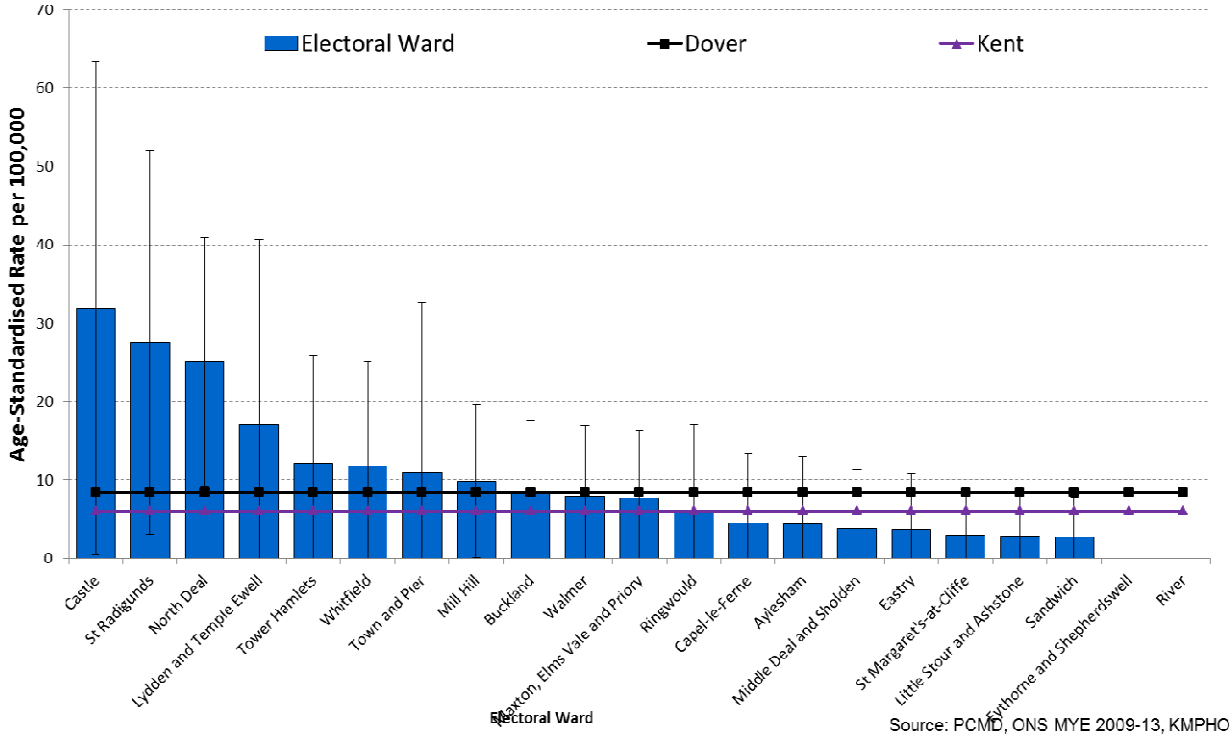
Age-standardised emergency admission rates in Dover for Liver Disease (Primary Diagnosis= K70), 2009/10 - 2013/14 (5-Years), All ages, Persons



Age-standardised emergency admission rates in Shepway for Liver Disease (Primary Diagnosis= K70), 2009/10 - 2013/14 (5-Years), All ages, Persons

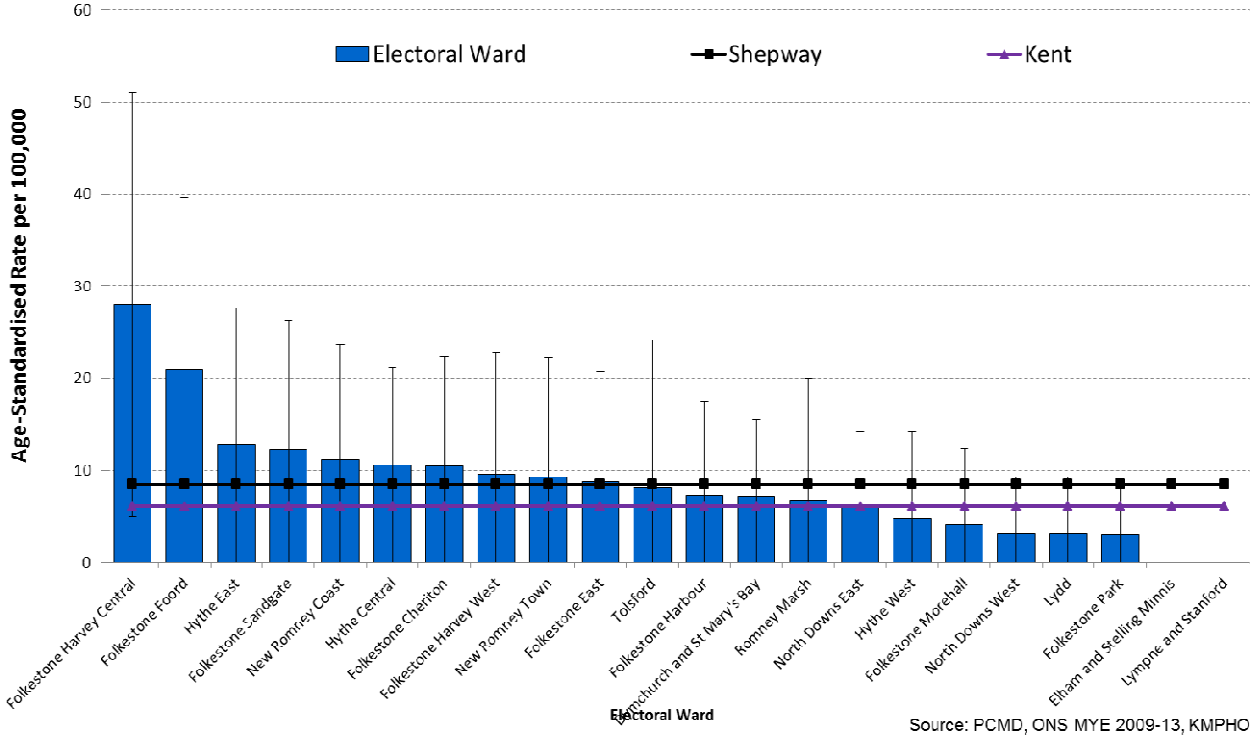


Age-standardised mortality rates in Dover for Liver Disease, 2009/10 - 2013/14 (5-Years), All ages, Persons

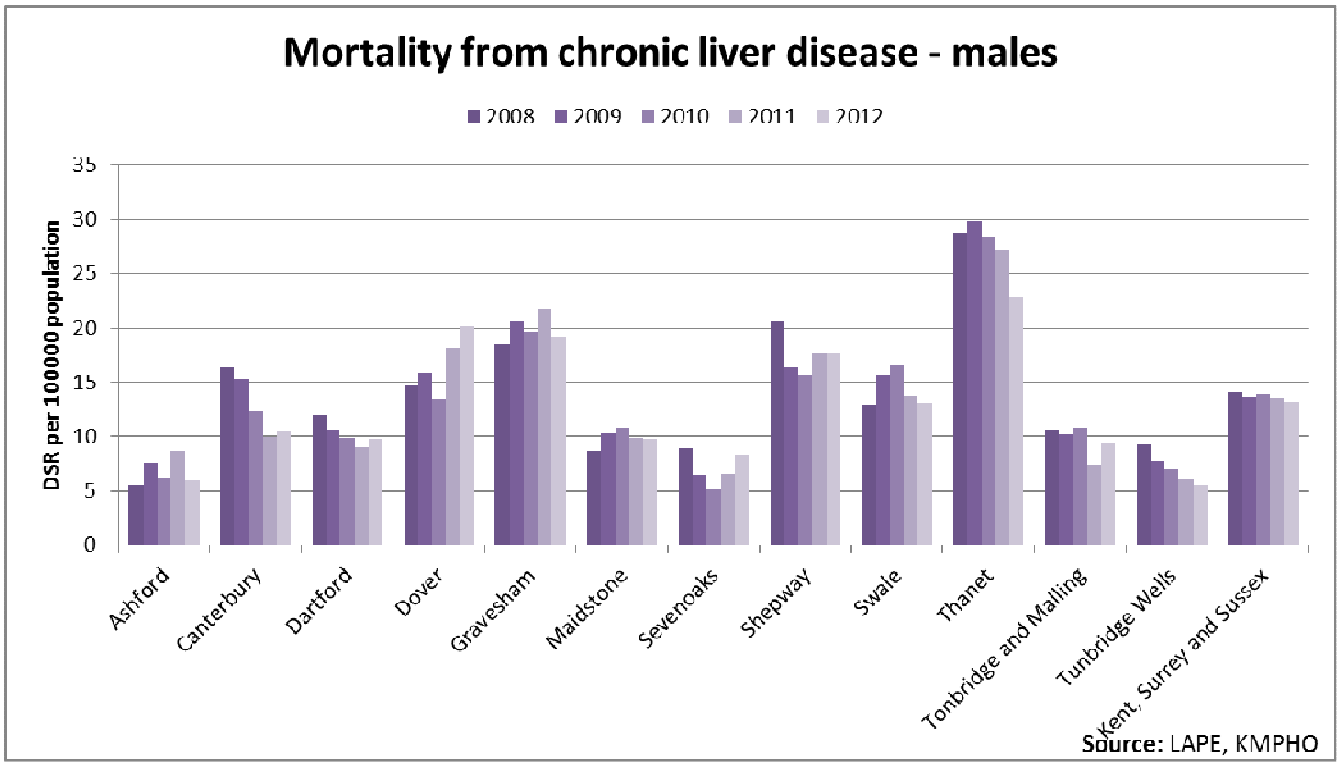


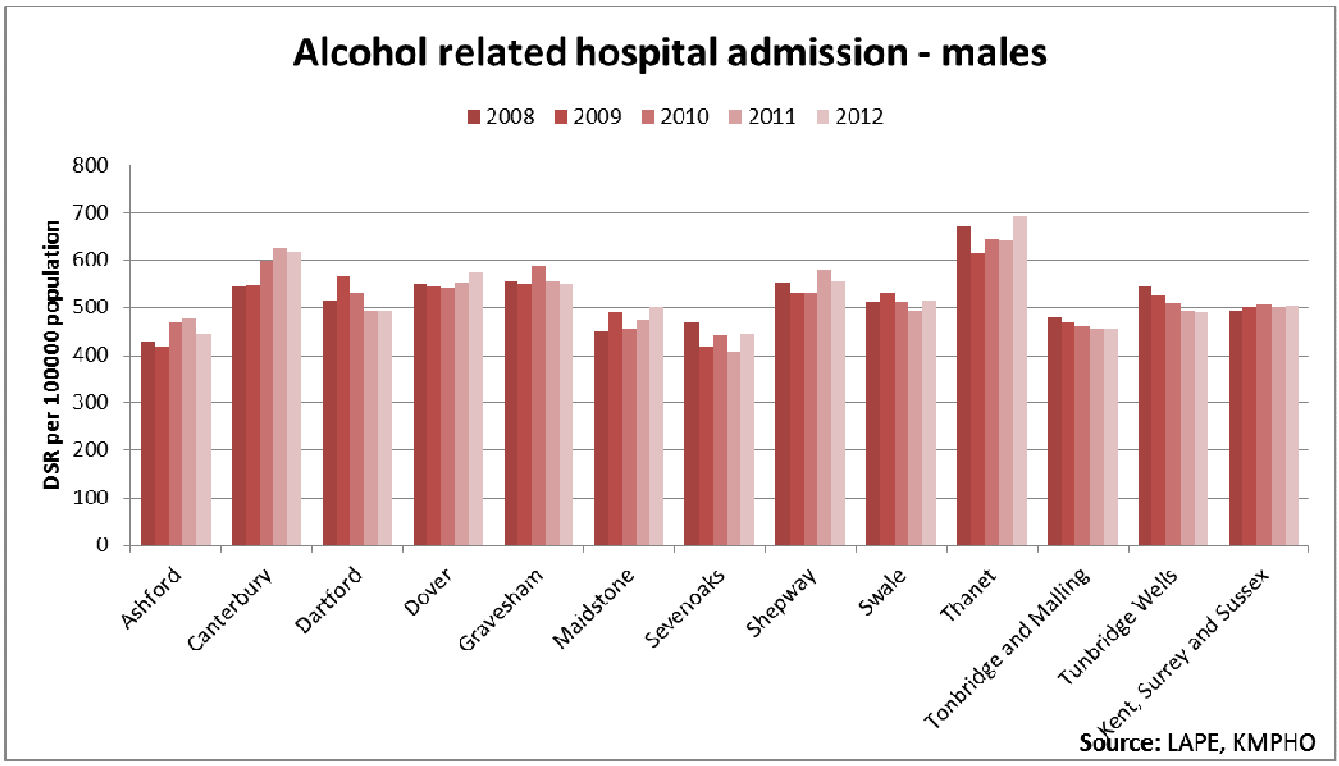
Source: PCMD, ONS MYE 2009-13, KMPHO

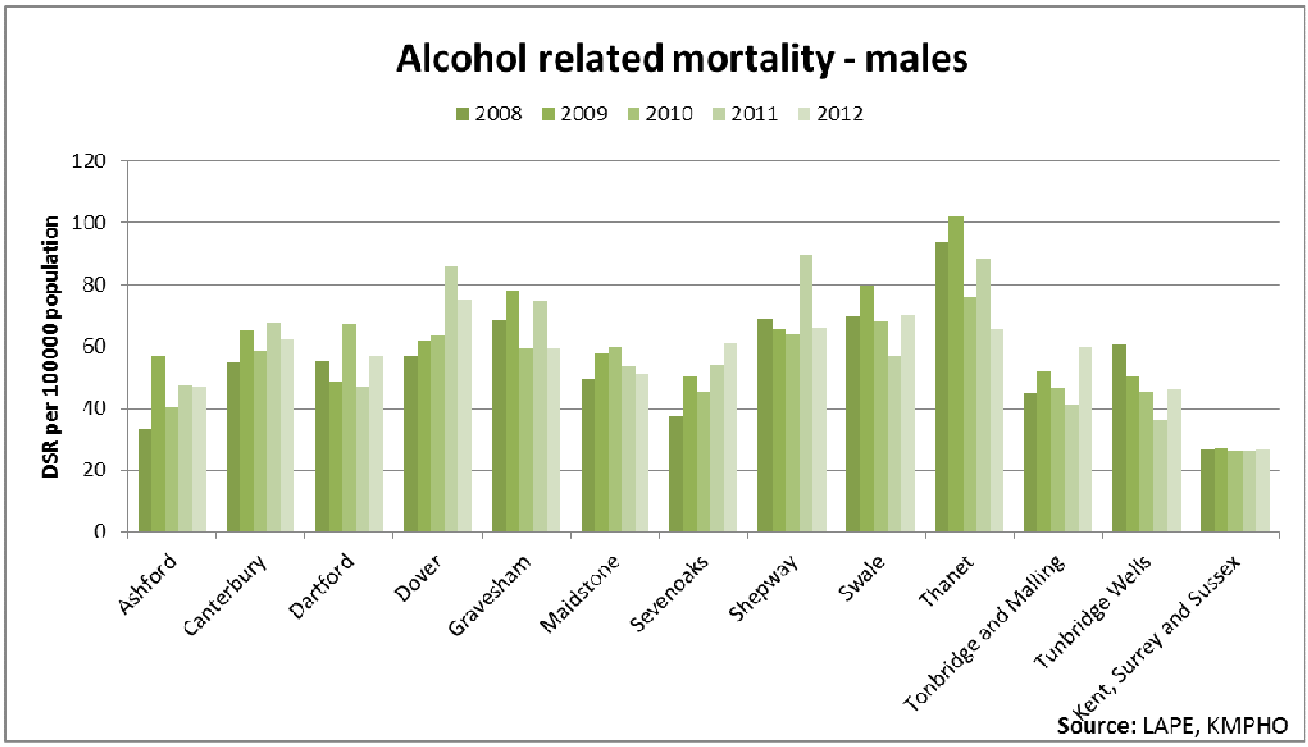
Age-standardised mortality rates in Shepway for Liver Disease, 2009/10 - 2013/14 (5-Years), All ages, Persons

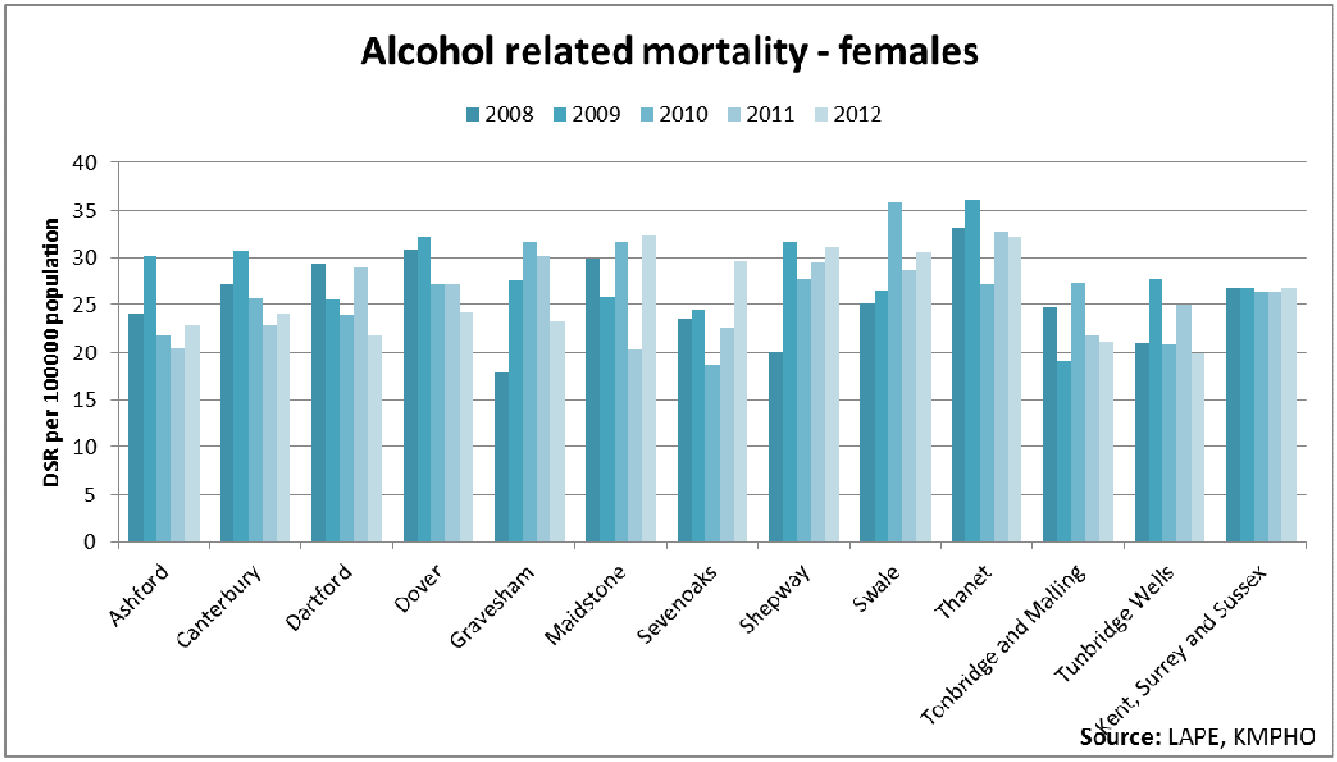


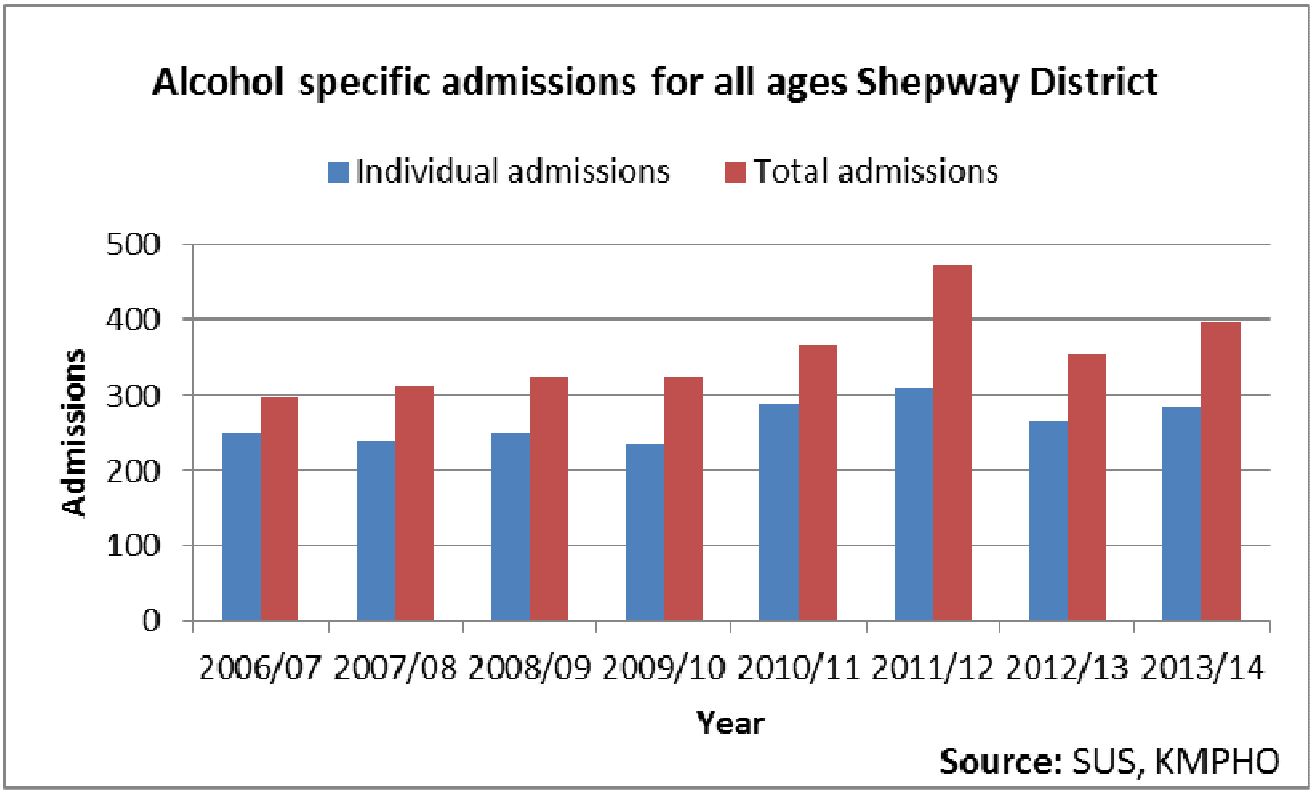
Source: PCMD, ONS MYE 2009-13, KMPHO

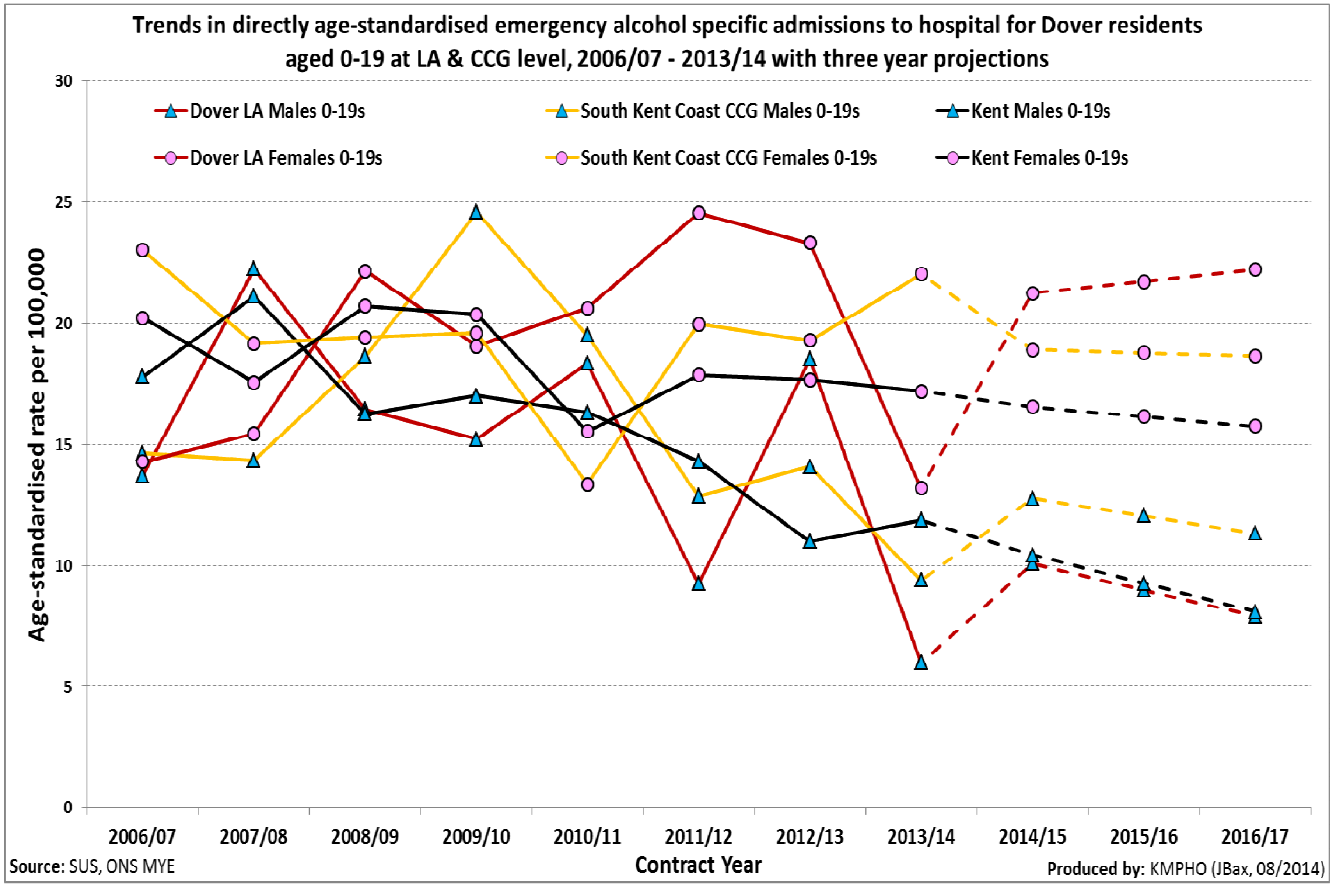

Mortality from chronic liver disease - males
2008
2009
2010
2011
2012
DSR per 100000 population
35
30
25
20
15
10
5
0
Ashford
Canterbury
Dartford
Dover
Gravesham
Maidstone
Sevenoaks
Shepway
Swale
Thanet
Tonbridge and Malling
Tunbridge Wells
Kent, Surrey and Sussex
Source: LAPE, KMPHO

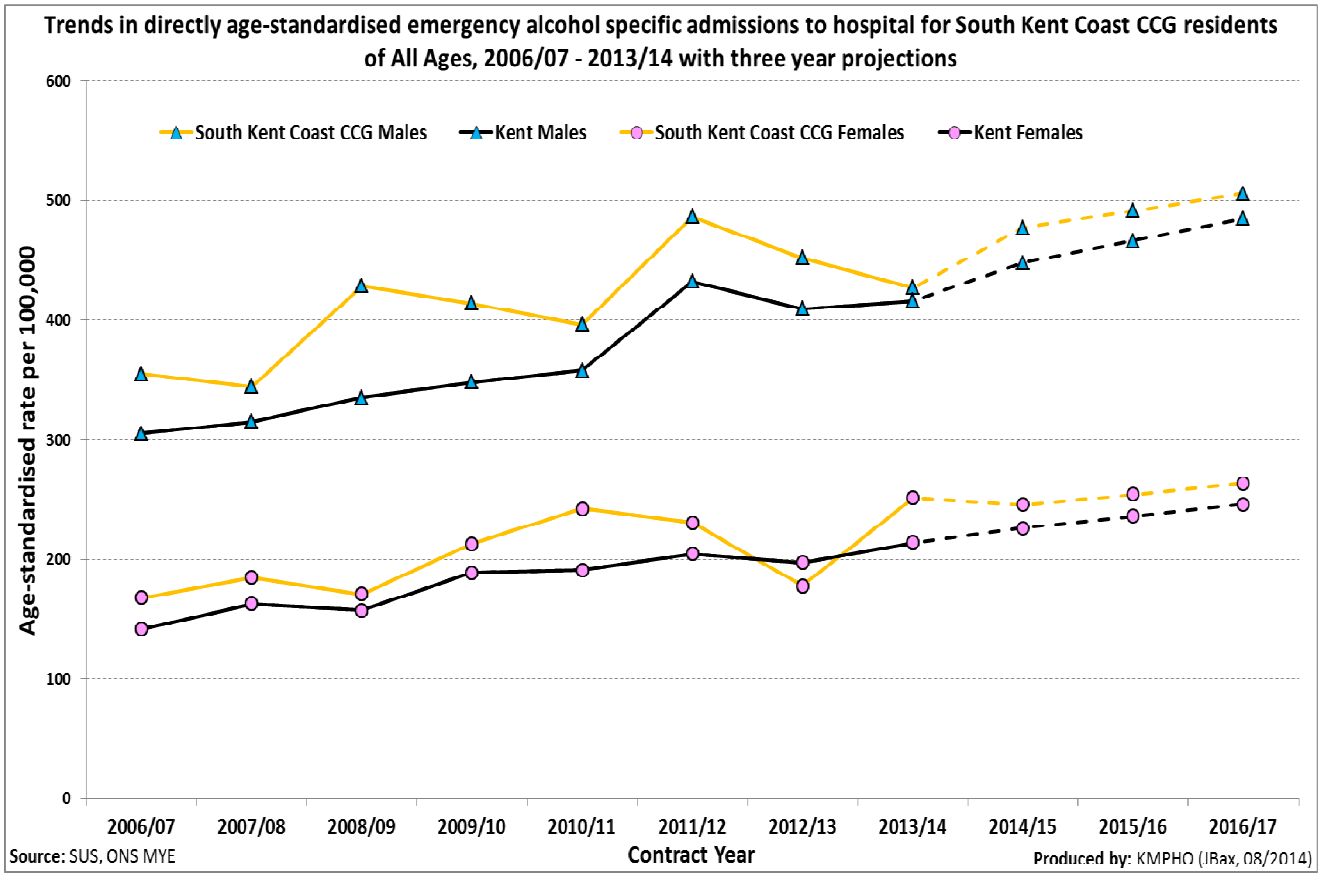

Alcohol related hospital admission - males
2008
2009
2010
2011
2012
DSR per 100000 population
800
700
600
500
400
300
200
100
0
Ashford
Canterbury
Dartford
Dover
Gravesham
Maidstone
Sevenoaks
Shepway
Swale
Thanet
Tonbridge and Malling
Tunbridge Wells
Kent, Surrey and Sussex
Source: LAPE, KMPHO

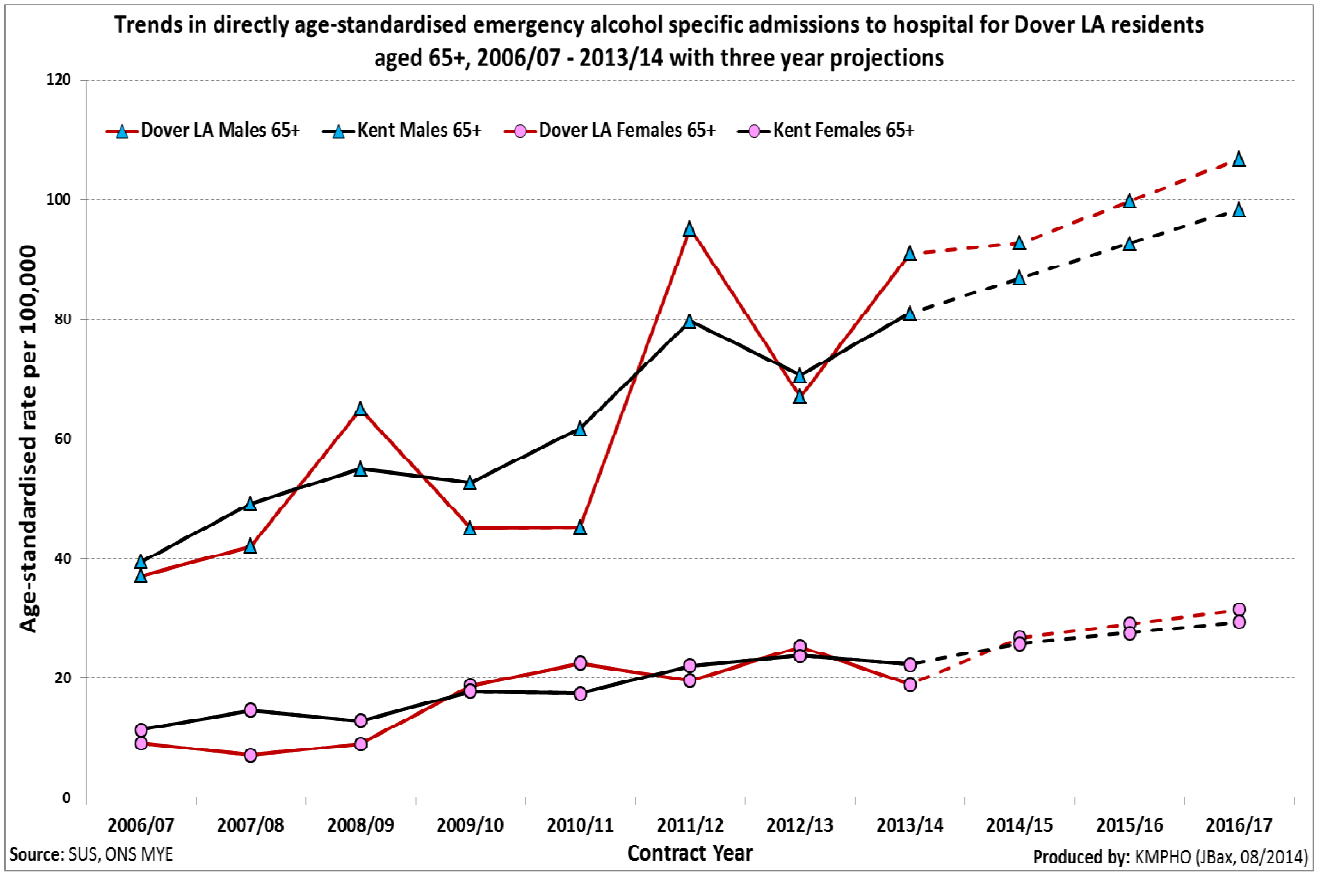

Alcohol related mortality - males
2008
2009
2010
2011
2012
DSR per 100000 population
120
100
80
60
40
20
0
Ashford
Canterbury
Dartford
Dover
Gravesham
Maidstone
Sevenoaks
Shepway
Swale
Thanet
Tonbridge and Malling
Tunbridge Wells
Kent, Surrey and Sussex
Source: LAPE, KMPHO

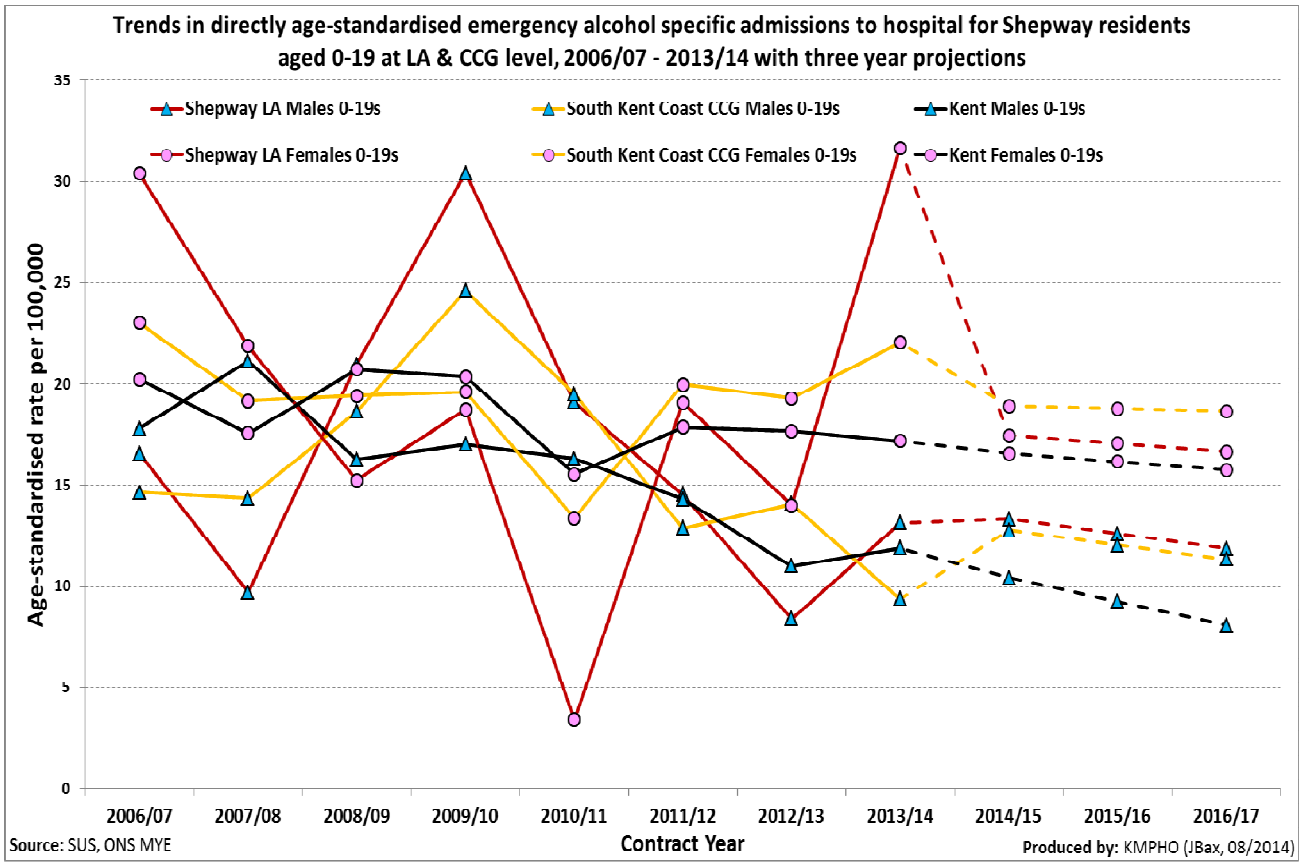

Alcohol related mortality - females
2008
2009
2010
2011
2012
DSR per 100000 population
40
35
30
25
20
15
10
5
0
Ashford
Canterbury
Dartford
Dover
Gravesham
Maidstone
Sevenoaks
Shepway
Swale
Thanet
Tonbridge and Malling
Tunbridge Wells
Kent, Surrey and Sussex
Source: LAPE, KMPHO

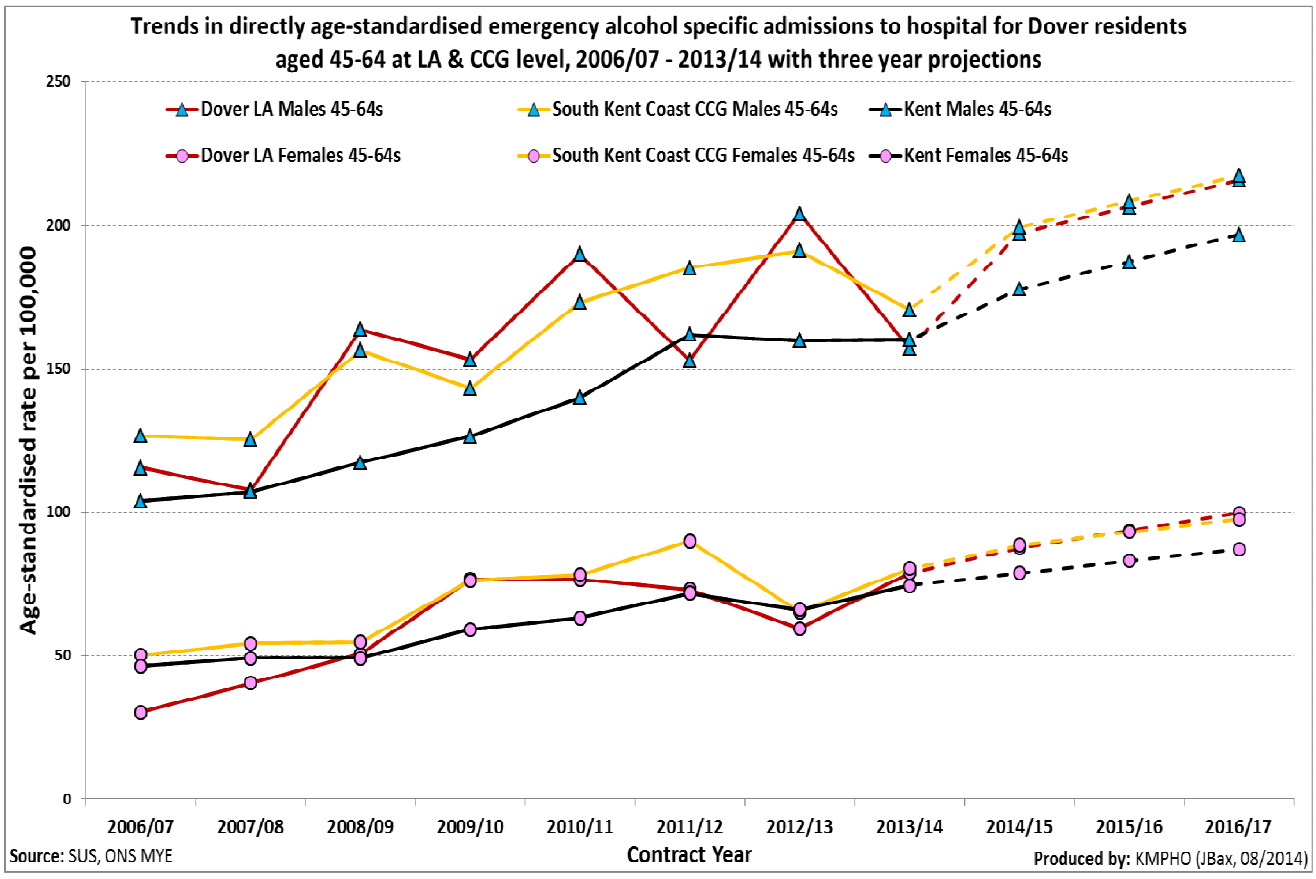

Alcohol specific admissions for all ages Shepway District
Individual admissions
Total admissions
Admissions
500
400
300
200
100
0
2006/07 2007/08 2008/09 2009/10 2010/11 2011/12 2012/13 2013/14
Year
Source: SUS, KMPHO


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Dover residents aged 0-19 at LA & CCG level, 2006/07 - 2013/14 with three year projections
Dover LA Males 0-19s
South Kent Coast CCG Males 0-19s
Kent Males 0-19s
Dover LA Females 0-19s
South Kent Coast CCG Females 0-19s
Kent Females 0-19s
Age-standardised rate per 100,000
30
25
20
15
10
5
0
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)


Trends in directly age-standardised emergency alcohol specific admissions to hospital for South Kent Coast CCG residents of All Ages, 2006/07 - 2013/14 with three year projections
South Kent Coast CCG Males
Kent Males
South Kent Coast CCG Females
Kent Females
Age-standardised rate per 100,000
600
500
400
300
200
100
0
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Dover LA residents aged 65+, 2006/07 - 2013/14 with three year projections
Dover LA Males 65+
Kent Males 65+
Dover LA Females 65+
Kent Females 65+
Age-standardised rate per 100,000
120
100
80
60
40
20
0
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Shepway residents aged 0-19 at LA & CCG level, 2006/07 - 2013/14 with three year projections
Shepway LA Males 0-19s
South Kent Coast CCG Males 0-19s
Kent Males 0-19s
Shepway LA Females 0-19s
South Kent Coast CCG Females 0-19s
Kent Females 0-19s
Age-standardised rate per 100,000
0
5
10
15
20
25
30
35
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Dover residents aged 45-64 at LA & CCG level, 2006/07 - 2013/14 with three year projections
Dover LA Males 45-64s
South Kent Coast CCG Males 45-64s
Kent Males 45-64s
Dover LA Females 45-64s
South Kent Coast CCG Females 45-64s
Kent Females 45-64s
Age-standardised rate per 100,000
0
50
100
150
200
250
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)