

**MAIN REPORT**

**ALCOHOL TASK AND FINISH REVIEW GROUP**

**FINAL REPORT**

**Introduction**

1. This is the final report of the Alcohol Task and Finish Review Group, established by the Health and Partnerships Scrutiny Committee to scrutinise the indicators relating to alcohol within the Health profile for Darlington and make appropriate recommendations to Cabinet.

**Background Information**

2. At a meeting of the Health and Partnerships Scrutiny Committee held 29 October 2013 it was agreed to establish a Task and Finish Review Group.
3. A wide number of issues have been considered and discussed at the meetings and these are referred to in the notes attached (**Appendix 1**).
4. This report describes the outcome of the Review Group, it summarises the work undertaken, the findings from the processes and the subsequent recommendations.
5. A draft Terms of Reference (**Appendix 2**) in relation to this piece of work was developed and approved by Health and Partnerships Scrutiny Committee and all Members of that Scrutiny Committee were invited to participate in the Review.
6. A wide number of issues were discussed and considered at the meetings.

**Membership of the Review Group**

7. All Members of Health and Partnerships Scrutiny Committee were invited to participate in the Review and the following Members attended meetings :-

Councillor Crichlow (formerly Francis);  
Councillor Donohue;  
Councillor Macnab;  
Councillor Newall;  
Councillor Nutt;  
Councillor EA Richmond;  
Councillor S Richmond;  
Councillor H Scott; and  
Councillor J Taylor.

8. The Group was led by Councillor Newall.

## Acknowledgements

9. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record its thanks to the following :-

Miriam Davison, Director of Public Health;  
Kate Jeffels, Drug and Alcohol Team (DAAT) Joint Commissioning Unit Manager;  
Pam Ross, Licensing, Parking and Trading Standards Manager;  
Nigel Green, Principal Trading Standards Officer;  
Staff and Members of the Community Abstinence in Recovery Centre, Victoria Road; and  
Karen Graves, Democratic Officer.

## Methods of Investigation

10. The Review Group met on two occasions between January and July 2014, and the notes containing the discussions held at those meetings are attached (**Appendix 1**).
11. Health and Partnerships Scrutiny Committee gave consideration to a report of the Director of Public Health relating to tackling alcohol related harm in the Borough on 17 June 2014. The report summarised progress on local priorities in the Alcohol Strategy Action Plan.
12. Several members of the Group also undertook a visit to the Community Abstinence in Recovery Centre, Victoria Road, Darlington and a note of that visit is also attached (**Appendix 3**).
13. Although not part of this Review, Members referred to a meeting of the Access to GP Appointments Review Group held on 2 December 2013 (**Appendix 4**) which gave consideration to the promotion in a Middlesbrough pharmacy that highlighted the adverse effects of alcohol. This strategy gained a lot of media attention and was supported by local celebrities.
14. Members of Licensing Committee received a presentation on the Alcohol Harm Reduction Unit and Chair of this Review Group, Councillor Newall, who is also a member of Licensing Committee, prepared a paper on that presentation (**Appendix 5**).
15. Several members of the Review Group attended a meeting of the GOLD Health Group at which a presentation was given on the unsafe consumption of units of alcohol and the subsequent harmful effects on the elderly. It is a myth that issues relating to alcohol abuse affect younger generations. There is some evidence to support the latent onset of alcohol abuse.

## Findings

16. The initial findings of the Review Group indicate that :
- (a) Members were concerned to learn that mortality rates resulting from Liver Disease were on the increase affecting people of all ages.

- (b) Members understand that although the County Durham and Darlington Foundation Trust is undertaking some work on raising awareness of liver disease it was considered that more work needs to be done around awareness raising of other serious conditions and health implications to which excessive alcohol consumption could contribute.
- (c) As part of Dry January, the Council and Pubwatch had organised a successful 'Driday' night out, an alcohol free tour of Darlington's pubs, to support Balance (North East Alcohol Office) and Alcohol Concern. Members welcomed this initiative and looked forward to it being established as an annual event and were delighted to learn that Alcohol Concern's Dry January 2014 Council award had been presented to Darlington Borough Council for promoting alcohol awareness.
- (d) Members welcomed the opportunity to learn of Operation ARIES, a multi-agency crackdown on under-age drinking and anti-social behaviour which had been launched on 8 July at Durham County Council's offices.
- (e) Test purchases of alcohol, joint operations with Trading Standards led by the Police, are undertaken using young volunteers at premises where there is a specific concern that alcohol is being sold to youngsters who are under age. Training courses, which cover legal restrictions on alcohol, cigarettes and fireworks, are offered to the licensed trade free of charge by the Police.
- (f) Members were encouraged to learn that the Social Norms Survey, commissioned by the Drug and Alcohol Team (DAAT) and administered by Senior Schools and Academies in Darlington, showed 73 per cent of young people agreed that 'it was NOT OK for young people my age to get drunk'. It was pleasing to note that the trend over the last five years was a reduction in the numbers of youngsters who used alcohol.
- (g) Members were informed that the (DAAT), a partnership of the primary care trust, Police, probation service and the Council was charged with local delivery of the national strategies and policies around drug and alcohol misuse. Members considered the performance of the DAAT commissioned services and noted the key challenges identified for the future in tackling alcohol related harm locally.
- (h) Members were pleased to receive an update on the Alcohol Strategy Action Plan which outlined the progress in relation to its objectives and priorities with particular references to the Connected Recovery Adults Drug and Alcohol Treatment Service, SWITCH Young People's Treatment Service, Homelessness Service and the Substance Misuse Training Service.
- (i) Members were pleased to note the work of the Alcohol Harm Reduction Unit which adopts a problem solving approach to dealing with offenders and retailers of alcohol.
- (j) Members welcomed the 'Safer Drinking – Safer Darlington' which is part of Darlington's Alcohol Harm Reduction Strategy and part of the wider Sustainable Community Strategy, One Darlington; Perfectly Placed which seeks to make Darlington a safer and healthier place to live by reducing unsafe consumption of alcohol, reducing alcohol related crime and disorder and improving and

protecting the health of the people of the Borough.

- (k) Elderly patients present at their GP surgery with symptoms such as anxiety, depression, confusion and dementia and it may not be immediately evident that alcohol abuse could be contributing to their symptoms.
- (l) Members were made aware that the significant cost to Darlington of alcohol related harm totals £43.64m. This figure is broken down into four categories, NHS £9.73m, Work Place £15.57m, Social Services £4.34m and Crime and Licensing £14m. however it was noted by Members that every pound invested in adult alcohol treatment saved £5 in costs to society.
- (m) Members were encouraged to learn that since the transfer of Public Health to local authorities drug and alcohol commissioning was now included in Public Health, integrating the associated funding into the new Public Health Grant from 2013.
- (n) In relation to Minimum Unit Pricing (MUP) Members expressed concern that this policy had not been progressed through Parliament as there is evidence in other countries which shows that mortality-related conditions were reduced where such a policy existed. Members were pleased to note that Balance was now lobbying for an MUP policy and that the majority of people in the North East, and 59 per cent in Darlington, already support minimum unit pricing.

## **Recommendations**

11. That it be recommended to the Health and Partnerships Scrutiny Committee that:-

- (a) The County Durham and Darlington Trust is encouraged to develop and continue an awareness campaign surrounding liver disease, which is the UK's third most common cause of death, other serious conditions and the health implications of excessive alcohol consumption.
- (b) Darlington Borough Council be reminded that it has a corporate responsibility to support initiatives such as Dry January which highlight the impact of alcohol related harm on the individual and the wider community.
- (c) Facebook and Twitter and any other relevant forms of social media be utilised to promote any drink awareness campaigns.
- (d) GP's be encouraged to identify, using appropriate diagnostic tools, and be aware of early indicators of alcohol abuse in order to advise patients at an early stage of the support and services that are available to them.
- (e) The initiatives within Operation Aries, relating to under-age alcohol consumption, be endorsed by Darlington Borough Council as it is anticipated that this approach would bring positive changes in attitudes and behaviour for all concerned. Health and Partnerships Scrutiny Committee would welcome feedback on the outcomes of this project after six months.
- (f) Continued support and investment be given to the DAAT to enable it to continue its work relating to all aspects of substance misuse from education

and prevention, treatment and control and enforcement. The Group considered that this would aid Darlington's Vision of One Darlington: Perfectly Placed by building strong communities, growing the economy and spending every pound wisely.

- (g) Every effort is made to de-stigmatise alcohol abuse and individuals be encouraged to seek help and make self-referral to the services available in order to achieve financial savings, an enhanced quality of life, reduced stress and anxiety and a happier home life.
- (h) More information be made available to victims of alcohol abuse so that they are aware of the pathways they can effectively utilise to aid self-referral.
- (i) Members welcomed the idea undertaken by the Middlesbrough based pharmacy and would like to see similar schemes to raise awareness of alcohol abuse in Darlington's pharmacies.
- (j) The 'Safer Drinking – Safer Darlington' Next Steps 2012-2015 be welcomed as its aim underpins three key objectives of Prevention, Recovery Treatment and Control.
- (k) That Darlington Borough Council continue to support Balance as it strives to campaign for a national policy on minimum unit pricing.

### **Alcohol Task and Finish Review Group**

**Alcohol Task and Finish Review Group****Initial meeting – 13<sup>th</sup> January 2014**

Present:- Councillor Newall (in the Chair); Councillors Francis, H. Scott and J. Taylor.

Kate Jeffels, Drug and Alcohol Team (DAAT) Joint Commissioning Unit Manager and Abbie Metcalfe, Democratic Officer.

The DAAT Manager produced a report (previously circulated) which outlined indicators in relation to drugs, alcohol and smoking from the Darlington Health Profile for 2013. Members welcomed the overview but particularly focused on the indicators relating to alcohol.

<b>Indicator</b>	<b>Definition</b>	<b>2013 Profile Data (actual number in brackets)</b>	<b>Comparison to England Average (England average in brackets)</b>
10. Alcohol-specific hospital stays (under 18)	Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled)	154.9 (34)	Significantly worse (61.8)
13. Increasing and higher risk drinking	% aged 16+ in the resident population, 2008-2009	22.6	Not significantly different (22.3)
19. Hospital stays for alcohol related harm	Directly age sex standardised rate per 100,000 population, 2010/11	2417 (2867)	Significantly worse (1895)

Members noted that not all the information in the Health Profiles was the most recent available and that information on the Local Alcohol Profiles website had more recent data on alcohol related hospital admissions for indicators 10 and 19.

The more recent Local Alcohol Profiles data demonstrated that Under 18 alcohol-specific hospital stays have decreased 2008/09 – 2010/11 and Darlington is no longer the worst in the Country. Encouragingly, alcohol attributable hospital admissions (age and sex standardised rate) have decreased since 2010/11, following a trend upwards since 2006/07.

For indicator 10 (Alcohol-specific hospital stays for under 18s), the 2013 Health Profile data shows from 2007/08 – 2009/10 Darlington to be the worst in the Country. However, the more recent Local Alcohol Profile shows that from 2008/09 – 2010/11 Darlington was 318 out of 326 Local Authorities. The rate has been decreasing since 2005/06 – 2007/08 and Members noted that the rate was based on small numbers – around 34 admissions of Under 18s per year. Local hospital data from CDDFT indicated an even more positive picture, recording a total of nine alcohol related under 18 admissions to Darlington Memorial Hospital in 2012, with none of those under 11 years (Note: this does not provide a breakdown between those with Darlington and Durham postcodes).

For Indicator 19 the finalised data for 2011/12 and the provisional data for 2012/13 is available from the Local Alcohol Profiles for England website. In respect of this indicator the 2011/12 and 2012/13 rates are lower than the 2010/11 rate, showing an unprecedented decline in admissions.

Members welcomed the update from the DAAT Manager and understood why 'old data' was used but discussed the need for real time data for elected Members to enable them to understand the issues within their Wards.

Discussion ensued about the success of the Social Norms Survey which is carried out in Secondary Schools in Darlington and asks questions of young people in relation to alcohol, smoking, relationships, risky behaviours, etc. Members were delighted that St Aidans Academy had signed up and for the first time all Secondary Schools in the Borough were participating, meaning the over six thousand pupils were being surveyed. The DAAT Manager reported that the initial findings from the survey demonstrated a reduction in self reporting although, perceptions were not changing. Young people appeared to believe their peers were exhibiting risky behaviours, however, they were not reporting doing it themselves. The most recent information and final analysis would be available within the next couple of months and could be shared with Members.

Members were surprised to hear that mortality rates resulting from Liver Disease were on the increase, while the age of patients being diagnosed with Liver Disease was decreasing. It was understood that the Trust were carrying out some work on promoting Liver Disease and raising awareness. The DAAT Manager also advised of a number of Cancers and other conditions which can be caused as a result of excessive alcohol consumption. Members expressed concern that more needed to be done about raising awareness of the serious conditions and other health implication of excessive alcohol consumption.

Discussion ensued about the 'hidden population' of high/increasing risk drinkers drinking in the comfort of their own home, including the elderly and encouraging people to make sensible lifestyle choices. Members acknowledged that clear lifestyle messages including the 'change for life' campaign enabled people to make an informed choice about their behaviours; however, this would always be a contentious issue.

Particular reference was made to the benefits of Hospital Liaison Nurse based at Darlington Memorial Hospital which was funded by DAAT and Members were reminded of the clear links between Public Health and the Clinical Commissioning Group (CCG) in respect of the commissioning of smoking, alcohol and substance misuse services in secondary care settings. The importance of making every contact count was highlighted and using every opportunity as an opportunity to discuss people's lifestyles and the choices they make was imperative to make a difference and get people thinking about their own behaviours.

The DAAT Manager informed Members of some of the issues raised at the recent Community Safety Partnership meeting regarding counterfeit alcohol. In this instance counterfeit or fake alcohol was explained as, either alcohol where the duty had not been paid, or illegally manufactured and distributed alcohol which can be contaminated with Methanol. Police intelligence indicates that contraband alcohol was available and being sold throughout the North East Region in smaller shops/off licences. A national example quoted was Blossom Hill white wine, being sold in a mainstream supermarket which was 'fake' alcohol. Members were surprised to note that police intelligence suggests there are Organised Crime Groups involved in local premises but that Disruption Panels are working hard to address these issues.

The DAAT Manager also highlighted Dry January advising that the Council together with Pubwatch, had organised a 'Driday' night out - an alcohol free tour of Darlington's pubs on Friday 17 January. The Driday night out was organised to support the Balance (North East Alcohol Office) and Alcohol Concern, 'Dry January' campaign. Fifteen of the town's pubs were taking part in the Driday night alcohol free fun. The premises were encouraged to promote soft drinks, interesting 'mocktails' (alcohol free cocktails) and create an inviting atmosphere for customers to enjoy a night out, without consuming alcohol. Members of Public Health, Licensing and the Alcohol Harm Reduction Teams are participating and the Cabinet Portfolio holder for Health and Partnerships was also attending alongside the Chief Constable and Police and Crime Commissioner.

Building on from the Driday night out reference was made to introducing dry bars in Darlington and the DAAT Manager informed Members of the initiatives in Liverpool and Manchester.

The Chair advised that she was keen to gather further information from Brighton and Hove Council who have recently and successfully, urged off licences to stop selling high-strength beer and cider. There was a Sensible on Strength campaign that off licences had voluntarily signed up to remove beer and cider above 6% from their shelves and currently 60 off licences have signed up. The DAAT Manager advised that



there was a town in the North East Region that had done something similar and she was aware of this from the North East Alcohol Champions Network.

The Chair also highlighted Minimum Unit Pricing advising that she would welcome a further discussion about this campaign and the recent press article relating the British Medical Journal.

**Actions:-**

1. That the analysis of the Social Norms Survey be shared with Members of this Scrutiny Committee when available.
2. That the Democratic Officer establishes who is leading on the work of the Trust around promoting Liver Disease.
3. That the meetings be arranged as follows:-

Meeting 1 - Invite Officers from Alcohol Harm Reduction Unit, Licensing , Trading Standards and the DAAT – to discuss alcohol related crime, impact on the Council and the evening economy. Also invite Members of the General Licensing Committee.

Meeting 2 – Invite representatives from the CCG, CDDFT and DAAT – to discuss the impact of alcohol on health and local NHS services.

Meeting 3 –

- a) Invite representatives from BALANCE – to discuss the Regional picture, Minimum Unit pricing and other campaigns
- b) Consider best practice from other Local Authorities
- c) Invite alcohol campaigns from NE Network

Meeting 4 – Visit to Recovery Centre and consider treatment services and pathways.

4. That the Democratic Officer drafts a Terms of Reference based on the above and discussions at the meeting.

## ALCOHOL REVIEW GROUP

7 July 2014

**PRESENT** – Councillors Crichlow, Donoghue, Macnab, Newall (in the chair), Nutt, EA Richmond, S Richmond and Taylor

**APOLOGIES** – M. Davidson, Director of Public Health.

**OFFICERS** – Pam Ross, Licensing, Parking and Trading Standards Manager Nigel Green, Principal Trading Standards Officer, Kate Jeffels, DAAT Joint Commissioning Unit Manager and Karen Graves, Democratic Officer.

### **ALSO IN ATTENDANCE** –

**Purpose of the Meeting** – To give consideration to tackling alcohol related harm and the impact on Darlington including: impact on policing the Night Time Economy; counterfeit alcohol; test purchasing; Disruption Panels/Organised Crime; Saturation Policy; Licensing of Premises/Reviews; and Licensing of Petrol Stations/Cinemas.

### **Points Discussed and Considered** –

#### **Under Age Drinking**

- The Committee was advised that test purchases using young volunteers are undertaken and are joint operations led by the Police. A reason was needed to undertake a test purchase at a licensed premise with several actions being completed prior to the test purchase;
- Proprietors are spoken to regarding their policies and procedures to ascertain whether or not it is a certain staff member consistently selling to underage customers. Premises operate a Challenge 21 scheme in the Borough and staff should ask for I D if they have concerns about the age of a customer. Premises are encouraged to keep a 'refusal book' which indicates which staff member has requested ID and when it has been refused. A refusal book also indicates how many staff have made refusals and highlights any training requirements;
- The Police provide a training course to the licensed trade which is free of charge. The Police have indicated they would prefer to provide training as opposed to issuing a fine. Training covers legal restrictions on alcohol, cigarettes and fireworks;
- Large supermarkets have tight policies with staff training every three months;
- The Committee was also advised of Operation ARIES, a multi-agency crackdown on under-age drinking and anti-social behaviour due to be launched on 8 July at Durham County Council offices. Action would include Officers and partner organisations monitoring repeat offenders who would be subject to a 'three-strike' rule and if an offender is stopped in possession of alcohol three times in twelve months and failed to accept support they could be required to attend court;

- A first offence results in the alcohol being confiscated. A leaflet regarding intervention is given and a warning is issued. A second offence would result in the offender being required to attend Central House to chat with the Police or the Anti Social Behaviour Team. A third Offence would result in the involvement of the Youth Offending Team;
- The maximum fine for selling alcohol to under age drinkers is £20,000. Also if there is a persistent problem the Police can, as a responsible authority, can ask for a review of the license;
- There was discussion on the information contained in the Healthy Behaviours Survey and Members were pleased to note the trend over the last five years in the reduction of the numbers of youngsters who use alcohol.

### **Disruption Panel/Counterfeit Alcohol**

- There was discussion on smuggling alcohol which is a big problem and is difficult to control. There is illicit alcohol in the North East whereby no tax has been paid. Kate Jeffels advised the Committee that a County wide Disruption Panel is held regularly with membership including HMRC and Environmental Health. If smuggling is suspected through a business on an organised basis that business could be targeted through Public Sector channels;
- Concerns were also expressed that fake alcohol had infiltrated branded alcohol. Counterfeit alcohol is very cheap and can be dangerous but instances of fatalities are isolated.

### **Saturation Policy**

- Darlington does not have a Saturation Policy for licensed premises. Regular meetings are held with the Fire Authority, Safeguarding, Legal representatives, Environmental Health, Public Health and Police regarding strategies and policies and the Police could ask for a Saturation Policy to be considered. However, any request would have to be supported by evidence and statistics.

### **Petrol Stations and Cinemas**

- Members expressed concerns about the sale of alcohol in petrol stations. In Darlington some applications from petrol stations to sell alcohol had not been successful as the prime use of the premises is to sell petrol. There had been no further applications in Darlington. However, nationally successful applications had increased. In relation to Cinemas, the Committee was advised that advertising of alcohol in front of children could not be investigated until an application is made.

## Minimum Unit Price

- There was a discussion on minimum unit price and concern that this policy has stalled;
- Evidence in Canada and Sweden proved that mortality-related conditions were reduced where minimum unit pricing existed and Balance was now campaigning to retain it. This Committee responded to the consultation on MUP in favour of it;
- Group were pleased to note that Darlington was no longer the worst in the Country for alcohol-related admissions;
- Kate Jeffels invited the Committee to visit the Recovery Centre on Victoria Road where people are keen to share their experiences.

**IT WAS AGREED** – (a) That a visit be arranged for Members of this Review Group to the Community Abstinence in Recovery Unit on Victoria Road for early August.

(b) That the Minutes of this Review Group be circulated to the next meeting of Licensing Committee.

(c) That information be requested on Operation ARIES for circulation to members of this Review Group.

## APPENDIX 2 - TERMS OF REFERENCE

**Title:** Alcohol Task and Finish Review Group  
**Health and Partnerships Scrutiny Committee**

**Start Date:** January 2014      **End Date:** April 2014

PURPOSE/AIM	RESOURCE
<p>To scrutinise the indicators relating to alcohol within the Health profile for Darlington for 2013:-</p> <ul style="list-style-type: none"> <li>• Alcohol specific Hospital stays (under 18)</li> <li>• Increasing and higher risk drinking</li> <li>• Hospital stays for alcohol related harm</li> </ul>	<p>Democratic Services            Public Health – Drugs and Alcohol Team (DAAT)            Alcohol Harm Reduction Unit            Licensing            Trading Standards            County Durham and Darlington NHS Foundation Trust (CDDFT)            Darlington Clinical Commissioning Group            Local Pharmaceutical Network</p>
PROCESS	OUTCOME
<ol style="list-style-type: none"> <li>1. Initial meeting with the Manager of the DAAT to consider the data in relation to indicators above.</li> <li>2. That meetings be arranged to consider:-               <ol style="list-style-type: none"> <li>a. Night time economy problems relating to alcohol</li> <li>b. Alcohol related health problems</li> <li>c. National and Regional alcohol related issues and Darlington position in comparison to other North East towns.</li> </ol> </li> <li>3. Further investigations be undertaken in relation to other Local Authorities are doing to in relation to Super Strength Lager and Minimum Unit Pricing.</li> <li>4. Visit to the Recovery Centre and information about treatment available.</li> <li>5. Recommendations to be formed and forwarded to local NHS.</li> </ol>	<ol style="list-style-type: none"> <li>1. To enable Members to gain an understanding and sense of the real problems people in Darlington face in relation to alcohol.</li> <li>2. To share the findings with the DAAT Manager to influence commissioning intentions in relation to treatments and pathways.</li> <li>3. To share the findings with the Clinical Commissioning Group and CDDFT in relation to pathways and services provided and commissioned.</li> <li>4. To establish what the Council is doing to combat the issue of alcohol and the impact it has on Council Services.</li> </ol>

**COUNCILLOR** .....

**Date** .....

### Community Abstinence In Recovery Centre, Darlington.

Members of the Health and Partnership Scrutiny Committee Visit on 7<sup>th</sup> September 2014.

Members present:- Cllr. Newall, Taylor and McNab.

The service provided within this setting is to support people with addiction to substances including alcohol. Currently people can access support from the Centre following completion of a course at the Gate. The person must be substance free and not have consumed alcohol for the previous 48 hours before attending this facility. There was some discussion around the possibility of people who are on a maintenance level of methadone to be able to access this service, as the support would be invaluable to progress to being substance free.

There are 36 people registered at the Centre and a core group of 15 who are regulars. The Centre is open on Monday to Thursday between 10.00am and 4.00pm and on Friday 12.00noon until 8.00pm. The rationale for a late opening Friday is to ease people into the weekend and help break old habits and behaviours. This strategy has been identified by people who use the service as very effective.

The service is member led and focusses on the value of peer support. There are staff employed to support and engage with the members providing individual and group activities. There are a variety of activities and opportunities that the members can choose to participate in including table tennis, pool, relaxation therapies, library (books, videos, dvds), education, CV support and also art and crafts. There are links to other organisations such as the Bridge, CAB, 700 Club and the King's Church, who can offer expertise to the members. The emphasis on the service provision is ultimately to facilitate independence. Members do take on responsibility for organising their own activities both on and off site. Recently they organised a camping trip.

Many of the members were happy to share their own story and they were many and varied, however, all of them were extremely complimentary about the service and particularly about the staff. It was clear to all that the service is highly valued and can help to change people's lives for the better.

There was some discussion about older people who may be misusing alcohol, resulting in ill health and isolation, together with the stigma which may prevent a person from seeking help. The Centre does have a women's support group within the setting specifically to meet the requirements of the female members.

This is something that was identified by its members and allowed to evolve. It maybe that older people could be sensitively identified to form its own group within the service. Staff outlined how they were working with veterans and also a group for people from eastern Europe. They would like to extend the current service provision and are enthusiastic to this end.

Members of the Health and Partnership Scrutiny Committee are well versed in the cost to Darlington economy as a result of substance misuse. It has been quoted that for every £1 invested in support a £5 saving is made to society. If further savings are to be accrued a proactive approach is necessary. It may be that extending services to people who have not completed the formal process at the Gate could access similar services as outlined at the Centre.

Cllr. Jan Taylor. (Vice Chair Health and Partnership Scrutiny Committee)

**Access to GP Appointments Task and Finish Review Group.**

**Monday, 2<sup>nd</sup> December 2013 at 10.00am, Committee Room 3.**

**Present: - Councillor Newall (in the Chair); Councillors Francis, Macnab, E.A. Richmond, S. Richmond and J. Taylor.**

**Mike Maguire, Chair, Local Professional Network – Pharmacy, Durham, Darlington and Tees and Jill Simpson, Clinical Strategy, Durham, Darlington and Tees Area Team, NHS England.**

**Abbie Metcalfe, Democratic Officer.**

**Apologies: - Councillor H. Scott.**

**1. Declarations of Interest**

There were no declarations reported to the meeting.

**2. Presentation Durham, Darlington and Tees Local Professional Network – Pharmacy**

Mike Maguire, Chair, Local Professional Network – Pharmacy, Durham, Darlington and Tees and Jill Simpson, Clinical Strategy, Durham, Darlington and Tees Area Team, NHS England attended the meeting and Mr Maguire introduced a PowerPoint presentation which provided Members with information about the Local Professional Network (LPN). Members noted that there are LPNs for Pharmacy, Dentistry and Opticians, which are aligned to the Area Teams. They are detached and representative of the profession and have an unbiased and professional point of view. Representatives of the Pharmacy LPN include Chief Pharmacist from the Hospital Trusts, Community Pharmacy Chairs, Durham University Pharmaceutical facility and Healthwatch. The aims of the Pharmacy LPN are to enhance the patient journey and patient experience and this will be achieved by giving clinical advice and expertise to the Area Team, Clinical Commissioning Groups (CCGs), and Health and Well Being Boards to maximise the potential of using Pharmacies for the benefit of the Patient.

Mr Maguire described the various phases of intervention in the patient journey which included the Pre-Patient Phase, Medication Phase, Hospital Phase, Discharge Phase and Independent Phase. Members welcomed the interventions that Pharmacists could make and discussed how beneficial an intervention at the pre-patient phase would be if it was more than just buying over the counter medication. Mr Maguire agreed that it was difficult to tackle pre-patients in the pharmacy and that training would be required to enable pharmacy staff to talk to



people in a non-threatening way about the causes and conditions they are experiencing. It was noted that there are over 438million health interventions every year (i.e. people buying medications from Pharmacies) and it was in this phase that there was an opportunity to make every contact count and consider and talk about risk factors.

Pharmacists are the most qualified professionals to medicate patients and enable them to get the most benefit from their medication. Discussion ensued on the discharge phase and the poor communication that is often experienced regarding medication and letters to GPs advising of new or a change in medication. It was noted that patients are discharged quickly now and there is little opportunity for hospital pharmacists to talk to patients about their medications, like they used to. There is work underway to improve discharge which includes local referrals to pharmacists to discuss the medication and avoid unnecessary repeat admissions.

Members were informed that Pharmacists are unable to dispense medication from a referral letter and require a prescription from a GP. The LPN are in discussions how to improve this service and a quick win would be patients getting the medication from the hospital with a little note attached advising them to contact their local Pharmacy for a discussion about their new medication (New Medicine Service). The longer aim would be to introduce an electronic referral process to alert the Pharmacist of a change in medication. This would be particularly helpful to patients who regularly receive their medication in weekly packs to ensure that their medication has been updated and the dosage is correct. This would reduce medication miss management and dispensing errors.

The ultimate aim is the independent phase and Members agreed that patients taking responsibility for their care and medication by building up resilience would be beneficial to the patient and NHS. Pharmacists are able to offer an extended service to talk to patients about their medications and offer independent living advice. Some Pharmacists have begun to arrange home visits to provide this support, although, there is currently a national discussion about whether Pharmacists require Criminal Record Bureau Checks.

Discussion ensued about Pharmacists delivering flu vaccinations and the concerns that were expressed by Practice Managers at a recent meeting attended by Councillors S. Richmond and J. Taylor. Mr Maguire acknowledged that there was a degree of competition between GPs and Pharmacists but the LPN believe that Pharmacists are offering a choice to patients and improving access to services. Most people can walk into a Pharmacy and purchase the vaccine (unless a vulnerable group) and have the jab there and then and not

have to wait for a suitable appointment at the GP Practice. Mr Maguire added that competitiveness was an unnecessary barrier to the provision of safe services.

Mr Maguire drew Members attention to research carried out by Professor Nick Barber regarding 10 days after starting a new medicine and identified how Pharmacies could make a difference. He explained the New Medicine Service (NMS) that Pharmacies offer, which provides people the opportunity to talk to their Pharmacist about their medication and offer any advice or answer any concerns. There is also the invitation to have a follow up appointment in 14 or 28 days. It was noted that there has been a good response from Pharmacies but not so good from GPs. This is a service that could be expanded to be delivered to house bound patients to reduce unnecessary hospital admissions, depending on whether CRB Checks are required.

Discussion ensued about the Medicine Use Reviews (MUR) and Targeted MURs (tMURs) for people who take a number of different medications to eliminate the confusion of new medicines. MURs are particularly helpful if someone has been given new medication from the Hospital and patients are unsure whether to continue taking the medication that are currently taking. Pharmacists carrying out MURs after discharge would be helpful as a preventative measure and a further opportunity to talk to people about lifestyles. Particular reference was made to high risk medication such as warfarin and respiratory patients and how regular contact and support from Pharmacists has led to positive outcomes. Recording the numbers of MURs undertaken and evidencing the outcomes would be a way of measuring the success, but would be difficult to undertake.

Particular reference was made about the capacity of Community Pharmacies to deliver MURs and it was explained that Pharmacies are contracted to carry out 400 MUR each year which is funded by NHS England. It was noted that CCGs could commission Pharmacies to carry out more and tMURs. This could potentially be an issue as Pharmacies are busy places and MURs take 20 minutes of a Pharmacist's time which has an impact on the staff and running of the business.

Mr Maguire highlighted a pilot scheme carried out on the Isle of White with a small sample which had very good outcomes based on the intervention that Pharmacists had made to patients with asthma. Members agreed they would like to hear more about this and wondered whether this could be replicated in Darlington; and thought that it linked to the work they undertook in 2012 on COPD.

Mr Maguire shared two examples of Community Pharmacies thinking 'outside of the box' and setting up window displays to catch people's attention.

#### Example 1 – Thorntree Pharmacy in Middlesbrough

Staff were trained and created a window display about testicle cancer. This attracted people into the Pharmacy as they were curious. Staff took the opportunity to chat to people and highlight the issues and raise awareness. Mr Maguire added that window displays sows the seed in peoples mind about their lifestyles.

#### Example 2 – Mr Maguire's Pharmacy in Middlesbrough

The Pharmacy consulting room was turned into a pub and staff dressed up to raise the profile of alcohol and there was also a window display. This attracted a lot of media attention and local celebrities supported the scheme. The Pharmacy was busy that day and there were many positive outcomes, including raising awareness, people considering their own behaviours, techniques and tips were given about safe drinking and people started talking about alcohol. Mr Maguire explained that as an Independent Pharmacy it was easy to promote campaigns but the National chains of Pharmacies were more restricted.

Members welcomed the idea and wondered whether there was an appetite in Darlington for this. Mr Maguire advised that there was a Local Pharmaceutical Committee, that he was part of and there were 23 pharmacies in Darlington (with 11 are Rowlands and 5 Independent). The Chair advised she would be interested in trailing something in her Ward but it was a Rowlands Pharmacist. Mr Maguire undertook on behalf of the Committee to speak to a Rowlands Area Manager to discuss the possibility of rolling out similar awareness and education campaigns in Darlington.

Members acknowledged the work that Dr Steele was undertaking in relation to developing a new Primary Care Strategy for Darlington and suggested that Pharmacies could play a large role in developing Primary Care.

Mr Maguire highlighted the Pharmaceutical Needs Assessment (PNA) and explained that this was part of the Local Authority's remit and responsibility. The PNA shapes the Strategy for Pharmaceutical Care for the future and includes information relating to market entry for Pharmaceutical business within the area, and whether there is a gap identified in the market. The LPN presents an unbiased opinion and will be able to assist with the development of the PNA. The PNA will need to be reviewed and updated by April 2015 and Members expressed an interest in considering this document at an appropriate time.

In response to a question, Mr Maguire explained that Pharmacies should not be able to leap frog onto GP Practices to rival local well established Pharmacies if there is a well written PNA. A Pharmacy should only be opened if a gap has been identified in the PNA, taking into account diversity and local needs of the patient care.

Following research carried out by Sunderland University in 2010, it was identified that the Minor Aliment Scheme saved local NHS£7k across County Durham and Darlington. When asked whether people would have gone to the GP if the Pharmacy scheme was not available 78% said yes. It was noted that there were 1.2million Accident and Emergency consultations that could have been seen by a Pharmacist last year.

Discussion ensued about people who receive free prescriptions who visit GPs to get paracetamol or ibuprofen; confidentially issues might deter people visiting Pharmacists; how the success of campaigns can be measured and how Pharmacies can be more involved with Public Health and Health Services in Darlington.

Members suggested Mr Maguire contact the lead of the LTC Collaborative work and they thought Pharmacies had a real role to play with patient with Long Term Conditions. Members believed that more work could be done with the Local Authority particularly in Care Homes and Social Care to join up approaches and medicine management (a piece of work being undertaken by Members of the Adults and Housing Scrutiny Committee).

Agreed –

- a) That Mike Maguire and Jill Simpson, be thanked for their attendance;
- b) That an invitation be extended to the Chair of Local Professional Network – Pharmacy, Durham, Darlington and Tees to attend a meeting with Members when their work on COPD is reviewed in April 2014;
- c) That consideration be given to adding the Pharmaceutical Needs Assessment to the Committee's Work Programme; and
- d) That the Democratic Officer forward details of the Long Term Condition Collaborative to Jill Simpson, to enable contact to be made.

### ALCOHOL HARM REDUCTION UNIT

Inspector Colin Dobson attended the Licensing Committee on 16<sup>th</sup> September to give a presentation on the Alcohol Harm Reduction Unit.

The Unit covers both Darlington and County Durham and in Darlington is co-located with the Council's Licensing and Trading Standards Departments at the Town Hall. Staffing at Darlington comprises Sgt Caroline Dickerson and Many McAllister, a Specialist Licensing P C S O and 2 part time administration staff. Working arrangements include access to the full Alcohol Harm Reduction Unit team and links to the Police National Computer and the Neighbourhood Policing Team. There are three strands to the working of the AHRU- alcohol harm, licensing and crime.

Over the past twelve months there were 39,531 incidents reported in Darlington of which 4309 (10.9%) were alcohol related. There were 5809 reported incidents of Anti-Social Behaviour of which 916 (15.7%) were alcohol related.

The night time economy in Darlington has declined and there has been a 10% reduction in violent crime in the town centre. The incidents of shop lifting have reduced which is against the force trend which is increasing.

Members had concerns about the displacement of violence in view of the numbers of people now drinking at home. There has sadly been an increase in domestic violence and Members are pleased that tackling this is one of the priorities of the Police and Crime Commissioner, Ron Hogg.

The Unit tries to adopt a problem solving and early intervention approach in dealing with offenders and tries to work with and support retailers including those with a "rogue element". There is currently a Task & Finish Review working with retailers on product placement.

There was a discussion on "drunk tanks" which is a proposal from a Chief Constable, Adrian Lee, who is the police lead on alcohol harm. He has proposed that there should be privately run facilities to look after intoxicated people in a safe environment instead of it being the responsibility of the Police and NHS. They would be charged for the service when they have sobered up. The argument is that it would reduce attendance at A & E, reduce costs to the NHS and the Police and possibly act as a deterrent. There is some support for this proposal but it seems to have stalled.

Members queried why the pilot project to attach paramedics to Police teams in the town centre had ceased. They were told that this scheme had not been cost effective despite the obvious benefits of dealing with problems on the spot and reducing A & E attendance. Members were disappointed to note this.

There was a discussion on future schemes and challenges. The Alcohol Diversion Scheme currently operating in Durham is to be extended to Darlington and will involve short term intervention in any alcohol related offending hopefully to prevent further offending. The scheme will involve using the Restorative Approach, contracts with the offender, courses and rehabilitation.

The Reform of A S B Powers due to take effect from 20<sup>th</sup> October 2014 provides the scope for the addition of positive conditions to focus on long term problems. For example an Injunction to Prevent Nuisance and Annoyance could have an alcohol treatment condition attached.

The cost to Darlington of alcohol related harm is £43.64m which is broken down as follows:

NHS	£9.73m
Work Place	£15.57m
Social Services	£4.34m
Crime and Licensing	£14m

Members of the Licensing Committee also discussed Minimum Unit Pricing and Project Aries which Members of Health and Partnerships Scrutiny have considered at Task and Finish meetings.

Wendy Newall

Chair

Health & Partnerships Scrutiny Committee