

Wellbeing for life Newcastle



Reducing the harm caused by alcohol in Newcastle

Monday 14 November 2011

**Domain
Northumbria Student Union
Northumbria University**

The flow of today

- 9.20 Arrival and registration and Market Place**
- 9:45 Welcome**
Meng Khaw, Director of Public Health for Newcastle and Chair of the Alcohol Strategy Delivery Board
- 9.50 Introduction to alcohol in Newcastle**
Councillor Kevin Graham, Portfolio Holder for Adult Services with responsibility for the Alcohol Harm Reduction Strategy, Newcastle City Council
- 10:00 The national and global challenges of alcohol – how can we use the evidence to build policy?’**
Professor Sir Ian Gilmore
- 10:30 Reducing Alcohol Harm related Hospital Admissions**
Margaret Orange, Treatment Effectiveness and Governance Manager (Drug and Alcohol) for Newcastle Primary Care NHS Trust with Imelda Mahony and Lorraine Hussain, Newcastle Alcohol Care and Treatment Service
- 11:00 Getting a coffee – Visit the Market Place and look at facts about alcohol in Newcastle**
- 11:30 The growing recovery community in Newcastle**
Eileen Ronan, The Cyrenians
- 12:00 Newcastle Street Pastor’s Evaluation**
Sue Taylor, Balance and Sam Douthwaite, Newcastle Street Pastors
- 12.30 The Newcastle Identification and Brief Advice (IBA) Strategy**
Margaret Orange, Treatment Effectiveness and Governance Manager (Drug and Alcohol) for Newcastle Primary Care NHS Trust and Sandra Davison, School Improvement Service, Newcastle City Council
- 1:00 Lunch and Market Place and our colleagues from the region will leave the event**
- 1.45 Workshops sessions**
Licensing and Policy enforcement - working to ensure that people live, work and enjoy themselves safely free from the fear of experiencing alcohol related crime or anti social behaviour
Prevention - developing a preventative approach to alcohol misuse by improving the quality, consistency of information and education by targeting those most a risk of causing harm to themselves, their families and others through their drinking.
Treatment - working to ensure that people have excellent, appropriate alcohol treatment and care when needed and their families and carers have access to high quality help and support from dedicated services.
- 4:00 Close and next steps**

Why we are here

Today is an opportunity for a range of people from different organisations within Newcastle and across the region from who are involved in reducing the harm caused by alcohol to come together to:

- Reflect on their own and others' contribution, to reducing the harm caused by alcohol
- Learn what data tells us about alcohol use and its impacts on the health and wellbeing of people in Newcastle
- Be part of conversations about the work we need to do to:
 - Develop a preventative approach to alcohol misuse by improving the quality, consistency of information and education by targeting those most a risk of causing harm to themselves, their families and others through their drinking.
 - Ensure that people have excellent, appropriate alcohol treatment and care when needed and their families and carers have access to high quality help and support from dedicated services.
 - Ensure that people live, work and enjoy them selves safely free from the fear of experiencing alcohol related crime or anti social behaviour
- Spark new connections
- Work with people from other organisations and partnerships to generate momentum for ongoing work

Make the day a success for you and others by:

- Connecting
- Being pro-active
- Taking notice
- Continually learning

About the speakers

Dr Fu-Meng Khaw, Director of Public Health, Newcastle PCT and Newcastle City Council

Meng graduated from Newcastle University Medical School in 1990. After completing surgical training with a specialist interest in Orthopaedic Surgery, he embarked on a career in public health in 2001. Following completion of specialist training, he worked for 3 years as a Consultant in Health Protection with the Health Protection Agency, before being appointed as a Director of Public Health in NHS North of Tyne in 2009, working in this role across North Tyneside and Newcastle. Meng is Chair of the Newcastle Alcohol Strategy Delivery Board and Healthy Lifestyles Strategic Board. He has an interest in developing strategic levers for behaviour change through working in partnership with key stakeholders.

Professor Sir Ian Gilmore, Chair, UK Alcohol Health Alliance and Former President, Royal College of Physicians

Professor Sir Ian Gilmore was a consultant physician at the Royal Liverpool University Hospitals until April 2011 and is honorary professor at the University of Liverpool. His specialty interest is liver disease. He is the immediate past-president of the Royal College of Physicians (RCP) and is president-elect of the British Society of Gastroenterology. He has particular interest in harms related to alcohol misuse and the role of regulation reducing this. He chaired a RCP Working Party in 2001, producing the report *Alcohol – can the NHS afford it? A blueprint for a coherent alcohol strategy*. He chairs the UK Alcohol Health Alliance in which relevant agencies work together in a coherent and focused framework. He has also been appointed Chair of the European Alcohol and Health Forum Science Group and is a member of the Climate and Health Council. He is also a member of the National Quality Board. He received a Knighthood in the Queens Birthday Honours in 2010

Sue Taylor, Balance (North East Regional Alcohol Office)

Sue joined the Civil Service Fast Stream in 2003, having graduated from Nottingham University with a BA in History and French and a Masters degree in Politics. She undertook a variety of roles with the Home Office, working directly with Ministers and other Government Departments. In 2005, Sue joined the Government Office for the North East on a 2-year secondment, leading on alcohol policy and drafting the 'North East Alcohol Misuse Statement of Priorities'. She also worked for the Ministry of Justice in the region, before joining Balance as Partnerships Manager in February 2009. In her current role, Sue manages the Children & Young People's and Criminal Justice agendas on behalf of the office and she also leads on stakeholder engagement

Gill O'Neill, Public Health Specialty Registrar, Newcastle PCT and Newcastle's Interim Alcohol Strategy Prevention Theme Lead

Gill has worked in public health since 2001. Starting her career in Gateshead Borough Council and then moving to Durham PCT she has managed staff, partnerships and budgets across a large portfolio of health improvement topics such as NHS Health Checks, children's nutrition, healthy schools, obesity, cancer information and health trainers. In 2009, Gill commenced public health specialty training, working across NHS South of Tyne. One key project during this time was to support the Director of Public Health in Gateshead to embed evidence based practice into Gateshead Council. This work was nationally recognised by the National Institute of Clinical Excellence (NICE) at their 2011 annual conference. During this time Gill also completed a second Masters course in Public Health and Health Services Research. In August 2011, Gill moved to Newcastle PCT for a 12 month placement. One of her key roles is to lead on alcohol prevention for Newcastle. Over the period of her time with Newcastle, Gill plans to

review the alcohol prevention action plan and develop a multidisciplinary alcohol prevention sub group to progress this theme.

Margaret Orange – Newcastle’s Alcohol Strategy Treatment Theme Lead

Margaret is Treatment Effectiveness and Governance Manager (Drug and Alcohol) for Newcastle PCT, working in partnership with Newcastle City Council. Her role encompasses the development and management of new alcohol services for Newcastle (Newcastle ACTS), coordination of the Newcastle IBA Strategy (Identification and Brief Intervention for risky alcohol use) including training for all staff groups. She also leads the strategic development of the drug treatment agenda on behalf of Safe Newcastle Drug Support Unit. This work includes development of public protection processes in adult drug treatment, particularly around safeguarding (children and adults) and domestic violence.

Margaret has been employed by Newcastle PCT for 10 years, initially as Mental Health Facilitator, supporting the roll out of the National Service Framework (Mental Health) in Primary Care., then Service Manager at Bridge View Drug Treatment Service and latterly, System Modernisation Manager (seconded to Newcastle Drug Support Unit to support commissioning in developing a whole system approach to drug treatment).

She began her NHS career in as a Registered Mental Nurse, and following time served as a staff nurse on acute admission units, moved into the community as a Community Psychiatric Nurse and later, a Community Team Manager. Margaret is particularly interested in service and system improvement and developing alcohol and drug treatment pathways to support optimum opportunity for recovery.

Liz Robinson – Newcastle’s Alcohol Strategic Partnership Board Coordinator

Liz has been employed by Newcastle City Council for 6 years in various health policy roles and has been in her current role for the last 9 months. As part of the Wellbeing for Life team, her particular role is to bring partners together to deliver Safe, Sensible and Sociable, Newcastle’s Harm Reduction Strategy. Whilst partners have a common interest in reducing alcohol related harm, they come with different perspectives and organizational cultures which makes her role both interesting and diverse.

Background information to the presentations

Newcastle Alcohol Care and Treatment Service (ACTS)

Newcastle Alcohol Care and Treatment Service (ACTS) consists of a multidisciplinary team that has been recruited with the aim of targeting those people with multiple admissions to hospital due to alcohol, as well as disadvantaged and socially excluded groups of people. The team includes mental health nurses, hospital nurses, assertive outreach posts and a Primary Care Trust Community Matron (Alcohol) and Specialist Nurse.

A process to identify particular individuals was undertaken using hospital data in 2008. These people, often frequent re-attenders are being actively targeted by the team. The model is a new type of health service with a focus on primary health care and extends support to a growing and increasingly complex population of clients with long term conditions and chronic ill health.

Street Pastors Newcastle Evaluation

In May 2011, Newcastle Alcohol Strategy Delivery Board asked Balance, the North East Alcohol Office, to carry out an evaluation of the Street Pastors Newcastle (SPN) Scheme.

The evaluation has included in depth, qualitative understanding of activity in Newcastle by carrying out face-to-face interviews with strategic and frontline stakeholders and the Street Pastors completed an online questionnaire, describing their experiences and perceptions of the scheme. The SPN co-ordinator also provided a range of qualitative evidence sources, such as letters of thanks from members of the public and local media articles, to further strengthen this element of the evaluation.

Balance also tried to assess the financial value on the impact of interventions carried out by Street Pastors in Newcastle. This was challenging, bearing in mind the preventative and qualitative nature of the scheme. However, it was agreed that it would be appropriate to use several basic methods to enable the projection of rough financial savings and these form part of the quantitative element of the evaluation.

The evaluation was completed at the start of November 2011 and the overall report was extremely positive. The presentation will explore some of the top-line findings, looking at issues such as perceptions of the scheme; the quality of Street Pastors training; the roles and commitment of the Street Pastors themselves and the current and future shape of the SPN Board. It will also highlight various recommendations and evidence-based suggestions for further developing the scheme in the future.

The Newcastle Identification and Brief Advice (IBA) Strategy

The Newcastle IBA Strategy for Risky Alcohol use grew out of the Newcastle Harm Reduction Strategy (2008). It encompasses young people and adults. Its objective is to up-skill the workforce across universal services in Newcastle to recognise and respond to the potential health and social care harms resulting from risky alcohol use.

IBA for Risky Alcohol Use means:

- **identification** of individuals who universal services come into contact with who will not necessarily realise the risk associate with their current alcohol use.
- **brief** structured conversations which highlight the impact of the current alcohol use alongside the benefits of cutting down.
- **advice** confidence building and motivational techniques to empower individuals to reduce the risk of their current alcohol use.
- **risky alcohol use** is a pattern of alcohol consumption that increases someone's vulnerability to physical, mental and social harm.

The IBA Strategy covers a spectrum of activity from education and prevention through to identification and early intervention and improved pathways to specialist services.

Over lunch: Finding out about alcohol in Newcastle

Over lunch browse the Market Place and the posters which provide data about alcohol in Newcastle.

Use the browsing time to discuss the data with others.

- What surprises you?
- What resonates with you?

Make a note below of the facts that interest you. You will need to share these with others on your table.



Afternoon Workshop Sessions

Your allocated table number will be displayed at the event. Please ensure you are at the correct table.

Your table will have three themed workshop discussions. We have allowed **40 minutes** for each of the themes. The three themes you will cover are:

1. **Licensing and Policy enforcement** - working to ensure that people live, work and enjoy their selves safely free from the fear of experiencing alcohol related crime or anti social behaviour
2. **Prevention** - developing a preventative approach to alcohol misuse by improving the quality, consistency of information and education by targeting those most at risk of causing harm to themselves, their families and others through their drinking.
3. **Treatment** - working to ensure that people have excellent, appropriate alcohol treatment and care when needed and their families and carers have access to high quality help and support from dedicated services.

Your facilitator will let you know the order in which your table will cover these themes.

Getting started

Take **5 minutes** to get to know each other.

- Everyone introduce themselves – name and role or organisation
- There will be a facilitator on your table – they should identify themselves.
- Get someone to keep an eye on the time and someone to take notes on flip chart paper.
- Point out the theme lead (they will be moving between more than one table – but won't be far away to answer detailed questions)

For each theme in turn

Take **5 minutes** to familiarise yourself with the information on the posters on your table called 'Areas for Action' and any supplementary information that has been provided for the theme.

Take **20 minutes** to think about the following and don't forget to get someone to take notes on flip chart paper.

1. After looking at the Areas of Action posters and the posters on display on the boards, what are people's initial thoughts? Surprises? Things that resonated?
2. Identify what seems to be working well and not working well under this theme?
3. Identify what we need to do differently and where the gaps are under this theme?

Take **10 minutes** to focus on action by recording on the template provided.

1. What are the things we need to **start** doing?
2. What are we currently doing that we can or should **stop**?
3. What are we doing now that works and should **continue**?

Now repeat this for the remaining two themes. Your work will be displayed at the end of the day for you to see what other tables have been talking about.