

HEALTH & WELLBEING BOARD

Date: 13 July 2017

Alcohol CLear Self-assessment

Report of the Interim Chief Executive/DCS

Cabinet Member: Councillor V. Jones, Adult Wellbeing & Health

Purpose of the report:

The purpose of this report is to:

- Brief senior leaders on the content and scope of the alcohol CLear self-assessment and seek the commitment and involvement of organisations represented on the Board in the process.
- Request that the Board receive the findings and action plan upon completion of the self-assessment later in 2017.

Recommendations

The Board is recommended to:

1. Note the intention to carry out the alcohol CLear-self assessment.
2. Support the alcohol CLear self-assessment process and commit to the involvement of the organisations represented on the Board in the process.
3. Receive the findings of the alcohol CLear self-assessment at a future meeting.

Background

Excessive alcohol consumption is one of the three main causes of preventable death in the UK with the North East consistently experiencing the highest alcohol related death rate in England. Heavy drinking is also a leading cause for illness and is linked to 60 medical conditions with the North East again consistently experiencing higher rates across a number of health indicators when compared with England. Additionally, Northumberland experiences higher rates when compared with the North East on the following indicators; under 18 hospital admissions, adult hospital admissions, admissions for alcoholic related liver disease, unintentional injury, intentional self poisoning and admissions for mental and behavioural disorders linked to alcohol. It

has been estimated that annually alcohol costs Northumberland in the region of £109.59m (NHS: £30.13m, Crime and Licensing: £25.56m, Workplace and Economy: £44.69m, Social Services: £9.22m). Strategic and coordinated activity across a range of partners is necessary to have an impact on these indicators and the LAAA3 project and CLear self-assessment will assist Northumberland in further developing these arrangements.

Northumberland has recently been awarded Home Office Local Alcohol Action Area (LAAA3) status which involves galvanising partners to better use alcohol related A&E data to inform partnership activity. One of the key actions under the LAAA3 action that we identified was the need to complete the alcohol CLear self-assessment process to review our partnership progress.

The alcohol CLear self-assessment tool has been developed by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol related harm at local level. The materials build on experience from the tobacco control CLear model, initially developed by Action on Smoking and Health (ASH) and partners.

CLear helps local partners to assess local arrangements and delivery plans to reduce alcohol-related harm. It provides assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes. CLear is designed to be used by local authorities, the NHS, those involved in the criminal justice system, voluntary sector agencies, service users and carer representatives.

The three domains

CLear stands for the three linked domains of the model.

Challenge of local services that deliver interventions to prevent or reduce alcohol related harm – this domain reviews operational practice against current evidence about the most effective components of alcohol interventions, as outlined in NICE guidance and other publications.

Leadership – this domain considers the extent to which strategic leadership is supporting comprehensive action to reduce alcohol harm. It looks at local structures and arrangements to assess whether commissioning decisions are informed by a robust understanding of local need and to evaluate the strength of partnership working, and the governance structures underpinning this.

Results – this domain looks at the data used locally to evidence the outcomes delivered by the partnership against national and local priorities and reflects on



emerging local trends.

The key lines of enquiry of alcohol CLear are provided at Appendix 1.

Key principles of self-assessment process

The key principles of self-assessment are:

- simplicity – individual questions in the self-assessment should be quick and easy to complete
- collaboration – the self-assessment is best completed collaboratively through discussion with partners
- evidence-based responses – participants are encouraged to consider the local evidence, and to reflect on national and international evidence, before recording the basis for their choices
- honesty – completion of the self-assessment should be a transparent and open process.

Next Steps

The Drug and Alcohol Steering Group which is a partnership group coordinated by the Council involving partners in the delivery of Northumberland's current alcohol strategy have agreed to support this process. During discussions at the Steering Group it was suggested that where it makes sense to do so, the assessment should be expanded to incorporate illicit substances. For example:

- As alcohol is an age restricted product then it makes sense to work with young people across the drug and alcohol agenda rather than just focus on alcohol.
- Many of our service users in contact with the specialist substance misuse service misuse both alcohol and drugs.
- Parental alcohol and drug misuse may impact on the ability of parents to care for their children.
- The night-time economy and retailers may also be a setting for use or supply of illicit substances as well as alcohol.

It is proposed that the information to inform the CLear Assessment will be gathered via a series of one to one interviews and thematic workshops culminating in an event to receive the findings of the assessment and contribute to the action planning. The event will bring together partners from organisations represented on the Health and Wellbeing and Safer Northumberland Partnership Board with a mixture of representatives working in both strategic and system leadership roles, together with those who have specialist and operational knowledge. Intended outcomes are to:

- Ensure that participants are informed by the latest data on alcohol related harm in Northumberland.
- The opportunity to network and understand the breadth and range of organisations and activities being undertaken within the County.
- Capture information which will inform a CLear action plan to refresh our strategic approach to reducing the harm caused by substances in

Northumberland.

Implications:

Policy	The CLear Self-Assessment process provides an opportunity to review our current strategy, governance planning and commissioning arrangements which is likely to change the way we work. When the process is completed a further report will be received by the Board to seek agreement to any changes.
Finance and value for money	N/A
Legal	N/A
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Reducing health inequalities is a key priority for the Health and Wellbeing Board. People from less affluent areas despite drinking less alcohol experience a disproportionate amount of harm in terms of premature mortality. Ensuring our actions are proportionately targeted towards those who experience these inequalities will reduce health inequalities.
Risk Assessment	N/A
Crime & Disorder	Alcohol prevention and substance misuse services can reduce incidents of crime, disorder, anti-social behaviour and domestic abuse.
Customer Consideration	The CLear assessment process will assist us in ensuring that the services we commission meet the needs of the population.
Carbon reduction	N/A
Wards	All wards

Background papers:

[Public Health England Alcohol Learning Resources - Alcohol CLear self-assessment tool](#)

Report sign off:

Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
I.T.	N/A
Interim Deputy Chief Executive	Daljit Lally
Portfolio Holder(s)	Veronica Jones

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APPENDIX 1 CLearR Self-assessment lines of enquiry

Under each of the domains outlined above there are a series of sub-domains, prompts and examples of good practice to assist areas in assessing their progress and identifying where further action is required. The high level prompts are provided below

1. Which of Northumberland's strategic priorities does reducing alcohol harm activity contribute to achieving?

Vision and Governance

2. How engaged are your civic leaders?
3. How does your DPH demonstrate leadership in reducing alcohol harm?

Planning and Commissioning

4. How robust are local alcohol-related needs assessment and planning processes?

Leadership

5. How do local alcohol-related structures exercise influence and work collaboratively?

Communications and social-marketing

6. How effective is your communication strategy?
7. How successfully do you engage with your communities?

Primary Prevention - Reducing demand and availability

8. How does your partnership work to reduce the demand for alcohol?
9. How integrated is your enforcement work with partners and neighbours?
10. How does the partnership demonstrate that enforcement work is effective?

Secondary Prevention - Targeting those at risk

11. How does the partnership work to reduce alcohol-related harm in young people?
12. How does the partnership work to reduce consumption in those drinking at above lower risk?

Tertiary Prevention - Specialist support for adults and young people

13. Do you have systems in place locally to support young people with alcohol-related problems?
14. Do you have systems in place locally to support adults with alcohol-related problems?
15. Do you have systems in place locally to motivate problematic drinkers into treatment?

Achieving Positive Outcomes

16. How do you demonstrate that your alcohol strategy/plan is working to reduce alcohol-related harm in your local population?
17. How do you demonstrate that your alcohol strategy/plan is working to reduce alcohol-related harm in your in-treatment population?
18. How do you demonstrate that your alcohol strategy/plan is working to reduce

alcohol-related harm using local intelligence?

19. Can you demonstrate progress against your local reducing alcohol harm objectives?