

**RECOMMENDATIONS FOR MANAGEMENT BOARD FROM HEALTH AND ADULT SOCIAL CARE OSP MEETING HELD ON 27 JANUARY, 2010 (NOT PREVIOUSLY CONSIDERED)**

**60. ALCOHOL HARM**

The panel received a verbal update from the Commissioning Manager at the Public Health Development Unit (PHDU) and the Lead Clinician for Liver Disease at Derriford Hospital. It was reported that –

- (i) the first draft of the new Alcohol Strategy would be available on Friday 29 January, 2010, following which there would be a 6-week consultation period;
- (ii) one of the key performance drivers in respect of alcohol harm was to reduce the number of hospital admissions. The PHDU was currently awaiting verification of what this target would be;
- (iii) Plymouth was a particular hot spot in terms of alcohol misuse and liver disease in the city was on the rise, particularly amongst females;
- (iv) access to detox remained a problem with a current wait time of 8 weeks;
- (v) 40-60% of admissions through Derriford A&E between Thursday and Sunday were alcohol related.

The panel welcomed the update and looked forward to participating in the Strategy consultation.

Resolved that -

- (1) the draft Alcohol Strategy be presented to a special meeting of the Health and Adult Social Care Overview and Scrutiny Panel to be convened in February;

Recommended that –

- (2) the Assistant Director for Governance and Democracy be asked to look at whether licensing legislation allows for the impact on a neighbourhood's health to be taken into account when considering licence applications;
- (3) the Alcohol Strategy be presented to the Licensing Committee for information;
- (4) the Director for Community Services be requested to consider notifying ward councillors on receipt of licensing applications, similar to what is already in place for planning applications.

**61. SMOKING - PERFORMANCE AGAINST LAA STRETCH TARGETS**

The panel received a presentation by the Stop Smoking Service Manager providing an overview of the work of the Smoking Cessation Service in Plymouth and detailing how it was performing against health targets, including the LAA stretch targets. Highlights of the presentation included that –

- (i) the Service was working in close partnership with the City Council to develop a comprehensive Tobacco Control Strategy for Plymouth to reduce the prevalence of smokers;
- (ii) IDeA funding had been awarded to set up a range of Tobacco Control Initiatives in the city;

- (iii) the 4-week benchmark set for quitters currently had a 50% success rate.

In response to questions raised, it was reported that –

- (iv) approximately 450 young people started smoking in the UK every day, usually between the ages of 11-13 but this could drop to as young as 8-9 in deprived areas;
- (v) various research into why young people started smoking had been undertaken but it was largely thought to be due to parental influence;
- (vi) the number of referrals to the service by midwives had significantly increased;
- (vii) the 2009 Health Bill – Tobacco Control had not yet been completed its run through Parliament. The Bill focussed on addressing 3 elements, namely to –
  - close the loophole which allows tobacco to be displayed at the point of sale
  - prohibit the sale of cigarettes from vending machines
  - require the use of plain packaging for tobacco products
- (viii) partnership working with Trading Standards had established that illicit tobacco was readily and cheaply available in the city;
- (ix) plans to develop a marketing campaign had been shelved as capacity in primary care was limited due to the pressures of swine flu clinics. As the potential to achieve this target was negligible, it would have been a waste of public money to pursue it

Resolved that –

- (1) with regard to (iii) above, the Public Protection Service be requested to provide a briefing note to panel on what Tobacco Control Initiatives were being introduced and where;

Recommended that –

- (2) the City Council lobbies the City's three MPs to support progress of the 2009 Health Bill – Tobacco Control - through Parliament.

**RECOMMENDATION FOR MANAGEMENT BOARD FROM HEALTH AND ADULT SOCIAL CARE OSP MEETING HELD ON 23 FEBRUARY, 2010**

69. **ALCOHOL STRATEGY**

The panel received a verbal update from NHS Plymouth Joint Commissioning Manager based within the Public Health Development Unit (PHDU). Members were advised that –

- (i) the reason for the delay in distributing the draft strategy for consultation was due to the fact that the consultants developing the strategy had omitted a number of key points. Although the format was correct, the data gathered and research undertaken did not reflect the current situation in Plymouth. As a result, it was mutually agreed with the consultants to exit early from the contractual arrangement;
- (ii) the Alcohol Alliance, which is chaired by the Director for Public Health, would take over

responsibility for developing a final revised strategy document;

- (iii) the Alcohol Alliance has representation from key stakeholders linked to all Local Strategic Partnership (LSP) theme groups demonstrating that the alcohol strategy was a cross-cutting document with a multi-agency approach;
- (iv) it was anticipated that a revised draft strategy would be complete by the end of April 2010 following which would be a three month consultation period before a final version being agreed by September 2010 to inform future commissioning and service planning.

In response to questions raised, members were informed that –

- (v) the Alliance was a strategic body, as well as this there was a clinical network to monitor services, develop care pathways and improve data exchange and information on alcohol between service providers including a link to violence prevention;
- (vi) a business case was being presented to the Primary Care Trust (PCT) to carry out work around the alcohol treatment in the community linked to GPs. This would potentially involve working with a number of GP practices whose patients have conditions linked to alcohol related admission, in order to improve earlier identification and thus reduce hospital admission rates;
- (vii) as funding for the Alcohol Service currently was limited there was a need to ensure that there was no risk of dis-investment to the service;
- (viii) the introduction of a Night Time Economy Manager if progressed should have a city wide remit and not just target the city centre;
- (ix) presently 53 professionals from services such as social work, youth work and the police personnel were being trained in alcohol awareness, screening and brief interventions.

Resolved that –

- (1) the NHS Plymouth Joint Commissioning Manager based within PHDU be requested to forward the revised Draft Strategy and relevant papers on enhanced alcohol treatment service provision to the panel;

Recommended that –

- (2) if a Night Time Economy Manager is appointed, with responsibility for the whole of the city and not just to city centre trade, this post would ideally be funded in the majority by Statutory Partners with a contribution from the trade.