Public Health England

Minutes

Title of meeting: Alcohol Leadership Board meeting
Date: Monday 25 September 2017
Time: 10:30am – 12:30pm
Venue:

Attendees (see Appendix A):

1. Apologies and introduction

All welcomed by Apologies received from:

- Noted that Department of Health were not able to attend. **will pick this up.**

2. Matters arising from the last meeting (16 June 2017)

The minutes were agreed from the last meeting.

Expert Group on Treatment: confirmed that has been invited to a future Expert group meeting on treatment.

is carrying out a snap-shot report of treatment services: has made a link with

Sending examples of good practice in terms of joint commissioning to : No examples were sent to

Information about the prevention research: sent this out to the board on 16 June 2017.

3. CQUINs

presented (presentation circulated on 21/9). presented an overview of the Preventing Ill health CQUIN. emphasized that the expectation is:

- 50% of patients screened for alcohol and 80% screening positive given IBA
- 90% of smokers screened and 90% of screened smokers referred to smoking cessation services

NHS providers are enthusiastic, but there are challenges:

- Implementation demands
- Limited leadership

set out the early thinking on evaluation which we hope will include process and quantitative evaluation. PHE are seeking views on the evaluation strategy.

asked about screening. PHE recommends AUDIT-C.

asked about why ambition for alcohol screening is lower than smoking. This is pragmatic, based on lower baseline.

How many trusts will take it up? We are hopeful (based on this year's data) that there will be a high take up.

said that there is a Specialist Group (Inebria) looking at outcomes from screening. **ACTION: Conversations to be had outside of the meeting.**

There were some questions asked about the evaluation: quality of data and impact (can data be linked?) explained that the data we see is quite high level.

explained that nurses are the largest part of the workforce in these settings. There are big questions about the readiness of this workforce and the health and wellbeing of this workforce. **ACTION: Conversations to be had with the**

from explained that money for services comes from the Public Health Grant which is falling. Local government need the case made for what the benefits are for local authorities (not NHS).

said that 10% of people in hospital are both smokers and above increasing risk drinkers.

suggested that screening for liver disease (NICE) could be included in the guidance.

ACTION: All members of the board to email
ll@phe.gov.uk) about what could do to support you.

4. Harms to Others report (

Redacted – future publication exemption

5. Institute of Alcohol Studies reports (

presented (presentation circulated on 21/9).

Report on cider tax: A price survey took place last year. The uniform finding of this was that white cider is the cheapest product in the off trade. The Institute of Alcohol Studies partnered with Thames Reach to push the report.

The Government has consulted on whether there needs to be a new tax band for White Cider. contrasted the UK and Irish approach to taxing cider.

said that the beer lobby are asking for reversal so that they are taxed like cider. What can we do to challenge that thinking? Could there be analysis to show that raising the price of super-strength beer changed drinking for very harmful drinkers?

asked if we know about the financial implications for industry?
said that drink driving is not mentioned, did the sample include country pubs? . confirmed that it did.

added that pubs are the solution, not the problem. Pubs taxed twice and the option of a proportional volumetric tax could be a useful way forward after UK leaves the EU.

6. Report on treatment (

is leading the work on this and will land it in a similar area to the Advisory Committee on the Misuse of Drugs, and Alcohol, Drugs and Justice, State of the Sector.

The broad findings were around concerns about funding, recommissioning cycles, deskilled workforce and system failures around high impact users.

A second report has been carried out on the use of alcohol elements of civil and criminal behaviour orders. Workshops across the country have been well attended.

said that there was a need for transparency on funding. **ACTION: to feed the treatment report findings back to the alcohol treatment expert group.**

would like to speak to about the 'treatment orders' work that PHE is doing. **ACTION: to put in touch with**

7. AOB

informed the board that the NIHR SPHR2 Alcohol consumption in a complex system study will look at tax of alcohol and tobacco to impact on behaviour.

informed the board that there is a merge taking place between Alcohol Concern and Alcohol Research UK. Both brands are still being used and they want to take 6-9 months to reflect on what the new name should be.

told the board that the Alcohol Health Alliance are celebrating their 10th anniversary. There was is an event in Parliament on 22nd November and the results of a public opinion survey will be ready for the next meeting.

Appendix A

Attendees of the Alcohol Leadership Board

co-chair)

PHE (co-chair)