



Minutes

Title of meeting: Alcohol Leadership Board meeting

Date: Thursday 26 April 2018

Time: 10:30am – 12:30pm

Venue: XXXX

Attendees (see Appendix A):

1. Apologies and introduction

All welcomed by XXXX. Apologies received from:

- XXXX
- XXXX
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- XXXX

XXXX welcomed XXXX guests who were giving presentations: XXXX and XXXX

XXXX informed the Board that XXXX XXXX, so XXXX will no longer be a member of the Board. XXXX thanked XXXX for XXXX helpful contribution. XXXX will replace XXXX on the Board.

2. Matters arising from the last meeting (22 January 2018)

The minutes were agreed from the last meeting. The matters arising were:

In relation to the work in higher risk drinkers, XXXX will feed back to the Board at a later date once further discussions have happened between PHE and the Department of Health & Social Care: PHE are currently not publishing anything on higher risk drinkers, so we shall feedback about this at a later date.

XXXX and XXXX to have a discussion about alcohol attributable fractions: Discussions have already taken place.

3. UK Health Forum's work on fiscal and pricing policy options to improve population health

XXXX

4. IAS and the Centre for Mental Health's report on alcohol and mental health: Findings

XXXX and XXXX presented (the slides were circulated to the board on 26/4/18). Their report on alcohol and mental health was published on 26 April 2018. They informed the Board what the findings were. To inform this report, a survey was undertaken during Summer 2017.

XXXX is happy to publicise this piece of work. XXXX suggested to XXXX that XXXX shares their report findings with the Nursing Leadership team at the Learning Disabilities unit in the Black Country Trust. **ACTION: XXXX to give the unit's details to XXXX.**

XXXX suggested that alcohol should come under the dual-diagnosis framework.

XXXX asked XXXX and XXXX what their top three recommendations would be. XXXX top three recommendations would be: Having comprehensive strategies that take into account the social determinants within co-occurring mental health and alcohol problems, funding for addiction services and training. XXXX top three recommendations would be: National leadership (as it is important that we all work together), funding and training.

XXXX informed the Board that there is good practice in other health settings, and suggested that we need to learn from other aspects of health where they have joined up services.

5. Update on the PHE Alcohol Strategic Plan

XXXX presented. XXXX gave the Board an overview of the Logic Model which shows the areas that PHE are considering as a focus over the coming years. The slides are confidential and Board members are asked not to circulate. **XXXX has now shared some of the slides with the board (circulated on 30/4/18).**

The logic model is a simple representation of the alcohol programme over the next five years which is displayed on one page.

PHE are now using this model to prioritise areas of focus for the alcohol programme. Executive teams within PHE are now being engaged.

XXXX suggested that the challenge will be deciding what work not to cover as it will not be beneficial to what we are trying to achieve.

XXXX asked how an alcohol-free childhood is defined and suggested that we get input from the Department for Education about this.

XXXX suggested that PHE should map out the impact of different policies. XXXX would be happy to look at what the highest impacts will be and they are in the process of developing a multi-morbidity model. **ACTION: XXXX to contact XXXX about looking at the highest impacts.**

6. Update on the transfer of the RCGP SMAH to SPECTRUM/ Plans for the updating and development of the alcohol suite of courses

XXXX informed the Board that the RCGP alcohol training is to transfer to SPECTRUM. This has been delayed for a month and XXXX agreed to update the Board via an email. **ACTION: XXXX to email an update to the Board.**

7. AOB

XXXX told the Board that the University of Sheffield have been awarded some money to study how British drinking practices have been changing, the contribution of public health policies and the socio-economic shifts we have seen, and the implications for public health policy going forward. The University will be setting up an Impact Advisory Board to help them to keep focused. They will be meeting once a year in London. XXXX asked for volunteers who would like to join the Impact Advisory Group.

ACTION: Members of the Board interested should contact XXXX.

XXXX updated the Board about the work on children with dependent parents. The Innovation Fund will enable up to 8 local authorities to develop ambitious plans to improve systems and services which support children of dependent drinkers and alcohol dependent parents. PHE will ask Local Authorities to submit interest (during the summer) and then we will announce who will receive the funding in November.

XXXX informed the Board that the All Party Parliamentary Group (APPG) on alcohol harm on Tuesday 1st May will be looking at alcohol treatment services and Alcohol Concern will be launching a report on this at the APPG. XXXX told the Board that XXXX will also mention the Institute of Alcohol Studies and the Centre of Mental Health's report on alcohol and mental health at the APPG.

XXXX updated the Board about the CLear peer review. PHE have recently awarded the contract for CLear peer review to iPiP, (improving Performance in Practice), a consortium of public health professionals.

iPiP are tasked with leading CLear peer assessment visits around the country for both tobacco control and alcohol over the next two years. They will be supported in this by peer assessors, to be recruited from LA partnership areas which have undertaken CLear self-assessment and peer review themselves.

ACTION: The Board to contact XXXX if they want more details.

Appendix A

Attendees of the Alcohol Leadership Board

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