



Minutes

Title of meeting: Alcohol Leadership Board meeting

Date: Thursday 2 March 2017

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

2. Minutes from the last meeting

The minutes were agreed.

3. Matters arising from the last meeting (20 October 2016)

Feedback on the One You campaign: Since One You was launched, there have been 1.8 million completions of the tool and to date, there has been 51,000 downloads of the app.

A 'days off' tool launched in February: XXXX confirmed XXXX team had worked with the PHE alcohol policy to team and that the message had been in line with the standard Identification and Brief Advice (IBA) message.

4. Evidence review: next steps

XXXX explained that we are at a significant point in PHE's alcohol programme now that the evidence review has been published. We will be taking stock and identifying the right approach and actions for PHE to now take in context of the current political and delivery landscape. The 'Harms to Others' report due in summer 2017 will help to shape our agenda.

XXXX confirmed that parental alcohol misuse is on the government's social justice agenda.

XXXX suggested that mental health and 'working years lost' should also be looked at.

XXX asked if we had submitted evidence on 'working years lost' to the Treasury ahead of the budget? XXXX confirmed we hadn't, however, PHE have met with the Treasury to talk about the findings from the evidence review.

5. PHE alcohol programme forward look

XXXX presented PHE's key achievements for 2017/18 and asked the Board for views on what PHE should take forward, framed in a series of questions. The presentation is attached containing the questions. Discussion followed.

XXXX informed the Board that alcohol treatment will receive more focus as we now have someone working full-time on treatment.

XXXX confirmed that the 'Harms to others' report will be published mid-2017.

XXXX confirmed that 'One You' will continue throughout the year.

XXXX informed the Board that PHE have commissioned XXXX to undertake an evidence review of children affected by parental alcohol and drug misuse. XXXX explained that IAS and ADFAM are doing a piece of work looking at children affected by parental alcohol misuse. XXXX told the Board that they are doing some work on how much alcohol is drunk by parents compared to non-parents. XXXX agreed that these pieces of work should be linked together. **ACTION: XXXX to speak to XXXX about XXXX evidence review.**

XXXX suggested that NICE should publish some Standards on what is expected from treatment services. XXXX confirmed that this is being looked at by the Expert Group on Treatment.

XXXX told the board that Alcohol Research UK have awarded four research projects on treatment. **ACTION: XXXX to speak to XXXX about XXXX attending a future Expert Group on treatment meeting.**

XXXX queried PHE's involvement with Dry January. XXXX informed the Board that as Dry January is now an established calendar event with significant numbers taking part each year, PHE do not need to promote the event. However, it does represent an opportunity to use One You digital and social channels to encourage participation. This year the One You Days Off tool was launched in February to capitalise on those who had 'reset' their drinking in January and wanted to moderate their intake through the rest of the year. XXXX explained that more work needs to be done around the evaluation of Dry January. XXXX informed the board that Alcohol Concern and Alcohol Research UK are merging so agreed that it would be good to see what the opportunities are for looking at behaviour change with regards to Dry January.

XXXX raised the point that more work still needs to be done around alcohol and cancer.

XXXX suggested that we should look more at the elderly and treatment. XXXX added that PHE has been working with AGE UK to enable them to provide information about drinking to elderly people.

XXXX suggested that the communication between primary and secondary care needs to be improved.

A discussion was initiated about the implications of national policies on sponsorship and watershed. Alcohol Focus Scotland have looked at reducing the impact of alcohol marketing on children in Scotland. **ACTION: XXXX to send this report to the board. COMPLETED ON 2/3/17.**

XXXX suggested that PHE should look at what Brexit will mean for Public Health, as part of its role. XXXX/XXXX informed the board that they are already in discussion with the Strategy Directorate about this. **ACTION: XXXX to add an agenda item about Brexit at a future board meeting.**

At the end of the discussion, XXXX suggested that it would be useful to obtain Board views on what PHE needs to do less of. **ACTION: The Board to email feedback for each question to XXXX. REMINDER SENT ON 8/3/17.**

6. Have a Word presentation

XXX presented the findings from the PHE 'Have a word project' XXXX asked for feedback from the board on next steps.

XXXX suggested that we should focus on where the evidence-base tells us this intervention will have the most impact. XXXX expressed concern about the proliferation of this intervention by wider workforce as the evidence based hasn't yet looked at this. We need to be mindful about what the best setting is and focus on that.

XXXX explained that we need to find the right people to train. XXXX suggested that the healthcare assistants (who give blood tests) might be the best people to have 'Have a Word' training.

7. NIHR alcohol research priorities:

XXXX explained that after a workshop at the PHE conference last year with the NIHR School for Public Health Research (SPHR) alcohol programme, it was agreed SPHR and PHE would work together to identify research priorities. XXXX presented the proposed approach (presentation attached). FOI note no presentation is attached.

XXXX enquired if NIHR have asked us to rank policies. XXXX informed the Board that the aim of the work is to define and share funding priorities relevant to PHE and the wider public health system informed by all relevant partners and stakeholders, which could be funded by the National Institute for Health Research (NIHR).

XXXX suggests that PHE should explore if areas have been overlooked and suggested that the process takes into account wider views (e.g. Michael Marmot, criminologists, behavioural economists etc.) and also should represent the voice of international academics who are less likely to have a vested interest within the English research agenda.

The group generally agreed that the methodological approach proposed was appropriate, though suggested re-vising the phrasing of the question in the Delphi process and the recruitment process. XXXX suggested that the Delphi process would be finished by the end of Summer.

XXXX reported that ARUK carry out a similar exercise and considered combining efforts to reduce duplication of work. Broadly, the group agreed this was a sensible approach and XXXX agreed to check PHE internal processes to understand if a partnership could be arranged.

8. Expert group on Treatment

The last Expert group on Treatment was on 9 December. **ACTION: XXXX to send out the minutes to the Board. UPDATE: XXXX sent these out to the Board on 8/3/17.** XXXX explained that the key action from the last expert group on alcohol treatment was to amend the work plan. There are 3 work strands: commissioning, workforce development and clinical guidelines. Work will commence on the commissioning strand which includes aims/benefits of treatment, prevalence/access and treatment models.

Appendix A

Attendees of the Alcohol Leadership Board

XXXX (co-chair)

XXXX (co-chair)

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